

PROVIDING FOR CONSIDERATION OF H.R. 2851, STOP THE IMPORTATION AND TRAFFICKING OF SYNTHETIC ANALOGUES ACT OF 2017; PROVIDING FOR CONSIDERATION OF H.R. 5735, TRANSITIONAL HOUSING FOR RECOVERY IN VIABLE ENVIRONMENTS DEMONSTRATION PROGRAM ACT; AND PROVIDING FOR CONSIDERATION OF H.R. 5788, SECURING THE INTERNATIONAL MAIL AGAINST OPIOIDS ACT OF 2018

Mr. BUCK. Mr. Speaker, by direction of the Committee on Rules, I call up House Resolution 934 and ask for its immediate consideration.

The Clerk read the resolution, as follows:

H. RES. 934

*Resolved*, That at any time after adoption of this resolution the Speaker may, pursuant to clause 2(b) of rule XVIII, declare the House resolved into the Committee of the Whole House on the state of the Union for consideration of the bill (H.R. 2851) to amend the Controlled Substances Act to clarify how controlled substance analogues are to be regulated, and for other purposes. The first reading of the bill shall be dispensed with. All points of order against consideration of the bill are waived. General debate shall be confined to the bill and shall not exceed one hour equally divided and controlled by the chair and ranking minority member of the Committee on the Judiciary. After general debate the bill shall be considered for amendment under the five-minute rule. In lieu of the amendment in the nature of a substitute recommended by the Committee on the Judiciary, it shall be in order to consider as an original bill for the purpose of amendment under the five-minute rule an amendment in the nature of a substitute consisting of the text of Rules Committee Print 115-74. That amendment in the nature of a substitute shall be considered as read. All points of order against that amendment in the nature of a substitute are waived. No amendment to that amendment in the nature of a substitute shall be in order except those printed in part A of the report of the Committee on Rules accompanying this resolution. Each such amendment may be offered only in the order printed in the report, shall be considered as read, shall be debatable for the time specified in the report equally divided and controlled by the proponent and an opponent, shall not be subject to amendment, and shall not be subject to a demand for division of the question in the House or in the Committee of the Whole. All points of order against such amendments are waived. At the conclusion of consideration of the bill for amendment the Committee shall rise and report the bill to the House with such amendments as may have been adopted. Any Member may demand a separate vote in the House on any amendment adopted in the Committee of the Whole to the bill or to the amendment in the nature of a substitute made in order as original text. The previous question shall be considered as ordered on the bill and amendments thereto to final passage without intervening motion except one motion to recommit with or without instructions.

SEC. 2. At any time after adoption of this resolution the Speaker may, pursuant to clause 2(b) of rule XVIII, declare the House resolved into the Committee of the Whole House on the state of the Union for consideration of the bill (H.R. 5735) to amend the

United States Housing Act of 1937 to establish a demonstration program to set aside section 8 housing vouchers for supportive and transitional housing for individuals recovering from opioid use disorders or other substance use disorders, and for other purposes. The first reading of the bill shall be dispensed with. All points of order against consideration of the bill are waived. General debate shall be confined to the bill and shall not exceed one hour equally divided and controlled by the chair and ranking minority member of the Committee on Financial Services. After general debate the bill shall be considered for amendment under the five-minute rule. In lieu of the amendments recommended by the Committee on Financial Services now printed in the bill, it shall be in order to consider as an original bill for the purpose of amendment under the five-minute rule an amendment in the nature of a substitute consisting of the text of Rules Committee Print 115-73. That amendment in the nature of a substitute shall be considered as read. All points of order against that amendment in the nature of a substitute are waived. No amendment to that amendment in the nature of a substitute shall be in order except those printed in part B of the report of the Committee on Rules accompanying this resolution. Each such amendment may be offered only in the order printed in the report, may be offered only by a Member designated in the report, shall be considered as read, shall be debatable for the time specified in the report equally divided and controlled by the proponent and an opponent, shall not be subject to amendment, and shall not be subject to a demand for division of the question in the House or in the Committee of the Whole. All points of order against such amendments are waived. At the conclusion of consideration of the bill for amendment the Committee shall rise and report the bill to the House with such amendments as may have been adopted. Any Member may demand a separate vote in the House on any amendment adopted in the Committee of the Whole to the bill or to the amendment in the nature of a substitute made in order as original text. The previous question shall be considered as ordered on the bill and amendments thereto to final passage without intervening motion except one motion to recommit with or without instructions.

SEC. 3. Upon adoption of this resolution it shall be in order to consider in the House the bill (H.R. 5788) to provide for the processing by U.S. Customs and Border Protection of certain international mail shipments and to require the provision of advance electronic information on international mail shipments of mail, and for other purposes. All points of order against consideration of the bill are waived. In lieu of the amendment in the nature of a substitute recommended by the Committee on Ways and Means now printed in the bill, the amendment in the nature of a substitute printed in part C of the report of the Committee on Rules accompanying this resolution, modified by the amendment printed in part D of that report, shall be considered as adopted. The bill, as amended, shall be considered as read. All points of order against provisions in the bill, as amended, are waived. The previous question shall be considered as ordered on the bill, as amended, and on any further amendment thereto, to final passage without intervening motion except: (1) one hour of debate equally divided and controlled by the chair and ranking minority member of the Committee on Ways and Means; and (2) one motion to recommit with or without instructions.

The SPEAKER pro tempore. The gentleman from Colorado is recognized for 1 hour.

Mr. BUCK. Mr. Speaker, for the purpose of debate only, I yield the customary 30 minutes to the gentleman from Colorado (Mr. POLIS), pending which I yield myself such time as I may consume. During consideration of this resolution, all time yielded is for the purpose of debate only.

GENERAL LEAVE

Mr. BUCK. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days to revise and extend their remarks.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Colorado?

There was no objection.

Mr. BUCK. Mr. Speaker, I rise today in support of the rule and the underlying legislation. This rule provides for consideration of three bills intended to give our country more necessary tools to tackle the opioid crisis.

The three bills this rule makes in order today were all reported favorably by their committees. H.R. 5735, the Transitional Housing for Recovery in Viable Environments Demonstration Program Act, was the subject of a hearing by the Committee on Financial Services on April 17 and was reported favorably on May 22 with a bipartisan vote of 34 “yes” votes.

H.R. 2851, the Stop the Importation and Trafficking of Synthetic Analogues Act, was the subject of hearing by the Committee on the Judiciary in June of 2017, and was reported favorably in July of 2017 by a unanimous voice vote.

The final bill made in order by this bill is H.R. 5788, the Securing the International Mail Against Opioids Act, which was reported favorably in May with a unanimous voice vote.

Together, these three bills provide the foundation of the House’s legislative response this week to the opioid crisis which is wrecking lives and communities across this country.

Mr. Speaker, the eastern plains of Colorado has been my home for many decades. I often refer to the area as God’s country. It is full of goodhearted, hardworking people who care for their families and neighbors. Many of these people work the land and provide services to those who do. They farm, they ranch, they produce energy resources, they transport livestock.

And when hardship and disaster strikes, neighbors move heaven and Earth to help each other. They grieve over loss and bear each other’s burdens. However, it is not an unfamiliar refrain to hear that in the heart of this God’s country is a disease plaguing our people.

All across this land, in rural towns, suburban developments, and urban neighborhoods, abuse of opioids is wrecking people’s lives. According to the Centers for Disease Control and Prevention, approximately 64,000 Americans died of a drug overdose in 2016. Of that number, 65 percent, or 42,000 of those deaths, were directly related to the opioid epidemic. That means that every day 115 people die due to opioids.

While those are astounding numbers, it helps to compare with past figures. In 2000, 8,400 people died due to opioid abuse. These recent numbers indicate a nearly 500 percent increase. That is shocking and sad.

Colorado has not been spared from the opioid crisis. In fact, the CDC reports that in 2015 alone, Colorado saw 159 heroin overdose deaths in addition to the 259 prescription drug overdoses. This is particularly harmful to my district, with 8 of the 17 counties in Colorado exhibiting the highest overdose death rates being in eastern Colorado.

As some of these figures indicate, our opioid crisis is not just prescription drug abuse. While many who are caught in the cycle of abuse began with prescriptions, the availability and accessibility of heroin has perpetuated and intensified the crisis.

Most of the heroin on our Nation's streets comes into the United States through Mexico. It is distributed via cities like Denver in a ruthlessly efficient manner. An entire delivery system is established in which orders can be placed through a central operator, essentially a franchisee of the cartels, who dispatches a delivery driver to the purchaser.

