

laws, and broaden our approaches to preventing and addressing drug abuse.

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

Mr. GOODLATTE. Mr. Speaker, I yield such time as he may consume to the gentleman from Pennsylvania (Mr. ROTHFUS), whom I failed to note in my opening remarks is the chief sponsor of this legislation and someone very dedicated to addressing problems with opioid abuse.

Mr. ROTHFUS. Mr. Speaker, I rise in support of this legislation, H.R. 6029, the Reauthorizing and Extending Grants for Recovery from Opioid Use Programs Act of 2018, or the REGROUP Act.

In simple terms, this bill will help our Nation continue the fight against the opioid crisis. The REGROUP Act does two things. First, it reauthorizes and extends the Comprehensive Opioid Abuse Program administered through the Department of Justice for an additional 2 years through 2023. Second, it also raises authorized funding levels for these programs from \$103 million to \$330 million for each fiscal year.

□ 1445

Mr. Speaker, back in my district in western Pennsylvania, the opioid crisis is still a huge problem that continues to destroy lives, hurt families, and plague entire communities.

While we have made some progress, there is much more work to be done. Therefore, we must not only continue to support the Comprehensive Opioid Abuse Program, but enhance it with additional funding.

Originally authorized in the Comprehensive Addiction and Recovery Act of 2016, or CARA, the Comprehensive Opioid Abuse Program authorized valuable grant resources to States and localities suffering from the epidemic. These competitive grant programs offer a wide variety of support at all phases of this fight, from first responders to those suffering from substance abuse.

More specifically, the DOJ has developed various grant programs for first responders fighting on the front lines, programs that support drug courts and veteran treatment courts. It also provides grants for increasing collaboration between criminal justice agencies and substance abuse agencies. Furthermore, it even has programs that help develop the prescription drug monitoring programs.

For example, back in Beaver County and Allegheny County, we have veteran treatment courts that provide alternative justice systems where those who suffer from addiction and who run afoul of the law can actually receive the care, treatment, and intervention they need.

The alternate systems that these courts offer are precisely the type of programs that the REGROUP Act will support. Courts like these help break the cycle of addiction for individuals and, hopefully, save lives in the proc-

ess. Our whole society benefits when someone breaks the chain of addiction.

Mr. Speaker, if we are to end the opioid crisis, we must attack this problem at all levels. We must be committed to this fight for the long term, and we must increase support for these programs. The REGROUP Act will help us continue this fight against the opioid crisis.

Ms. JACKSON LEE. Mr. Speaker, I yield myself the balance of my time.

Let me thank the gentleman from Pennsylvania for his leadership and for his concern for what has been a deadly journey for many Americans.

As I close, I would like to share just a moment of the devastating impact that this epidemic of drugs has had in many communities.

More than 80 percent of the defendants sentenced for crack cocaine offenses were African Americans, despite the fact that more than 66 percent of crack cocaine users were either White or Hispanic.

In 2010, we reduced the sentencing disparity between crack and powder cocaine from 100-to-1 to 18-to-1. We did not even make those changes apply retroactively. The remaining disparity and the remaining mandatory nature of the penalty remains. Therefore, there is much to do.

This bill will help us a lot, but there is no excuse to continue to allow people, as is evidenced by the recent pardon by the administration of an individual who had been incarcerated on a drug offense, no excuse for us to allow these injustices to persist, even as we proceed to work on this opioid epidemic.

So I think it is extremely important that, as former Attorney General Eric Holder said when he instituted his initiative to address some of the inequities with respect to prosecuting drug crimes, we need to be smart on crime. Treatment is very important. This legislation raising the amount of grant money to help with the courts and treatment elements will be a major aspect to saving lives.

But we do not need to continue to get tough in another arena where we are speaking about raising penalties, imposing the death penalty for drug crimes, as the Attorney General has offered. We should not be telling prosecutors to ratchet up criminal charges and penalties for drug offenders. None of that solves the problem.

What we are doing today will solve the problem. Instead of doubling down on failing policies that do not do anything more than proliferate misery for the incarcerated person who really needs treatment, as well as the family, we need real leadership involving a commitment to increase resources for the alternatives we know are actually effective.

I really do believe the veterans courts, for example, are a Godsend to many of our veterans who come back and truly need help. They are so grateful for help. They may have gotten ad-

dicted while in the service or because of circumstances after leaving the service, including issues dealing with their own psychological needs. In any event, we know that they have served their Nation.

Continuing to support those kinds of alternatives are extremely important, and we should support this bill so that we can continue those alternatives, but we need to make sure that we speak against those approaches that ignore the Smart on Crime. I would ask that we reinstitute the Smart on Crime, which diminishes the number of people who get caught up in the system who are just truly addicted from the terrible plight that they have with drug addiction.

