

disorder, and it does make sense for us to find help for those who need it and not to put them in jail.

Unfortunately, during the 1980s and 1990s during the crack addiction, we criminalized that addiction and destroyed so many families, many of whom are in my district. But, Mr. Speaker, I am glad that we see that the opioid epidemic is, indeed, a public health crisis. I am equally glad that, Mr. Speaker, we are finally working in a bipartisan way to actually find the needed help that these families need in order to break such addictions.

Today I am glad to see that Republicans and Democrats working together in Congress are trying to solve the opioid epidemic and to help those in need. At a time when Congress is struggling with partisan gridlock, I am glad and happy to see that this week has been declared by my Republican colleagues as Opioid Week, where we will talk about bipartisan bills in order to solve this crisis.

I am proud to have introduced bipartisan legislation with Republican Congressman PETER ROSKAM. Our bill, the Preventing Addiction for Susceptible Seniors Act, helps prevent abuse among seniors without limiting access to needed medication.

For an at-risk senior, our legislation requires part D to create a lock-in plan that prevents patients from doctor shopping. Our legislation would also streamline communications between CMS and part C and part D plans regarding program integrity.

Mr. Speaker, bipartisan solutions like these are a step forward in our work to solve the opioid crisis. I look forward to my bill with Mr. ROSKAM coming before this body next week. I truly believe that we have the power to end this epidemic.

I have heard reports from Alabama groups that our poison control center is getting fewer calls about opioid emergencies. A new study shows that the opioid prescription rate in Alabama has finally begun to decrease.

□ 1045

States have implemented prescription drug monitoring programs that have proven successful, and many pharmacists have limited opioid prescriptions to 7 days.

If we are going to put a stop to the opioid crisis, we need to collaborate with every stakeholder. We also need to make sure that our societal safety net is working effectively to give a path out of addiction, rather than letting them fall through the cracks.

I want to take a moment to share a story about a person in my district, Jessica, a constituent from Alabama.

Jessica was a victim of parental abuse as a child. She was introduced to opioids by a doctor for a sports injury in high school. By 17, she was crushing and snorting pills. She received 330 pills a month.

Jessica had three children and lost custody of all three at different points.

She started using heroin after losing custody of her youngest son. Then her brother died of a heroin overdose.

I share this story because I believe Jessica's story speaks to the financial stresses that working-class Americans recovering from addiction feel every day. Now in recovery, Jessica works 10-hour night shifts at Burger King. Given the hours she works, Jessica falls into our State's Medicaid gap. She doesn't qualify to receive Medicaid, so she doesn't have health insurance.

Jessica has been clean for over a year. But, Mr. Speaker, because she doesn't have health insurance, this makes her addiction problem and fighting it much harder.

The bills that we are considering this week and next week are a step toward this. There are no silver bullets. But, Mr. Speaker, I do believe that we as a body can help to address this horrible epidemic. I am glad that we are finally seeing that addiction is not criminal, but rather a public health crisis, and we are seeking to solve it.

OPIOID CRISIS

The SPEAKER pro tempore. The Chair recognizes the gentlewoman from Florida (Ms. CASTOR) for 5 minutes.

Ms. CASTOR of Florida. Mr. Speaker, this week, the House is considering a number of bills relating to the opioid public health epidemic.

I serve on the Energy and Commerce Committee, and over the past year, our committee has heard from experts. We have had numerous hearings on all facets of the opioid crisis. We have gathered facts, listened to witnesses, including those struggling with addiction; doctors; providers; the Drug Enforcement Agency; and more. Plus, many families and experts back home have informed us and encouraged the Congress to act.

Last year, one loving father in my home district in Tampa, Florida, came to meet with me to share his experience. He said:

Our son has been an addict for the last 5 years. During that time, our family has discovered how impotent the healthcare system, government system, insurance companies, criminal justice system, and our family have been to combat this disease.

Prior to our personal experience, we were like most Americans who believed this was not our problem, but we were saddened by those who experienced the crisis. In addition, we cannot believe how futile and limited our resources and efforts to help our son overcome this illness have been.

We still believe, although to a lesser degree, that the people afflicted with this illness still hold the key to unlocking their own happiness to managing this illness. However, what is abundantly clear now is that the resources necessary to provide even a remote chance for addicts to achieve temporary or permanent remission must be substantially increased. We have invested, personally, over \$100,000 trying to help our son.