□ 1230

In February of this year, Detective Nick Rogers of the Denver Police Department testified before the Judiciary Committee how criminal operations flow north through Mexico and from other places such as Honduras and Nicaragua. Heroin dealers enter our country illegally with fake identification from Mexico and establish these distribution networks in neighborhoods.

In the past, our law enforcement officers were able to apprehend these criminals and have them deported. Recently, however, local government policies have been having a negative impact on these police operations. Places like Denver have instituted so-called sanctuary policies that prohibit local law enforcement from working with Federal immigration authorities. The effect has been that law enforcement officers, such as Detective Rogers, apprehend the same drug dealers over and over and over again. They are prohibited from contacting Federal immigration officers to help control this scourge. This is confounding to many of us. We should be facing this crisis using every tool at our disposal.

We could continue discussing at length how sanctuary policies—while well-intentioned and sounding humanitarian—are having a profoundly negative impact in relation to opioid abuse. But there is other work that needs to be done to stand in the gap against this onslaught of bad actors.

Mr. Speaker, in 2016 Congress passed and the President signed into law the Comprehensive Addiction and Recovery Act, or CARA. CARA was the most comprehensive addiction treatment legislation passed by the Federal Gov-

ernment in several decades. It coordinated Federal response with State and local efforts to prevent, treat, help recover, and provide justice to those who are suffering under the impacts of opioid abuse.

While that bill was a good step, the bills before us today continue to organize Federal efforts to meet this public health and legal crisis.

The first two bills deal with a gap in Federal law that has been exposed by this crisis and exploited by international crime organizations. That gap is synthetic drugs. According to the Drug Enforcement Agency, there are more than 300 known designer synthetic drugs, and this number grows with each passing year.

The gap in Federal law occurs because the Controlled Substances Act was not designed to deal with the ever-changing compounds that have resulted in more than 300 synthetic drugs. It currently takes us about 3 years to complete the process of placing a substance on the banned substance list. If we attempted to ban each drug as it was discovered, in the time it would take for our government to complete its action, criminal gangs would simply change the molecular structure just enough to avoid our laws, and we would be forced to start the process over again.

Because of this scenario, H.R. 2851 sets up a streamlined process for temporarily placing a synthetic drug on the illegal list. This will empower the Attorney General to respond quickly to criminal drug manufacturers in China and Mexico who work continuously to stay ahead of our drug laws.

Not only do we work to streamline the process of banning a substance in the United States, we also are working to prevent substances from reaching our shores in the first place.

H.R. 5788 requires the Postal Service to obtain advance electronic data on international mail shipments and transmit this data to U.S. Customs and Border Protection, or CBP. Under current law, private shippers, including express delivery carriers, are required to collect and submit this same information to CBP. Because current law does not require this information of the United States Postal Service, we have a significant vulnerability that allows criminal operations to ship synthetics and other contraband directly to the United States with relative ease.

This legislation simply closes a loophole by extending the requirement to the United States Postal Service. The data collected will allow CBP to target high-risk shipments, particularly shipments containing synthetics, for inspection and possible seizure.

The first two bills deal with bad actors overseas. The final bill attempts to help those afflicted by opioid abuse transition back to normal life. H.R. 5735 creates a pilot program in which a portion of existing housing vouchers are set aside for transitional housing for those who are undergoing opioid

use disorder or other substance abuse disorder recovery.

In March of 2017, President Trump established a commission to strategize on how to combat drug addiction and opioid abuse. The final report of that commission said: "There is a critical shortage of recovery housing for Americans in or pursuing recovery. Recovery residences are alcohol and drug-free living environments for individuals seeking the skills and social support to remain free of alcohol or other drugs and live a life of recovery in the community."

Mr. Speaker, oftentimes individuals who complete recovery programs reenter life having lost everything. They are in danger of falling right back into the rhythms of their previous life which could lead them back into addiction. This bill ensures that they have a supportive housing situation to help them become reestablished in their community.

Over the course of the next week, we are going to pass nearly 30 bills dealing with aspects of the Federal response to the opioid crisis. These three bills today take major steps toward keeping the flow of drugs out of our country and helping those who are caught in the cycle of dependency become successful members of society again.

I know I speak for my community when I say that we need to be active in combating the scourge of opioid abuse. The flow of opioids and synthetics into our country from overseas must end. The lives of many of our loved ones depend on it.

Mr. Speaker, I support passage of these bills, and I reserve the balance of my time.

Mr. POLIS. Mr. Speaker, I yield myself such time as I may consume, and I thank the gentleman for yielding the customary 30 minutes.

Mr. Speaker, I rise in opposition to the rule that provides for consideration of H.R. 2851, H.R. 5735, and H.R. 5788. We could have done so much better. I am going to get into some of the great ideas that we talked about and amendments were submitted but didn't make it through.

This week is supposed to be about bringing bills to the floor that actually do something about the opioid crisis that is having devastating consequences on families and entire communities, including in my home State of Colorado.

Legislation to address opioid abuse and save lives is long overdue. But I am sad to say that the bills that are being brought forth make, at the most, incremental changes and will not substantially affect the plague that is affecting our country of opioid addiction, abuse, and death.

As you know, this is a crisis that cuts across State lines. It affects every congressional district in our country. I certainly know people directly affected in my constituents. I am sure every Member of Congress does.

In Colorado the rate of drug overdoses since 2000 has more than doubled. This is not a partisan issue, and I

wish we could come together around a more significant response that actually did something to combat opioid abuse.

If Republicans were serious about dealing with opioids, they would drop their assault on Medicaid. Medicaid is a critical service to help individuals battling opioid addiction, including supporting inpatient treatment centers and case managers to help get people the help they need.

Frankly, we should have a discussion about how to achieve universal healthcare. There are people today who are unable to get coverage or support to recover from the substance abuse that holds them hostage. While Medicaid and the Affordable Care Act have dramatically improved and expanded access to health coverage, including drug treatment, there are too many Americans today—in fact, over millions—who do not have health insurance.

There is no single solution to the opioid crisis. Instead, policymakers should use a multipronged approach, universal healthcare, substance abuse, and mental health treatment being one. Another prong is identifying alternative treatments, instead of highly addictive opioid compounds for pain management. That is one of the things that I am so disappointed is not being advanced to the floor.

Many States have medical marijuana available to patients with a variety of health issues, including chronic pain. Doctors across the country have prescribed medical marijuana as a legitimate treatment option for pain management. In cases where it works, it provides a less harmful alternative, a less harmful and less addictive alternative to opioids.

Opioids have a role in pain management. But if a first-line therapy like medical marijuana, acupuncture, or acupressure can work, you can prevent people from developing a dependency, because almost three-quarters of opioid abuse starts with prescription drug treatment for pain management. In some cases, those first-line treatments like medical marijuana, acupuncture, and acupressure won't work, and prescriptions to opioids have their role. But let's at least prevent some people from having to go on prescription opioids when a less harmful, less addictive, and less damaging therapy can work effectively for their pain management. I have heard from so many Coloradans for whom medical marijuana works instead of having to resort to opioids.

Unfortunately, medical marijuana is still illegal at the Federal level. There are limited research opportunities about the safety and efficacy of marijuana, and that is holding us back from really understanding how medical marijuana can be used for pain management.

I offered a very simple and common-sense amendment at the Rules Committee last night that authorizes the Secretary of Veterans Affairs to study

medical marijuana as an alternative treatment option to prescription opioids, just very simply. According to the Department of Veterans Affairs, the VA alone has treated about 70,000 veterans for opioid addiction last year alone, but my amendment was, unfortunately, blocked from getting a vote.

The issue is personal for me, Mr. Speaker. I was able to present a Purple Heart to a veteran who lives in my district in Colorado, a young man who put his life on the line for our country. He told me that he uses medical marijuana for his pain issues and has successfully been able to take himself off of the opioids that the VA had prescribed for those pain issues.

I also offered an amendment with Representatives POCAN and GOSAR last night that, unfortunately, was not even allowed to be debated here on the floor that would prevent a natural botanic substance like kratom from being scheduled under the new scheduling authority created by SITS. Unfortunately, it was blocked.

Kratom, which is a cousin of the coffee plant, is used by many as an alternative to addictive opioids and a way of escaping addiction. I have heard from so many constituents for whom legal access to kratom is critical to their sobriety and their battle against opioid addiction.