As we work to do more, we must ensure that we look at the crisis as it relates to mass incarceration. We must also treat all of the addictions—crack cocaine—as the same, because it spreads throughout our Nation.

So as we continue this conversation, again, I add my appreciation to the Congressman from Pennsylvania, the chairman, and Ranking Member NADLER. As we rise to support this legislation, let us continue to seek to reform our drug laws, let us reform our sentencing laws, and let us broaden our approaches to preventing and addressing drug abuse.

I think the experts will tell us that that has been one of the most effective pathways to get people away from drugs and to get their lives and the lives of their families restored.

Mr. Speaker, I ask my colleagues to support this legislation, and I yield back the balance of my time.

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

I, too, want to thank the gentleman from Pennsylvania (Mr. ROTHFUS). I want to thank the gentlewoman, the ranking member of the Crime, Terrorism, Homeland Security, and Investigations Subcommittee for her dedication to addressing this very serious problem.

I want to urge all of my colleagues to join us in supporting this fine legislation, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentlewoman from Virginia (Mr. GOODLATTE) that the House suspend the rules and pass the bill, H.R. 6029.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill was passed.

A motion to reconsider was laid on the table.

RECOGNIZING EARLY CHILDHOOD TRAUMA RELATED TO SUBSTANCE ABUSE ACT OF 2018

Mr. BRAT. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 5889) to require the Secretary of Health and Human Services to disseminate information, resources, and if requested, technical assistance to early

childhood care and education providers and professionals working with young children on ways to properly recognize and respond to children who may be impacted by trauma related to substance abuse.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 5889

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 “Recognizing Early Childhood Trauma Related to Substance Abuse Act of 2018”.

SEC. 2. RECOGNIZING EARLY CHILDHOOD TRAUMA RELATED TO SUBSTANCE ABUSE.

(a) DISSEMINATION OF INFORMATION.—The Secretary of Health and Human Services shall disseminate information, resources, and, if requested, technical assistance to early childhood care and education providers and professionals working with young children on—

(1) ways to properly recognize children who may be impacted by trauma related to substance abuse by a family member or other adult, and

(2) how to respond appropriately in order to provide for the safety and well-being of young children and their families.

(b) GOALS.—The information, resources, and technical assistance provided under subsection (a) shall—

(1) educate early childhood care and education providers and professionals working with young children on understanding and identifying the early signs and risk factors of children who might be impacted by trauma due to exposure to substance abuse,

(2) suggest age-appropriate communication tools, procedures, and practices for trauma-informed care, including ways to prevent or mitigate the effects of trauma,

(3) provide options for responding to children impacted by trauma due to exposure to substance abuse that consider the needs of the child and family, including recommending resources and referrals for evidence-based services to support such family, and

(4) promote whole-family and multi-generational approaches to prevent separation and support re-unification of families whenever possible and in the best interest of the child.

(c) RULE OF CONSTRUCTION.—Such information, resources, and if applicable, technical assistance, shall not be construed to amend the requirements under—

(1) the Child Care and Development Block Grant Act of 1990 (42 U.S.C. 9858 et seq.),

(2) the Head Start Act (42 U.S.C. 9831 et seq.), or

(3) the Individuals with Disabilities Education Act (20 U.S.C. 1400 et seq.).

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Virginia (Mr. BRAT) and the gentlewoman from Oregon (Ms. BONAMICI) each will control 20 minutes.

The Chair recognizes the gentleman from Virginia.

GENERAL LEAVE

Mr. BRAT. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material on H.R. 5889.

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

There was no objection.

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

Mr. Speaker, I rise today in support of H.R. 5889, Recognizing Early Childhood Trauma Related to Substance Abuse Act of 2018.

Last year, we lost more Virginians to opioid overdoses than any other year in the last decade. For 5 years now, fatal drug overdoses are the leading cause of unnatural death in Virginia.

In 2017, the average overdose rate across Virginia was 14 per 1,000 people. But in Henrico County, the rate has increased from 11.5 in 2015 to 19.6 in 2017. In fact, 87 percent of inmates in Henrico County identified drug involvement as being a direct or an indirect reason for their incarceration. That is 87 percent. Out of the 1,007 inmates jailed for drug involvement, a plurality began using at age 13.

The largest overdose rate last year was in Culpeper County, which increased from about 22.5 per 1,000 people in 2015 to 38 in 2017. We are losing friends, family members, and neighbors every day.