His remarks echo what we heard from experts all across the board in our committee, like Dr. Andrew Kolodny, director of Opioid Policy Research at

Brandeis University, who emphasized that treatment has to be expanded exponentially, and it must be easy to access. "We have to build a new system in America that does not exist."

Democrats have urged our colleagues on the other side of the aisle to join us in truly tackling the crisis. What became apparent in committee and what is apparent through these small-ball bills on the floor this week and next week is that Republicans still are not there. They are not willing to adequately address this public health crisis. We need a robust, long-term solution that truly meets the challenge of the opioid crisis.

A consensus has emerged, and it is based upon these devastating facts right now. Over 40,000 people are dying from an opioid overdose every year. In my home State of Florida, we are losing about 5,700 people per year to overdose. That was in 2016. That was a 35 percent increase from the previous year.

The CDC says opioid overdoses have quadrupled since 1999. Only 10 to 15 percent of Americans suffering from opioid addiction are currently receiving treatment.

Those numbers cry out for a meaningful, comprehensive approach. But our Republican colleagues have failed to get there with us.

We have been through this before. In the late 1980s and early 1990s, we were struggling with the HIV/AIDS public health epidemic. For many years, the Congress was criticized for not adequately addressing the crisis. There was a harmful stigma involved, just like there is for opioid addiction.

But by the early 1990s, the Congress came together and adopted the Ryan White CARE Act that provided resources all across the country in a consistent fashion and provided funds to local communities and local nonprofits to help us. The death rate from HIV/AIDS is dramatically less.

This is what we have to do when it comes to opioids: provide that comprehensive, long-term solution that simply isn't being demonstrated in these small-ball, little bills that are nibbling around the edges.

Mr. Speaker, at the same time, it is very difficult to be proactive in a meaningful way on the opioid crisis when Republicans and the White House continue to drag us backward when it comes to affordable healthcare.

Just last week, the Trump administration and the GOP launched a new attack on Americans with preexisting conditions like opioid addiction. They asked a Federal court to strike down the Affordable Care Act preexisting condition protection. That is the bedrock protection contained in the Affordable Care Act that says, if you have a cancer diagnosis, Alzheimer's, or heart disease, an insurance company cannot deny you coverage, and they cannot charge you exorbitant rates. The GOP has never really been for that protection.

How are we going to adequately address the opioid addiction crisis when they want to tear away affordable healthcare, including the protection on preexisting conditions?

We need a robust solution here, a comprehensive solution. Otherwise, this is simply nibbling around the edges.

NEGOTIATIONS WITH NORTH KOREA

The SPEAKER pro tempore. The Chair recognizes the gentleman from California (Mr. SHERMAN) for 5 minutes.

Mr. SHERMAN. Mr. Speaker, I rise to discuss the negotiations with North Korea. I do so in my role as the ranking member of the Subcommittee on Asia and the Pacific.

I point out that, just a month ago, I joined with the chairman of that subcommittee, Mr. YOHO, in sending a letter to the President saying we now need tougher sanctions on North Korea. In particular, we need to make it clear to the large banks in China that they can no longer do business with North Korea.

We had our foot on the neck of Kim Jong-un. We needed to press it down a little harder to get the concessions that we need. Instead, we have a lifting of the efforts. Instead of ratcheting our sanctions up, we are going to relax them. The word is out to businesses and banks in China: You can do a little bit more today and a little bit more after that.

This is a giant victory for Kim Jong-un. The negotiations will go forward, but those negotiations will go forward with Kim Jong-un being able to breathe because we no longer have our foot on his neck.

Four hours ago, the President tweeted: "There is no longer a nuclear threat from North Korea." He might as well have smiled with Kim Jong-un and said: "Peace in our time."

Now, I am not saying that what happened in Singapore is as fraught with danger for the world as was what happened in Munich in 1938, but what happened in Munich will illustrate for us that just because you have a summit with smiles does not mean you are leading toward peace.

The President tweeted: "There is no longer a nuclear threat from North Korea." If you believe that, you probably believe that he has been faithful to all three of his wives.

We hope that these negotiations lead to real peace. But so far, they have led only to a big win for the person President Trump calls "Little Rocket Man." That is a big win for Little Rocket Man.