We can very simply ensure that that legal access could be retained had this amendment been allowed. If it is cut off, as the FDA and others have been threatening, there is no doubt in my mind, nor should there be any doubt in anybody's mind, that people will resort back to deadly opioids, rather than managing through harm reduction using other compounds that are less dangerous and less deadly, be it medical marijuana or kratom.

We are debating these bills today because we know we need to take action to address the opioid epidemic that we all have felt the human face of in our communities. But instead of trying to ban substances and put more Big Government bans on top of things that people are using to recover from opioids, we should be exploring and embracing alternative treatment options to opioids.

Simply put, we need to improve access to alternative pain relief options beyond opioids like kratom and like medical marijuana, because 75 percent of opioid abuse starts with prescription drugs usually for pain management. We need to embrace that part of the solution. Increase freedom. Let Americans choose less harmful compounds that work for pain management and free people up to never become the victim of a terrible cycle of opioid addiction. Unfortunately, both of those amendments were blocked.

H.R. 2851, the Stop the Importation and Trafficking of Synthetic Analogues Act, is a bill that would create a new schedule of drugs under the Controlled Substances Act giving even more authority to the Department of Justice

to wage a failed drug war and determine which substances are illegal, sidestepping the current process for scheduling drugs, sidestepping Congress, and often sidestepping common sense. When you put Government bureaucrats in charge, they only take more power every time.

This bill creates lengthy sentencing and penalties, indulging in the over criminalization. It could harm hundreds of thousands of people battling opioid abuse by relying on incarceration and penalization, rather than treatment and helping people recover from opioid abuse.

This is a public health issue. It is not that there is not a criminal dimension; there, of course, is for cartels and smugglers. But when it comes to your niece or nephew, Mr. Speaker, your cousin or your neighbor's kid, we want to help them get better, recover their lives, and free themselves from the vicious cycle of opioid addiction. This bill does not do that.

While it is well-intended, it has serious flaws that need to be addressed. If we want to have an impact on fighting epidemics, the answer is not to give even more authority to government bureaucrats in Washington. It is to empower the American people themselves to take control of our own destiny.

The rule also provides for consideration of the THRIVE Act, that is H.R. 5735. It is a different topic, but it is related. It is designed to create housing opportunities for people suffering from substance abuse disorders.

□ 1245

The problem with this bill is it sets arbitrary time limits on those who seek stable housing while receiving treatment for substance use disorders, and it doesn't actually increase the supply of affordable housing.

When we are dealing with homelessness and transitory housing, we need to take meaningful action to actually increase the supply of beds for people who are in recovery. We have to walk the walk. Without funding for beds and for treatment, we are just talking around the edges and we are not really solving this problem.

The final bill under this rule is H.R. 5788, the Securing the International Mail Against Opioids Act, which is another bill that creates more paperwork for the Postal Service. Frankly, it just adds, again, another level of bureaucracy.

I am pretty sure, Mr. Speaker, that people smuggling opioids into this country don't put opioids on the Customs form. They don't say: "We are illegally bringing opioids into the country." Yes, we need to do more against smuggling, but creating more forms to fill out by government bureaucrats is not the answer.

This bill is being considered under a closed rule. This is the 86th closed rule of this Congress. What that means, Mr. Speaker, is that not a single Member, Democrat or Republican, was able to

offer an amendment to this bill, the Securing the International Mail Against Opioids Act. There were good ideas from both sides that aren't even allowed to be advanced.

The Republicans continue to bring bills to floor this way that limit the opportunity for Republicans and Democrats to actually do something to stop opioid abuse. It is frustrating.

As a legislator who has a lot of ideas about what we can do to actually save lives, increase freedom, and reduce opioid abuse, which would pass—I think a lot of my ideas would get 300, 350 votes here in the House—we are not even allowed to bring them forward. It is just so frustrating when we all know the human face of people who are suffering from being caught in the vicious cycle of opioid addiction. We have seen it affect so many families, including so many of our friends and even family.

Mr. Speaker, I reserve the balance of my time.

Mr. BUCK. Mr. Speaker, I yield 3 minutes to the gentleman from Florida (Mr. ROSS), my friend and the vice chairman of the Subcommittee on Housing and Insurance.

Mr. ROSS. Mr. Speaker, I rise in support of this rule and the underlying legislation, H.R. 5735, the THRIVE Act, which would implement an innovative new approach to millions of men and women recovering from substance abuse by creating a demonstration program that provides transitional housing assistance using Section 8 housing choice vouchers.

Mr. Speaker, substance abuse is one of the most ubiquitous illnesses that faces our society today. Each and every one of us, in one way or another, has been affected by the destructive force of addiction. We have heard stories and witnessed firsthand the pain and anguish substance abuse causes our loved ones and our communities.

I am proud of the work the people's House is doing to address the nationwide epidemic of opioid abuse, and I am grateful to Congressman BARR for his contribution to this important mission.

While many of the bills we are considering this week are geared toward the specific issue of opioid abuse, it is important to note that H.R. 5735 would establish a demonstration program to serve individuals afflicted by all types and forms of drug and alcohol abuse.

The demonstration program will provide participants with a drug- and alcohol-free supportive and structured living environment. This allows recipients to address their addiction, mental health, homelessness, or other issues in a compassionate living space that includes vital services like recovery classes, life skills education classes, mandatory savings plans, and full-time or part-time employment programs.

This legislation recognizes that safe, clean, and stable housing is a necessary asset for those seeking a future free of substance abuse. At the same time, this bill reserves vouchers for low and

extremely low-income individuals who have demonstrated a willingness to make this difficult choice to get better.

With these safeguards, we ensure that taxpayer dollars are only going to individuals who are willing to seek help and who have taken the first steps down the path to recovery.

Substance abuse is a deeply personal struggle. There is no government program and no amount of money that can rescue someone who doesn't want to be saved. While we cannot force people to turn away from the harmful and destruction siren song of opioids and other substances, we can help the people who are endeavoring to do so.

By aiding these courageous men, women, and families, I also believe we can send a message to those still shackled in the dark by their addiction. There is a pathway back, and if you are willing to commit to it, our communities and this entire Nation will support you. That is the message we are sending with this legislation and many of the other important bills being considered this week.

I hope that my colleagues from both sides of the aisle will vote in favor of the rule and the underlying legislation to provide our citizens struggling with substance abuse a new tool for breaking free.

Mr. POLIS. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, our Nation is in the midst of a devastating opioid crisis that is spiraling out of control. According to the Centers for Disease Control and Prevention, opioids are responsible for 6 out of 10 overdose deaths in the country. More than 115 Americans die each day from opioid overdose.

The house is on fire; yet, with these bills today, unfortunately, the Republicans are not addressing this problem in a meaningful way. The American people need strong action from Congress to stem the tide of the opioid scourge and save lives.

Mr. Speaker, if we defeat the previous question, I will offer an amendment to the rule to bring up Representative LUJÁN's legislation, H.R. 3495, the Opioid and Heroin Abuse Crisis Investment Act, which would make a difference by extending badly needed funding to combat the growing public health crisis of opioid-related addiction and deaths.

Mr. Speaker, I ask unanimous consent to insert the text of my amendment in the RECORD, along with extraneous material, immediately prior to the vote on the previous question.

The SPEAKER pro tempore (Mr. POE of Texas). Is there objection to the request of the gentleman from Colorado?

There was no objection.

Mr. POLIS. Mr. Speaker, I yield 3 minutes to the distinguished gentleman from New Mexico (Mr. BEN RAY LUJÁN) to discuss our proposal.

Mr. BEN RAY LUJÁN of New Mexico. Mr. Speaker, every community in America has suffered from the opioid

epidemic. These are our moms and dads, our brothers and sisters, our sons and daughters. All across America, families are suffering.

This is not a new problem. Earlier this year, The New York Times wrote about how one of the most distressing truths of America's opioid epidemic is that it has been with us for 150 years. For more than a century, this crisis has been breaking communities.

This certainly isn't a new problem in New Mexico. Since 2000, New Mexico has had one of the highest rates of drug overdose deaths in the United States. This cycle must be broken because, if there is no action, America is doomed to see these tragedies repeat for another 150 years.

This week, we are working on passing a package of bipartisan bills to address this crisis, and that is good. However, if you listen to our friends on the other side of the aisle, you might think that congressional Republicans think this problem has been solved.

We need to do more and be more aggressive. As The New York Times wrote, serious legislation needs to be considered, such as proposals modeled on the Ryan White CARE Act that would appropriate \$100 billion over 10 years for research, treatment, and support. One of the packages we have today is a bipartisan approach around the Ryan White CARE Act. The funding is not sufficient. We can do more.