Last November, the Committee on Education and the Workforce held a hearing to examine how opioids are impacting communities across America. During the hearing, members heard testimony from Ms. Toni Miner, a family support partner for Child and Youth Leadership who uses her own past struggle with drug abuse to help other families and children who need help overcoming addiction. In her testimony, Miner told members that: “Addiction is a family disease, and if the whole family is not treated, history will continue to repeat itself.”

One of the unintended consequences of the opioid epidemic is that addiction has devastated not only the lives of users, but the lives of their families as well. Maybe the most tragic reality of this epidemic is it has devastated the lives of our children.

Half of opioid overdose deaths occur among men and women ages 25 to 44, and many of these individuals are parents. The number of children in the U.S. foster care system is increasing, and a recent study showed almost one in three children who were placed in the foster care system in 2015 entered at least partially due to parental drug abuse.

In Virginia, there were 5,295 children in foster care as of April. These children, and those living with an addicted caregiver, experience unimaginable hardship and trauma and, thus, have unique needs. When these tragedies occur, the children need the community's help.

The professionals working at child care homes and centers, Head Start programs, faith-based organizations, camps, doctors' offices, and many other places are in a special position to identify and assist children affected by substance abuse. However, they may not have the preparation and education needed to recognize the risk factor as-

sociated with childhood trauma due to an adult's substance abuse.

Information and resources from the Department of Health and Human Services could help educate child care and early education providers how to identify risk factors and respond appropriately when faced with a child experiencing trauma related to substance abuse. Such information and resources will help keep more children safe while aiding in the healthy development and well-being of the child and promoting whole-family approaches whenever possible.

Mr. Speaker, I urge my colleagues to support this legislation, and I reserve the balance of my time.

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

Mr. Speaker, I rise in support of H.R. 5889, which would help reduce childhood trauma by requiring the Department of Health and Human Services to provide information and technical assistance to early childhood professionals about the best ways to help treat children struggling with trauma related to substance abuse exposure. Children exposed to adverse childhood experiences, or ACEs, are more likely to suffer from substance use disorder later in life. We can save money and lives by better supporting these children.

I recently held a listening tour throughout northwest Oregon to better understand how opioids are devastating our communities and to identify and discuss the tools we need to combat this epidemic. I heard from healthcare professionals, families who lost loved ones, individuals in recovery, and community leaders, who all called for greater Federal investment to fight back against opioids. One of the discussions I convened focuses specifically on the needs of children and how we can better support them to succeed both in the classroom and in life.

Busy educators and other early childhood professionals now often find themselves serving as first responders to a growing crisis. Some schools in my home State of Oregon are adopting a trauma-informed care approach to better support affected students.

For instance, Warrenton Grade School, which I recently visited, is a shining example. They are deliberately building a “culture of care” that focuses on meeting the emotional needs of children hand-in-hand with their academic growth.

□ 1500

Schools and especially school-based health centers are already facing budget shortages and urgently need additional resources for prevention programs and for screening.

I encourage my colleagues to support the passage of this legislation, but this bill will not be effective if we don't invest in comprehensive supports for young children and their parents.

Traumatic events during childhood often trigger substance abuse later in

life. It is vital that we support early learning initiatives to provide children the comprehensive support they need, including programs like Head Start and home visiting programs.

Mr. Speaker, I want to thank Congressman BRAT and Congressman O'HALLERAN for their work on this legislation. I know they care a lot about this issue.

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

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

Ms. BONAMICI. Mr. Speaker, I yield such time as he may consume to the gentleman from Arizona (Mr. O'HALLERAN), a cosponsor of this legislation.

Mr. O'HALLERAN. Mr. Speaker, I rise in strong support of the Recognizing Early Childhood Trauma Related to Substance Abuse Act.

I thank the gentleman from Virginia for teaming up with me to protect and help the most vulnerable victims of the opioid epidemic ravaging our communities across America and our children.

As a former police officer, I know what the impacts of addiction and overdoses can do to young family members. The trauma is real, and the effects can be lifelong for many innocent kids. We know from research that this type of trauma can affect school performance, behavior, and the likelihood of substance abuse years later.

Nobody is more deserving of our attention and our resources than these kids. It is why I was proud to introduce the Recognizing Early Childhood Trauma Related to Substance Abuse Act with my colleague. This bipartisan bill will help address and reduce childhood trauma caused by the abuse of illegal substances by parents and guardians.

The rising abuse of opioids and other illegal drugs is not only devastating communities across this great Nation; it is jeopardizing the futures of millions of young children who are living through untold traumatic experiences. This commonsense bipartisan legislation will support early childhood professionals, give them the tools they need to identify trauma, and support kids with age-appropriate resources.