You see, the President's most famous book has been reissued. It is now called "The Art of the Capitulation."

How do you exercise the art of the capitulation? You make enormous concessions to the other side. You settle for vague platitudes. Then you go on TV and say: This is the best deal ever.

Let's look at the concessions. The President has referred to our military exercises as provocative and indicated that they will be scaled back or eliminated. He has given the green light to Chinese business and bankers to do business. He has given Kim Jong-un the prestige of a meeting with the President of the United States, not necessarily our most prestigious President, but a President of the United States nevertheless.

What have we received in return? A vague statement about denuclearizing the Korean Peninsula. But, as far as we know, North Korea doesn't intend to do that until the entire world is denuclearized. He also has released three American hostages and says he will help us, allow us, to find some of the bodies of our fallen heroes from the Korean war. Those are basic in human civilization. He releases hostages, and for that, we give major concessions.

The one concession that we did not get is a halt for even a minute in the creation of fissile material at Yongbyon. There, North Korea, throughout the negotiations and while the President was tweeting, makes more enriched uranium, more plutonium, and is building more bombs. That didn't stop for a minute.

So we are told that there has been at least a pause in their testing program. Keep in mind, Russia hasn't tested a nuclear weapon since 1990. Are we going to say that they don't have nuclear weapons capable of reaching the United States and destroying our cities?

The fact is, North Korea has proven its nuclear capacity, so they can go a while without testing. They are continuing to make more bombs that they have already tested and proven.

We all hope that we reach a peaceful settlement. This has not been a good start.

The SPEAKER pro tempore. Members are reminded to refrain from engaging in personalities toward the President.

RECESS

The SPEAKER pro tempore. Pursuant to clause 12(a) of rule I, the Chair declares the House in recess until noon today.

Accordingly (at 10 o'clock and 58 minutes a.m.), the House stood in recess.

□ 1200

AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Mr. CONAWAY) at noon.

PRAYER

Reverend Dr. Daniel C. Gunn, St. Andrew's Episcopal Church and School, New Providence, New Jersey, offered the following prayer:

Almighty God, who has given us this good land for our heritage, we humbly beseech You that we may always prove ourselves a people mindful of Your favor and glad to do Your will.

Bless our land with honorable industry, sound learning, and pure manners. Save us from violence, discord, and confusion; from pride and arrogance; and from every evil way. Defend our liberties, and fashion into one united people the multitudes brought here out of many kindreds and tongues.

Endue with the spirit of wisdom those to whom in Your name we entrust the authority of government, that there may be justice and peace at home, and that, through obedience to Your law, we may show forth Your praise among the nations of the Earth.

In the time of prosperity, fill our hearts with thankfulness, and in the day of trouble, suffer not our trust in You to fail; all which we humbly ask in Your most holy name.

Amen.

THE JOURNAL

The SPEAKER pro tempore. The Chair has examined the Journal of the last day's proceedings and announces to the House his approval thereof.

Pursuant to clause 1, rule I, the Journal stands approved.

PLEDGE OF ALLEGIANCE

The SPEAKER pro tempore. Will the gentleman from Georgia (Mr. ALLEN) come forward and lead the House in the Pledge of Allegiance.

Mr. ALLEN led the Pledge of Allegiance as follows:

I pledge allegiance to the Flag of the United States of America, and to the Republic for which it stands, one nation under God, indivisible, with liberty and justice for all.

WELCOMING REVEREND DR. DANIEL CUBE GUNN

The SPEAKER pro tempore. Without objection, the gentleman from New Jersey (Mr. LANCE) is recognized for 1 minute.

There was no objection.

Mr. LANCE. Mr. Speaker, I rise today to introduce the Reverend Dr. Daniel Cube Gunn, who has so eloquently opened our session in the daily prayer. Father Gunn joins us in the House Chamber from St. Andrew's Episcopal Church and School in New Providence, New Jersey, a beautiful community in the district I have the honor of serving.

Father Gunn's professional ministry, education, and service to his and my faith of Christianity has spanned several States and experiences. He graduated from Lee College, earned his master's degree in divinity at the Church of God Theological Seminary and a master's degree in philosophy at West Chester University in Pennsylvania. Father Gunn later completed a master's degree of sacred theology in