Last year in Congress, we came together in a bipartisan fashion to provide a billion dollars to States to address the opioid crisis in the 21st Century Cures Act. We all knew that the billion dollars included in Cures would only be a first step. That is what people said.

I am going to say today what I said last Congress when we were debating these bills: While the House is taking a step toward addressing the opioid epidemic, this is a missed opportunity.

There are good policies in this package of bills, but I am deeply disappointed in the lack of investment on such an urgent crisis facing America. Congress can and must do more.

On behalf of 129 people who will die today from a drug overdose, Congress must do more to address this crisis in a deeply meaningful way. And to do that, real investment must be made, large dollar investments that save lives across America.

My bill extends the bipartisan block grant funding passed in Cures for an additional 5 years. These grants would continue to support States in their efforts to enhance access to treatment, bolster substance abuse prevention programs, and expand evidence-based initiatives that will help address this deadly epidemic.

Mr. Speaker, I include in the RECORD an editorial written by The New York Times, titled, "An Opioid Crisis Foretold," from April 21, 2018.

[From the New York Times, Apr. 21, 2018]

AN OPIOID CRISIS FORETOLD

(By The Editorial Board)

One of the more distressing truths of America's opioid epidemic, which now kills tens of thousands of people every year, is that it isn't the first such crisis. Across the 19th and 20th centuries, the United States, China and other countries saw drug abuse surge as opium and morphine were used widely as recreational drugs and medicine. In the West, doctors administered morphine liberally to their patients, while families used laudanum, an opium tincture, as a cure-all, including for pacifying colicky children. In China, many millions of people were hooked on smoking opium. In the mid-1800s, the British went into battle twice—bombing forts and killing thousands of civilians and soldiers alike—to keep the Chinese market open to drug imports in what would become known as the Opium Wars.

That history has either been forgotten or willfully ignored by many in the medical and political establishments.

Today's opioid crisis is already the deadliest drug epidemic in American history. Opioid overdoses killed more than 45,000 people in the 12 months that ended in September, according to the Centers for Disease Control and Prevention. The epidemic is now responsible for nearly as many American deaths per year as AIDS was at the peak of that crisis.

Experts say that the death toll from opioids could climb for years to come. Millions of people are dependent on or addicted to these drugs, and many of them are increasingly turning to more potent, illicit supplies of heroin and fentanyl, which are cheap and readily available on the street and online. Yet only about 10 percent of Americans who suffer from substance abuse receive specialized addiction treatment, according to a report by the surgeon general.

WE HAVE SEEN THIS BEFORE

As many as 313,000 people were addicted to injected morphine and smoked opium in the United States in the late 19th century, according to David Courtwright, a history professor at the University of North Florida who has written extensively about drugs. Another scholar, R. K. Newman, estimated that as many as 16.2 million Chinese were dependent on opium and smoked the drug daily.

In the United States today, about 2.6 million people suffer from opioid use disorder. But some experts say that data, which is based on a government survey, underestimates the number of pain patients who are addicted to their prescription pills because of how surveyors ask people about drug use; the actual number might exceed five million.

In the 19th century, like today, the medical community was largely responsible for the epidemic. Doctors did not fully appreciate the risks these drugs posed. In the 1800s, many doctors viewed morphine as a wonder drug for pain, diarrhea, nerves and alcoholism. In addition to getting homemakers, Civil War veterans and others addicted, many doctors became addicts themselves. The drug was overused in large part because there were few alternatives; aspirin, for example, didn't become available until the late 1890s.

In his 2001 book, "Dark Paradise: A History of Opiate Addiction in America," Mr. Courtwright notes that the use of morphine began declining as younger doctors who had been better trained started practicing medicine and as non-addictive pain treatments became available. He also notes that many local governments across the country set up clinics that sought to help addicts—a forerunner of contemporary methadone clinics—

but a hostile federal government forced virtually all of them to shut down by 1923. It did so under the misguided idea that it was wrong to keep supplying drugs to people who had become dependent on them—a view that is, regrettably, still widespread today.

Today's opioid crisis has its roots in the 1990s, when prescriptions for painkillers like OxyContin and Vicodin started to become common. Companies like Purdue Pharma, which makes OxyContin, aggressively peddled the idea that these drugs were not addictive with the help of dubious or misinterpreted research. One short 1980 letter to The New England Journal of Medicine by Dr. Hershel Jick and Jane Porter said the risk of addiction was less than one percent, based on an analysis of nearly 12,000 hospital patients who were given opioid painkillers. That letter was widely—and incorrectly—cited as evidence that opioids were safe.

Federal regulators, doctors and others were swayed by pharmaceutical companies that argued for greater use of opioids; there was increasing awareness that doctors had become too unresponsive to patients who were in pain. Patient advocates and pain specialists demanded that the medical establishment recognize pain as the "fifth vital sign."

Mr. Courtwright says that this was not a simple case of historical amnesia. In the earlier epidemic, doctors "made mistakes, but it was a bad situation to begin with," he said. "There was no equivalent of Purdue Pharma flying you off to the Bahamas for the weekend to tell you about the wonders of these new drugs."

WHAT SHOULD WE DO NOW?

The AIDS crisis might provide public officials some lessons for how to move forward. Like with opioids, the federal government responded to that epidemic by doing next to nothing for many years. But an organized movement led in part by people with H.I.V. and gay activists eventually forced Congress to create and fund new programs. For example, in 1990 Congress approved the Ryan White Care Act, a bipartisan bill that poured billions of dollars into providing treatment and support to people with H.I.V. By 1995, the federal government was spending \$3.3 billion a year (about \$5.4 billion today after adjusting for inflation) on AIDS efforts, not including billions spent through mandatory programs like Medicaid and Medicare, according to the Kaiser Family Foundation. That was up from just \$116 million in 1985.

Though slow to act, Congress eventually treated AIDS as a complex, multidimensional problem and tackled it by funding prevention, treatment, support services and research. Lawmakers provided money to make expensive antiretroviral drugs accessible to more people and allocated money to help house people infected with H.I.V., recognizing that they needed more than just access to drugs.

Lawmakers so far have fallen far short of such a vigorous effort when it comes to opioid addiction. Congress has taken what can be considered only baby steps by appropriating a total of a few billion dollars of discretionary opioid funding in recent years. This funding amounts to a pittance relative to what is needed: substantial long-term funding for prevention, addiction treatment, social services and research. Andrew Kolodny, co-director of opioid policy research at Brandeis University, says at least \$6 billion a year is needed for 10 years to set up a nationwide network of clinics and doctors to provide treatment with medicines like buprenorphine and methadone. Those drugs have a proven track record at reducing overdoses and giving people struggling with addiction a shot at a stable life. Today, large

parts of the country have few or no clinics that offer medication-assisted treatment, according to an analysis by amfAR, a foundation that funds AIDS research.

Next, lawmakers need to remove regulations restricting access to buprenorphine, an opioid that can be used to get people off stronger drugs like heroin; its use is unlikely to end in an overdose. Doctors who want to prescribe the drug have to go through eight hours of training, and the government limits the number of patients they can treat. These limits have made the drug harder to obtain and created a situation in which it is easier to get the kinds of opioids that caused this crisis than to get medicine that can help addicts. France reduced heroin overdoses by nearly 80 percent by making buprenorphine easily available starting in 1995. Yet many American lawmakers and government officials have resisted removing restrictions on buprenorphine, arguing it replaces one addiction with another. Some of the same people have also stood in the way of wider availability of naloxone, which can help reverse overdoses, and opposed harm-reduction approaches like supervised drug consumption sites, where users can get clean needles and use drugs under the watch of staff who are trained to reverse overdoses.

To stem the number of new opioid users, lawmakers and regulators need to stop pharmaceutical companies from marketing drugs like OxyContin and establish stronger guidelines about how and when doctors can prescribe them. These drugs are often the last resort for people with cancer and other terminal conditions who experience excruciating pain. But they pose a great risk when used to treat the kinds of pain for which there are numerous nonaddictive therapies available. Doctors have been writing fewer opioid prescriptions in recent years, but even the new level is too high.

Some lawmakers have begun to take this epidemic seriously. Senator Elizabeth Warren and Representative Elijah Cummings, both Democrats, recently proposed legislation modeled on the Ryan White Act that would appropriate \$100 billion over 10 years for research, treatment and support. While that might seem like a lot, President Trump's Council of Economic Advisers said in November that the epidemic cost the economy \$504 billion in 2015 alone.