In rural America, skyrocketing overdose rates have had a tremendous impact on every aspect of our communities, including our schools and our early-childhood institutions. In Arizona, opioid and heroin overdose rates have risen sharply since 2012.

It is past time for action to bring resources into our neighborhoods and tackle these issues. Kids affected by substance abuse disorder need our attention now to ensure every single one of them has the bright future they deserve. I am glad Congress agrees and is working across the aisle to take this important step forward.

I thank the chairman and ranking member for their support on this bill, and I look forward to its passage and implementation at this urgent time for families across America and the Nation.

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

Mr. Speaker, I would like to thank my colleague, Congresswoman BONAMICI, for her great work in committee and for her always keen insights and great presentation today as well.

I would also like to personally thank the sheriffs back at home. I am referring to Henrico Sheriff Mike Wade and Chesterfield County Sheriff Karl Leonard. I thank them for helping with the statistics they do and for their recovery programs back at home in Chesterfield and Henrico. They do outstanding work, along with some of the other recovery folks. John Shinholser and many of our faith community work hand in hand on this across the aisle.

Mr. Speaker, I urge my colleagues to vote in favor of H.R. 5889, and I yield back the balance of my time.

Ms. BONAMICI. Mr. Speaker, once again, I want to thank Congressman BRAT and Congressman O'HALLERAN for their work on this important legislation.

Mr. Speaker, I urge its passage, and I yield back the balance of my time.

The SPEAKER pro tempore (Mr. BARTON). The question is on the motion offered by the gentleman from Virginia (Mr. BRAT) that the House suspend the rules and pass the bill, H.R. 5889.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill was passed.

A motion to reconsider was laid on the table.

ASSISTING STATES' IMPLEMENTATION OF PLANS OF SAFE CARE ACT

Mr. GARRETT. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 5890) to require the Secretary of Health and Human Services to provide assistance to States in complying with, and implementing, certain provisions of section 106 of the Child Abuse Prevention and Treatment Act in order to promote better protections for young children and family-centered responses, and for other purposes.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 5890

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 "Assisting States' Implementation of Plans of Safe Care Act".

SEC. 2. ASSISTING STATES WITH IMPLEMENTATION OF PLANS OF SAFE CARE.

(a) IN GENERAL.—The Secretary of Health and Human Services shall provide written guidance and, if appropriate, technical assistance to support States in complying with, and implementing, subsections (b)(2)(B)(iii) and (d)(18) of section 106 of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5106a) in order to promote better protections for young children and family-centered responses.

(b) REQUIREMENTS.—The guidance and technical assistance shall—

(1) enhance States' understanding of requirements and flexibilities under the law, including clarifying key terms;

(2) address State-identified challenges with developing, implementing, and monitoring plans of safe care;

(3) disseminate best practices related to developing and implementing plans of safe care, including differential response, collaboration and coordination, and identification and delivery of services, while recognizing needs of different populations and varying community approaches across States;

(4) support collaboration between health care providers, social service agencies, public health agencies, and the child welfare system, to promote a family-centered treatment approach;

(5) prevent separation and support reunification of families if in the best interests of the child;

(6) recommend treatment approaches for serving infants, pregnant women, and postpartum women whose infants may be affected by substance use that are designed to keep infants with their mothers and families whenever appropriate, including recommendations to encourage pregnant women to receive health and other support services during pregnancy;

(7) support State efforts to develop technology systems to manage and monitor implementation of plans of safe care; and

(8) help States improve the long-term safety and well-being of young children and their families.

(c) CONSTRUCTION.—The guidance and technical assistance shall not be construed to amend the requirements of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5101 et seq.).

(d) DEFINITION.—For purposes of this section, the term "State" has the meaning given such term in section 3 of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5101 note).

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Virginia (Mr. GARRETT) and the gentleman from Oregon (Ms. BONAMICI) each will control 20 minutes.

The Chair recognizes the gentleman from Virginia.

GENERAL LEAVE

Mr. GARRETT. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material on H.R. 5890.

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

There was no objection.

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

Mr. Speaker, I rise today in support of H.R. 5890, the Assisting States' Implementation of Plans of Safe Care Act.

In 2016, a staggering 2.1 million Americans experienced an opioid abuse disorder. To put that in perspective, the number of fatalities based on opioid abuse in the most recent year approaches the number 60,000. To put that in perspective, it is nearly sixfold the number of alcohol-related deaths on our highways. It is nearly twofold the number of automotive deaths on our highways. It is, in fact, greater than the number of deaths from automobiles plus nonsuicide-related firearms deaths combined.