Leaders in both parties are responsible for this crisis. Presidents George W. Bush and Barack Obama and members of Congress did too little to stop it in its earlier stages. While Mr. Trump talks a lot about the problem, he seems to have few good ideas for what to do about it. As we've learned the hard way, without stronger leadership, the opioid epidemic will continue to wreak havoc across the country.

The SPEAKER pro tempore. The time of the gentleman has expired.

Mr. POLIS. Mr. Speaker, I yield the gentleman an additional 30 seconds.

Mr. BEN RAY LUJÁN of New Mexico. Mr. Speaker, I urge my colleagues to vote "no" on ordering the previous question so we can take a meaningful step toward defeating this crisis.

Mr. BUCK. Mr. Speaker, I yield 5 minutes to the gentleman from Kentucky (Mr. BARR), the chairman of the Subcommittee on Monetary Policy and Trade.

Mr. BARR. Mr. Speaker, I rise today in support of House Resolution 934, the combined rule for my legislation, H.R. 5735, the Transitional Housing for Recovery in Viable Environments, or THRIVE, Act.

I want to thank Chairman HENSARLING, Chairman DUFFY, and my colleagues on the House Financial Services Committee for their support and feedback on this legislation, as well as Chairman SESSIONS and Ranking Member MCGOVERN on the House Committee on Rules for their consideration of my manager's amendment to make improvements to this bill.

This week the House is considering several important pieces of legislation to address the opioid epidemic that takes the lives of 116 Americans every day. My home State of Kentucky has the third highest overdose mortality rate in the country.

In order to achieve meaningful progress in the fight against opioid addiction in our Nation, Congress can no longer simply focus on prevention, enforcement, and treatment. We must also begin to implement policies that focus on long-term recovery. Our Federal housing programs are an underutilized resource in these efforts.

The THRIVE Act would make supportive housing more accessible to those in need by allocating a limited number of Section 8 housing choice vouchers to nonprofits that provide housing, workforce development, job placement, financial literacy, and continued addiction recovery support for individuals who are transitioning out of rehab and back into the workforce.

Rather than allocating the vouchers through public housing authorities, this demonstration would give vouchers directly to housing nonprofits that meet evidence-based metrics of success on a competitive basis. The vouchers would also be distributed with a focus on regions of the country with the highest rates of opioid-related deaths.

This legislation would only allocate either 10,000 or 0.5 percent of total housing vouchers, whichever is less, to people who are literally dying every day of opioid addiction and other substance abuse disorders. The demonstration is limited to 5 years.

No one would have a voucher taken away from them to create this demonstration program. This is an important point that I would like to emphasize to my friend from Colorado, who is concerned that there might be a cannibalizing effect of existing vouchers.

An estimated 198,000 Section 8 vouchers are turned over each year and returned to HUD. It is from this amount that the demonstration would set aside only 10,000 to address a deadly national public health crisis.

The goal of this demonstration is not to take away vouchers from those who need them but, rather, to open up other housing options to people coming out of rehab who would otherwise be forced to use Section 8 vouchers to live in a housing situation where they would be surrounded by individuals who are still in active addiction.

If our goal is to help people coming out of rehab or medication-assisted treatment to stay off of opioids and

gain job skills and find employment, our government programs should give people the option to live in transitional housing with housing choice vouchers.

Additionally, and I would also invite my friend from Colorado to consider this: I have made a commitment to working with my Democratic colleagues in requesting additional funds from the Appropriations Committee for the purpose of supporting this demonstration. I would invite my friend from Colorado to sign this letter requesting those additional funds, perhaps to earn his support and the support of the ranking member.

I would like to thank my Democratic colleague, Ms. SINEMA, as well as the Department of Housing and Urban Development for their suggested changes that have been incorporated in the manager's amendment I offer today. I also thank Mr. ROHRBACHER for his amendment that further ensures eligible entities have been effectively vetted to support recovery in local communities.

This legislation has received endorsements from over 140 housing, addiction support, and recovery organizations across the country, including Addiction Policy Forum, American Academy of Addiction Psychiatry, National Association of Social Workers, Faces and Voices of Recovery, and over 100 others on the front lines of addiction recovery.

Secretary Carson from HUD also visited my district in Kentucky earlier this year and witnessed firsthand the success of nonprofits in helping individuals rise above addiction.

I urge support for this rule so we can continue to work together in a bipartisan manner to improve housing options for individuals recovering from opioid addiction and other substance abuse disorders.

It is time for us to allow for innovation, allow for us to focus on what happens after treatment, and allow people to access transitional housing addiction recovery services that focus on work, self-esteem, financial literacy, and stable housing in order to ultimately move into a life of permanent recovery, hope, and unsubsidized housing scenarios.

□ 1300

Mr. POLIS. Mr. Speaker, I yield 3½ minutes to the gentleman from Texas (Mr. DOGGETT), the distinguished ranking member of the Ways and Means Subcommittee on Tax Policy.

Mr. DOGGETT. Mr. Speaker, yes, America does have a wildfire when it comes to the opioid crisis; and what we are getting this week and next, instead of experienced, professional firefighters with a plan to put out that wildfire, we are being offered a collection of garden hoses. It won't get the job done.

If words, if speeches, if the President's tweets could resolve this problem, we could be here today celebrating a victory. Instead, we have a piecemeal program around the edges of the crisis.

You only have to look at the President's tweets and his near-meaningless declaration of a healthcare emergency, and how he is handling the problem, to know how serious these Republicans are about it. I think the President views this as just another one in the series of political reality television shows that he is producing daily. Because instead of turning to a physician, a firefighter, a scientist, a drug policy expert, he has turned over the leadership of his entire opioid crisis effort to a political consultant and double-talk expert, Kellyanne Conway.

We haven't seen much other than talk over there, and with these 30 bills that are being considered today making modest changes around the edges of the problem, we are not going to advance very far.

Of course, there is a reason for this in this Congress. We can only consider legislation that a majority of the Republicans say we can consider, and they applied a test to get these 30 bills to exclude other ones. The test was twofold: If it cost much of anything, the bill couldn't be considered here. Second, if Big Pharma opposed it, it certainly couldn't be considered here.

So, like Trump, the Republican Congress offers more words, a few bills that may help a few people, but does not address the central issue in the crisis. What we need are substantial additional resources for treatment.

Instead of going in that direction, the Republicans turned about-face, and they are trying to drag us backward so we will have even fewer treatment options than today.

The President's latest assault on all Americans who have a preexisting condition, to deny them access to healthcare, and his assault to cut billions out of Medicaid, will deny the very places that so many people can now turn to for opioid treatment. So they won't add resources, they won't permit us to add resources, and they want to take away the resources that exist today.

Of course, much of the treatment that is out there is necessary because of the wrongs committed by pharmaceutical manufacturers in promoting these opioids in the first place. Here again, the test is not approved for bringing legislation on the floor because Big Pharma opposes it.

I believe we should be following the lead of 41 State attorneys general across America who are saying: Let's look at what Big Pharma did to cause this problem. Why make the taxpayer pay for everything when Big Pharma played such a role?

We ought to have accountability for those who helped to create the opioid crisis, yet the Federal Government—though, again, Trump talked about it, but he didn't do anything.

The SPEAKER pro tempore. The time of the gentleman has expired.

Mr. POLIS. Mr. Speaker, I yield an additional 1½ minutes to the gentleman from Texas.

Mr. DOGGETT. Mr. Speaker, after talking about it, the Justice Department and the Trump administration have done nothing.

In one single year, Medicaid paid out \$9.3 billion associated with this opioid crisis, billions and billions of dollars. Yet, when I tried in the Ways and Means Committee to get involved in terms of getting back the money Medicare has paid out, other billions of dollars, it was rejected on a party-line vote.

At the very time that we are being told our police and first responders across America and, indeed, individual citizens should be carrying naloxone, a drug that can reverse the effects of overdoses and prevent a death, we have seen an incredible spike from Big Pharma in the cost of that. I see headlines.

How does a \$575 lifesaving drug jump to \$4,500? Because these pharmaceutical manufacturers think they can hijack America and, particularly, our law enforcement sources.

We need more than a photo-op version of these measures. If every one of the bills being considered, all 30 of them, are approved, few of those who really need treatment are going to get it as a result of this, and none of those responsible for this crisis will be held accountable.

This crisis is a true hurricane. It is being treated like a dust devil. Approve these modest proposals that do no harm, but then let's move forward with a Congress that really wants to solve the problem.

Mr. BUCK. Mr. Speaker, I have no further witnesses. I reserve the balance of my time to close.

Mr. POLIS. Mr. Speaker, I yield 4 minutes to the gentleman from Maryland (Mr. CUMMINGS), the distinguished ranking member of the Committee on Oversight and Government Reform.

Mr. CUMMINGS. Mr. Speaker, I thank the gentleman for yielding me this time.

Mr. Speaker, I oppose this rule. This week the House is considering dozens of bills to combat the opioid epidemic. These are small bipartisan bills that we all support, but they are simply not enough.

Our country is in the midst of the greatest public health emergency in decades. We have all heard the grim statistics, so I won't repeat them, yet none of the bills that we are considering this week provide the dedicated and sustained resources we need to combat this crisis.

President Trump's own Council of Economic Advisers found that the opioid crisis likely cost our Nation more than \$500 billion in just 1 year. We cannot just nibble around the edges. We cannot just rearrange the deck chairs on the *Titanic*. We must treat the opioid epidemic like the true public health emergency that it is.

I offered an amendment that could have changed this, but the House is not being allowed to consider it. Earlier

this year, I introduced the CARE Act, with Senator ELIZABETH WARREN, modeled directly on the highly successful Ryan White Act, which the Congress passed with bipartisan support in 1990 to address the AIDS crisis.

My amendment would invest in comprehensive, evidence-based treatment for opioid and substance use disorders by authorizing up to \$100 billion over 10 years to help States, localities, non-profits, the CDC, the NIH, and other public health entities working on the front lines of this epidemic to save so many lives.

The CARE Act has been endorsed by more than 30 organizations, including provider groups, local government associations, and public health organizations. My Republican colleagues blocked it from being considered.

They argue that we do not have the money to pay for it. My amendment would have been fully paid for by rolling back just a fraction of the tax giveaways that my Republican colleagues and President Trump handed out to drug companies and other wealthy corporations.

Mr. Speaker, do you know what the drug companies did with their massive tax cuts? They pocketed the money. Then they announced that they would spend tens of billions of dollars buying back their own stock to benefit their shareholders. So far, they have announced stock buybacks totaling \$50 billion, and Pfizer and AbbVie, both companies that sell and market opioids, each announced buybacks of \$10 billion.

Do we really believe it is more important to give drug companies tens of billions of dollars in tax breaks than it is to address the most deadly health crisis in three decades? Is that really where our priorities lie? I say we are better than that.

This crisis does not discriminate based on politics. People are dying in red States, blue States, and purple States. Our priorities should be saving the lives of our fellow Americans. They are counting on us to lead.

The SPEAKER pro tempore. The time of the gentleman has expired.

Mr. POLIS. Mr. Speaker, I yield an additional 30 seconds to the gentleman from Maryland.

Mr. CUMMINGS. Finally, I could not leave this podium without noting the staggering hypocrisy of those who claim that they want to help Americans struggling with substance use disorder while at the same time sabotaging the Affordable Care Act.

Right now, the Trump administration is threatening the health coverage of millions of Americans with pre-existing health conditions, which include substance use disorders.

About 2.6 million people in my State of Maryland have preexisting conditions. We cannot go back to the bad old days when our family, friends, and neighbors were discriminated against because they got sick.

Mr. Speaker, I urge Members to oppose this rule.

Mr. BUCK. Mr. Speaker, I reserve the balance of my time.

Mr. POLIS. Mr. Speaker, I yield myself the balance of my time.

Mr. Speaker, here we are, a year and a half into this session of Congress, and finally the Republicans are bringing something to the floor around the opioid epidemic, but it is too little, too late. They prioritized, unfortunately, corporate tax giveaways over families that are struggling and communities which are affected by the path of destruction caused by opioid drug abuse.

As we address opioid addiction, we need to remember that many communities were suffering from substance use disorders long before Congress began to wake up to this issue. Opioid abuse affects both rural and urban communities and has a human face and a tragedy in every congressional district.

We should support efforts to address this through treatment instead of incarceration or punishment, through alternatives instead of giving Washington, D.C., bureaucrats more power.

Mr. Speaker, I urge my colleagues to vote "no" on the previous question and "no" on the rule, and I yield back the balance of my time.

Mr. BUCK. Mr. Speaker, I yield myself the balance of my time.

Mr. Speaker, tens of thousands of Americans are dying each year due to opioid abuse. What started as an epidemic of prescription drug abuse has led into a resurgence in heroin addiction and synthetic drug abuse. The easy availability of these drugs has led to widespread abuse and death.

My home of eastern Colorado has been particularly hard-hit by this affliction. In the most recent statistics available, more than 400 Coloradans have died of opioid and synthetic overdose. This number is devastating enough on its own, but it does not include the many other lives that are wrecked and torn apart from this curse.

We know many of the bad actors. We know China and Mexico, in particular, are deadly merchants in this sickening trade. Anything that we can do to block these goods from entering our country we should do. Our neighbors, our children, our loved ones deserve a fighting chance. These bills today form yet another defense against the opioid crisis in America.

I want to thank Chairman SESSIONS, Chairman BRADY, Chairman HENSARLING, and Chairman GOODLATTE for bringing these bills forward.

Mr. Speaker, I urge my colleagues to join me in supporting the rule, supporting the underlying bills, and standing in the gap in defense of our communities that are ravaged by this crisis.

The material previously referred to by Mr. POLIS is as follows:

AN AMENDMENT TO H. RES. 934 OFFERED BY  
MR. POLIS

At the end of the resolution, add the following new sections:

SEC. 4. Immediately upon adoption of this resolution the Speaker shall, pursuant to clause 2(b) of rule XVIII, declare the House

resolved into the Committee of the Whole House on the state of the Union for consideration of the bill (H.R. 3495) to amend the 21st Century Cures Act to appropriate funds for the Account for the State Response to the Opioid Abuse Crisis through fiscal year 2023, and for other purposes. The first reading of the bill shall be dispensed with. All points of order against consideration of the bill are waived. General debate shall be confined to the bill and shall not exceed one hour equally divided and controlled by the chair and ranking minority member of the Committee on Energy and Commerce. After general debate the bill shall be considered for amendment under the five-minute rule. All points of order against provisions in the bill are waived. At the conclusion of consideration of the bill for amendment the Committee shall rise and report the bill to the House with such amendments as may have been adopted. The previous question shall be considered as ordered on the bill and amendments thereto to final passage without intervening motion except one motion to recommit with or without instructions. If the Committee of the Whole rises and reports that it has come to no resolution on the bill, then on the next legislative day the House shall, immediately after the third daily order of business under clause 1 of rule XIV, resolve into the Committee of the Whole for further consideration of the bill.

SEC. 5. Clause 1(c) of rule XIX shall not apply to the consideration of H.R. 3495.

THE VOTE ON THE PREVIOUS QUESTION: WHAT IT REALLY MEANS

This vote, the vote on whether to order the previous question on a special rule, is not merely a procedural vote. A vote against ordering the previous question is a vote against the Republican majority agenda and a vote to allow the Democratic minority to offer an alternative plan. It is a vote about what the House should be debating.

Mr. Clarence Cannon's Precedents of the House of Representatives (VI, 308-311), describes the vote on the previous question on the rule as "a motion to direct or control the consideration of the subject before the House being made by the Member in charge." To defeat the previous question is to give the opposition a chance to decide the subject before the House. Cannon cites the Speaker's ruling of January 13, 1920, to the effect that "the refusal of the House to sustain the demand for the previous question passes the control of the resolution to the opposition" in order to offer an amendment. On March 15, 1909, a member of the majority party offered a rule resolution. The House defeated the previous question and a member of the opposition rose to a parliamentary inquiry, asking who was entitled to recognition. Speaker Joseph G. Cannon (R-Illinois) said: "The previous question having been refused, the gentleman from New York, Mr. Fitzgerald, who had asked the gentleman to yield to him for an amendment, is entitled to the first recognition."

The Republican majority may say "the vote on the previous question is simply a vote on whether to proceed to an immediate vote on adopting the resolution . . . [and] has no substantive legislative or policy implications whatsoever." But that is not what they have always said. Listen to the Republican Leadership Manual on the Legislative Process in the United States House of Representatives, (6th edition, page 135). Here's how the Republicans describe the previous question vote in their own manual: "Although it is generally not possible to amend the rule because the majority Member controlling the time will not yield for the purpose of offering an amendment, the same result may be achieved by voting down the pre-

vious question on the rule. . . . When the motion for the previous question is defeated, control of the time passes to the Member who led the opposition to ordering the previous question. That Member, because he then controls the time, may offer an amendment to the rule, or yield for the purpose of amendment."

In Deschler's Procedure in the U.S. House of Representatives, the subchapter titled "Amending Special Rules" states: "a refusal to order the previous question on such a rule [a special rule reported from the Committee on Rules] opens the resolution to amendment and further debate." (Chapter 21, section 21.2) Section 21.3 continues: "Upon rejection of the motion for the previous question on a resolution reported from the Committee on Rules, control shifts to the Member leading the opposition to the previous question, who may offer a proper amendment or motion and who controls the time for debate thereon."

Clearly, the vote on the previous question on a rule does have substantive policy implications. It is one of the only available tools for those who oppose the Republican majority's agenda and allows those with alternative views the opportunity to offer an alternative plan.

Mr. BUCK. Mr. Speaker, I yield back the balance of my time, and I move the previous question on the resolution.

The SPEAKER pro tempore. The question is on ordering the previous question.

The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

Mr. POLIS. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 9 of rule XX, the Chair will reduce to 5 minutes the minimum time for any electronic vote on the question of adoption of the resolution.

The vote was taken by electronic device, and there were—yeas 230, nays 183, not voting 14, as follows:

[Roll No. 261]

YEAS—230

Abraham	Collins (GA)	Gianforte
Aderholt	Collins (NY)	Gibbs
Allen	Comer	Gohmert
Amash	Comstock	Goodlatte
Amodei	Conaway	Gosar
Arrington	Cook	Gowdy
Bacon	Costello (PA)	Granger
Banks (IN)	Cramer	Graves (GA)
Barletta	Crawford	Graves (LA)
Barr	Crawford	Graves (MO)
Barton	Curbelo (FL)	Griffith
Bergman	Curtis	Guthrie
Biggs	Davidson	Handel
Bishop (MI)	Davis, Rodney	Harper
Bishop (UT)	Denham	Harris
Black	DeSantis	Hartzler
Blackburn	DesJarlais	Hensarling
Blum	Diaz-Balart	Herrera Beutler
Bost	Donovan	Hice, Jody B.
Brady (TX)	Duffy	Higgins (LA)
Brat	Duncan (SC)	Hill
Brooks (AL)	Duncan (TN)	Holding
Brooks (IN)	Dunn	Hollingsworth
Buchanan	Emmer	Hudson
Buck	Estes (KS)	Huizenga
Bucshon	Faso	Hultgren
Budd	Ferguson	Hunter
Burgess	Fitzpatrick	Hurd
Byrne	Fleischmann	Issa
Calvert	Flores	Jenkins (KS)
Carter (GA)	Fortenberry	Jenkins (WV)
Carter (TX)	Fox	Johnson (LA)
Chabot	Frelinghuysen	Johnson (OH)
Cheney	Gaetz	Johnson, Sam
Coffman	Gallagher	Jones
Cole	Garrett	Jordan

Joyce (OH)	Mullin	Sessions
Katko	Newhouse	Shimkus
Kelly (MS)	Noem	Simpson
Kelly (PA)	Norman	Smith (MO)
King (IA)	Nunes	Smith (NE)
King (NY)	Olson	Smith (NJ)
Kinzinger	Palazzo	Smith (TX)
Knight	Palmer	Smucker
Kustoff (TN)	Paulsen	Stefanik
Labrador	Pearce	Stewart
LaHood	Perry	Stivers
LaMalfa	Pittenger	Taylor
Lamborn	Poe (TX)	Tenney
Lance	Poliquin	Thompson (PA)
Latta	Posey	Thornberry
Lesko	Ratcliffe	Tipton
Lewis (MN)	Reed	Trott
LoBiondo	Reichert	Turner
Long	Renacci	Upton
Loudermilk	Rice (SC)	Valadao
Love	Roby	Wagner
Lucas	Roe (TN)	Walberg
Luetkemeyer	Rogers (AL)	Walden
MacArthur	Rogers (KY)	Walker
Marchant	Rohrabacher	Walorski
Marino	Rokita	Walters, Mimi
Marshall	Rooney, Francis	Rooney, Thomas J.
Massie	Rooney, Thomas J.	Weber (TX)
Mast	Ros-Lehtinen	Webster (FL)
McCarthy	McCaul	Westerman
McCaul	Roskam	Williams
McClintock	Ross	Wilson (SC)
McHenry	Rothfus	Wittman
McKinley	Rouzer	Womack
McMorris	Royce (CA)	Woodall
Rodgers	Russell	Yoder
McSally	Rutherford	Yoho
Meadows	Sanford	Young (AK)
Messer	Scalise	Young (IA)
Mitchell	Schweikert	Zeldin
Moolenaar	Scott, Austin	
Mooney (WV)	Sensenbrenner	

NAYS—183

Adams	Esty (CT)	Maloney, Sean
Aguilar	Evans	Matsui
Barragan	Foster	McCollum
Bass	Frankel (FL)	McEachin
Bera	Fudge	McGovern
Beyer	Gabbard	McNerney
Bishop (GA)	Gallego	Meeks
Blumenauer	Garamendi	Meng
Blunt Rochester	Gonzalez (TX)	Moore
Bonamici	Gottheimer	Moulton
Boyle, Brendan F.	Green, Gene	Murphy (FL)
Brady (PA)	Hanabusa	Nadler
Brown (MD)	Hastings	Napolitano
Brownley (CA)	Heck	Neal
Bustos	Higgins (NY)	Nolan
Butterfield	Himes	Norcross
Capuano	Hoyer	O'Halleran
Carbajal	Huffman	O'Rourke
Cárdenas	Jackson Lee	Pallone
Carson (IN)	Jayapal	Panetta
Cartwright	Jeffries	Pascarell
Castor (FL)	Johnson (GA)	Payne
Castro (TX)	Johnson, E. B.	Pelosi
Cicilline	Kaptur	Perlmutter
Clark (MA)	Keating	Peters
Clarke (NY)	Kelly (IL)	Peterson
Clay	Kennedy	Pingree
Cleaver	Khanna	Pocan
Clyburn	Kiuhnen	Polis
Cohen	Kildee	Price (NC)
Connolly	Kilmer	Quigley
Cooper	Kind	Raskin
Correa	Krishnamoorthi	Rice (NY)
Costa	Kuster (NH)	Richmond
Courtney	Lamb	Rosen
Crist	Langevin	Roibal-Allard
Cuellar	Larsen (WA)	Ruiz
Cummings	Larson (CT)	Ruppersberger
Davis (CA)	Lawrence	Rush
Davis, Denny	Lawson (FL)	Ryan (OH)
DeFazio	Lee	Sánchez
DeGette	Levin	Sarbanes
Delaney	Lewis (GA)	Schakowsky
DelBene	Lieu, Ted	Schiff
Demings	Lipinski	Schneider
DeSaulnier	Loeb sack	Schrader
Deutch	Lofgren	Scott (VA)
Dingell	Lowenthal	Scott, David
Doggett	Lowey	Serrano
Doyle, Michael F.	Lujan Grisham, M.	Sewell (AL)
Engel	Lujan, Ben Ray	Shea-Porter
Eshoo	Lynch	Sherman
	Maloney, Carolyn B.	Sinema
		Sires
		Smith (WA)

Soto	Tonko	Wasserman	Lamborn	Paulsen	Smith (NE)	SchultzWaters,	Watson Coleman	Wilson (FL)
Speier	Torres	Schultz	Lance	Pearce	Smith (NJ)	Maxine	Welch	Yarmuth
Suozi	Tsongas	Waters, Maxine	Latta	Perry	Smith (TX)			
Swalwell (CA)	Vargas	Watson Coleman	Lesko	Pittenger	Smucker			
Takano	Veasey	Welch	Lewis (MN)	Poe (TX)	Stefanik	Beatty	Gosar	Poliquin
Thompson (CA)	Vela	Wilson (FL)	LoBiondo	Posey	Stewart	Bilirakis	Green, Al	Rohrabacher
Thompson (MS)	Velázquez	Yarmuth	Long	Ratcliffe	Stivers	Chu, Judy	Grijalva	Schakowsky
Titus	Visclosky		Loudermilk	Reed	Taylor	Crowley	Gutiérrez	Shuster
			Love	Reichert	Tenney	Ellison	Huffman	Walz
			Lucas	Renacci	Thompson (PA)	Espallat	Jayapal	
			Luetkemeyer	Rice (SC)	Thornberry	Gomez	Lewis (GA)	
			MacArthur	Roby				
			Marchant	Roe (TN)				
			Marino	Rogers (AL)				
			Marshall	Rogers (KY)				
			Massie	Rokita				
			Mast	Rooney, Francis				
			McCarthy	Rooney, Thomas				
			McCaul	J.				
			McClintock	Ros-Lehtinen				
			McHenry	Roskam				
			McKinley	Ross				
			McMorris	Rothfus				
			Rodgers	Rouzer				
			McSally	Royce (CA)				
			Meadows	Russell				
			Messer	Rutherford				
			Mitchell	Sanford				
			Moolenaar	Scalise				
			Mooney (WV)	Schneider				
			Mullin	Schweikert				
			Newhouse	Scott, Austin				
			Noem	Sensenbrenner				
			Norman	Sessions				
			Nunes	Shimkus				
			Olson	Simpson				
			Palazzo	Sinema				
			Palmer	Smith (MO)				

NOT VOTING—14

Babin	Ellison	Grothman
Beatty	Espallat	Gutiérrez
Bilirakis	Gomez	Shuster
Chu, Judy	Green, Al	Walz
Crowley	Grijalva	

□ 1343

Mr. RICHMOND and Miss RICE of New York changed their vote from “yea” to “nay.”

Mrs. McMORRIS RODGERS changed her vote from “nay” to “yea.”

So the previous question was ordered.

The result of the vote was announced as above recorded.

Stated for:

Mr. BABIN. Mr. Speaker, I was unavoidably detained. Had I been present, I would have voted “yea” on rollcall No. 261.

Mr. GROTHMAN. Mr. Speaker, I was unavoidably detained. Had I been present, I would have voted “yea” on rollcall No. 261.

The SPEAKER pro tempore. The question is on the resolution.

The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

RECORDED VOTE

Mr. POLIS. Mr. Speaker, I demand a recorded vote.

A recorded vote was ordered.

The SPEAKER pro tempore. This is a 5-minute vote.

The vote was taken by electronic device, and there were—ayes 233, noes 175, not voting 19, as follows:

[Roll No. 262]

AYES—233

Abraham	Conaway	Graves (MO)
Aderholt	Cook	Griffith
Allen	Costello (PA)	Grothman
Amash	Cramer	Guthrie
Amodei	Crawford	Handel
Arrington	Culberson	Harper
Babin	Curbelo (FL)	Harris
Bacon	Curtis	Hartzler
Banks (IN)	Davidson	Hensarling
Barletta	Davis, Rodney	Herrera Beutler
Barr	Denham	Hice, Jody B.
Barton	DeSantis	Higgins (LA)
Bergman	DesJarlais	Hill
Biggs	Diaz-Balart	Holding
Bishop (MI)	Donovan	Hollingsworth
Bishop (UT)	Duffy	Hudson
Black	Duncan (SC)	Huizenga
Blackburn	Duncan (TN)	Hultgren
Blum	Dunn	Hunter
Bost	Emmer	Hurd
Brady (TX)	Estes (KS)	Issa
Brat	Faso	Jenkins (KS)
Brooks (AL)	Ferguson	Jenkins (WV)
Brooks (IN)	Fitzpatrick	Johnson (LA)
Buchanan	Fleischmann	Johnson (OH)
Buck	Flores	Johnson, Sam
Bucshon	Fortenberry	Jones
Budd	Fox	Jordan
Burgess	Frelinghuysen	Joyce (OH)
Byrne	Gaetz	Katko
Calvert	Gallagher	Kelly (MS)
Carter (GA)	Garrett	Kelly (PA)
Carter (TX)	Gianforte	King (IA)
Chabot	Gibbs	King (NY)
Cheney	Gohmert	Kinzinger
Coffman	Goodlatte	Knight
Cole	Gottheimer	Kustoff (TN)
Collins (GA)	Gowdy	Labrador
Collins (NY)	Granger	LaHood
Comer	Graves (GA)	LaMalfa
Comstock	Graves (LA)	Lamb

Adams	Fudge
Aguilar	Gabbard
Barragán	Gallego
Bass	Garamendi
Bera	Gonzalez (TX)
Beyer	Green, Gene
Bishop (GA)	Hanabusa
Blumenauer	Hastings
Blunt Rochester	Heck
Bonamici	Higgins (NY)
Boyle, Brendan	Himes
F.	Hoyer
Brady (PA)	Jackson Lee
Brown (MD)	Jeffries
Brownley (CA)	Johnson (GA)
Bustos	Johnson, E. B.
Butterfield	Kaptur
Capuano	Keating
Carbajal	Kelly (IL)
Cárdenas	Kennedy
Carson (IN)	Khanna
Cartwright	Kihuen
Castor (FL)	Kildee
Castro (TX)	Kilmer
Cicilline	Kind
Clark (MA)	Krishnamoorthi
Clarke (NY)	Kuster (NH)
Clay	Langevin
Cleaver	Larsen (WA)
Clyburn	Larson (CT)
Cohen	Lawrence
Connolly	Lawson (FL)
Cooper	Lee
Correa	Levin
Costa	Lieu, Ted
Courtney	Lipinski
Crist	Loebsack
Cuellar	Lofgren
Cummings	Lowenthal
Davis (CA)	Lowe
Davis, Danny	Lujan Grisham,
DeFazio	M.
DeGette	Luján, Ben Ray
Delaney	Lynch
DeLauro	Maloney,
DelBene	Carolyn B.
Demings	Maloney, Sean
DeSaulnier	Matsui
Deutch	McCollum
Dingell	McEachin
Doggett	McGovern
Doyle, Michael	McNerney
F.	Meeks
Engel	Meng
Eshoo	Moore
Esty (CT)	Moulton
Evans	Murphy (FL)
Foster	Nadler
Frankel (FL)	Napolitano

NOES—175

Neal
Nolan
Norcross
O'Halleran
O'Rourke
Pallone
Panetta
Pascrell
Payne
Pelosi
Perlmutter
Peters
Peterson
Pingree
Pocan
Polis
Price (NC)
Quigley
Raskin
Rice (NY)
Richmond
Rosen
Roybal-Allard
Ruiz
Ruppersberger
Rush
Ryan (OH)
Sánchez
Sarbanes
Schiff
Schrader
Scott (VA)
Scott, David
Serrano
Sewell (AL)
Shea-Porter
Sherman
Sires
Smith (WA)
Soto
Speier
Suozi
Swalwell (CA)
Takano
Thompson (CA)
Thompson (MS)
Titus
Tonko
Torres
Tsongas
Vargas
Veasey
Vela
Velázquez
Visclosky
Wasserman

NOT VOTING—19

Beatty	Gosar	Poliquin
Bilirakis	Green, Al	Rohrabacher
Chu, Judy	Grijalva	Schakowsky
Crowley	Gutiérrez	Shuster
Ellison	Huffman	Walz
Espallat	Jayapal	
Gomez	Lewis (GA)	

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The Acting CHAIR (during the vote). There are 2 minutes remaining.

□ 1350

So the resolution was agreed to.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

Stated for:

Mr. POLIQUIN. Mr. Speaker, I was unavoidably detained. Had I been present, I would have voted “yea” on rollcall No. 262.

Stated against:

Ms. SCHAKOWSKY. Mr. Speaker, I was unavoidably detained. Had I been present, I would have voted “nay” on rollcall No. 262.

PERSONAL EXPLANATION

Mr. AL GREEN of Texas. Mr. Speaker, on Wednesday, June 13, 2018, I missed the following votes:

1. Motion on Ordering the Previous Question on the Rule providing for consideration of H.R. 2851, H.R. 5735, and H.R. 5788. Had I been present, I would have voted “no” on this motion.

2. H. Res. 934, Rule providing for consideration of H.R. 2851, Stop Importation and Trafficking of Synthetic Analogues Act of 2017, H.R. 5735, Transitional Housing for Recovery in Viable Environments Demonstration Program Act, and H.R. 5788, Securing the International Mail Against Opioids Act of 2018. Had I been present, I would have voted “no” on this bill.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, the Chair will postpone further proceedings today on motions to suspend the rules on which a recorded vote or the yeas and nays are ordered, or votes objected to under clause 6 of rule XX.

The House will resume proceedings on postponed questions at a later time.

TREATING BARRIERS TO PROSPERITY ACT OF 2018

Mr. BARLETTA. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 5294) to amend title 40, United States Code, to address the impact of drug abuse on economic development in Appalachia, and for other purposes.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 5294

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,*

SECTION 1. SHORT TITLE.

This Act may be cited as the “Treating Barriers to Prosperity Act of 2018”.