

S. 2723

At the request of Mrs. GILLIBRAND, the name of the Senator from Massachusetts (Mr. MARKEY) was added as a cosponsor of S. 2723, a bill to amend the Food and Nutrition Act of 2008 to require that supplemental nutrition assistance program benefits for children be calculated with reference to the cost of the low-cost food plan, as determined by the Secretary of Agriculture, and for other purposes.

#### STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mrs. FEINSTEIN (for herself, Mrs. CAPITO, and Ms. HARRIS):

S. 2773. A bill to improve the management of driftnet fishing; to the Committee on Commerce, Science, and Transportation.

Mrs. FEINSTEIN. Mr. President, I am pleased to introduce the Driftnet Modernization and Bycatch Reduction Act. This legislation updates the Magnuson-Stevens Fishery Conservation and Management Act to phase out the use of harmful drift gillnets and replace it with more sustainable fishing gear.

Drift gillnets, which are approximately one to one and a half miles long, are intended to catch swordfish and thresher shark. Tragically, nearly 60 other species are accidentally caught and killed in the nets, including dolphins, porpoises, whales, sea lions, and sea turtles. These are known as bycatch.

While some of these species can be sold, most are wastefully thrown back in to the ocean either dead or injured, making survival unlikely.

According to the National Marine Fisheries Service, gillnets account for 90% of whale and porpoise species killed in West Coast Fisheries.

In the 1980s, Congress enacted legislation to end the domestic use of driftnets approximately 1.5 miles long. Under President George H.W. Bush, the United States entered binding international agreements banning such nets worldwide. Driftnets are prohibited or not utilized off the United States Atlantic and Gulf coasts or in Washington State, Oregon, Alaska, or Hawaii. Mexico permanently banned the use of these nets in 2017.

However, neither domestic nor international law, as currently written, captures the drift gillnets used along the West Coast to catch swordfish and thresher shark, despite their significant impact on protected marine life. The California-based fishery is the last place in the United States where these deadly driftnets are allowed.

The Driftnet Modernization and Bycatch Reduction Act would completely phase out the use of drift gillnets by 2020. The bill also authorizes a program, directed by the Department of Commerce, to assist fishermen in transitioning from driftnets to more sustainable gear types which studies have shown actually increase profitability.

Updated fishing gear that could replace driftnets is available and has been successfully deployed in the Atlantic Ocean and in trials in the Pacific Ocean as well. Deep-set buoy gear, for example, allows fishermen to more accurately target swordfish and other marketable species in deep, cold water. The gear alerts fishermen immediately when they have fish on the line, so the fish can be retrieved and delivered to market quickly, fetching a higher price.

In a 2016 poll, California voters overwhelmingly supported ending the use of drift gillnets to catch swordfish, with 87 percent of those surveyed in a poll commissioned by The Pew Charitable Trusts agreeing that fishermen should use less harmful gear.

The Driftnet Modernization and Bycatch Reduction Act enjoys support from a wide group of stakeholders. I ask unanimous consent that a list of 40 supporting organizations and letters of support be included in the record. The groups include: The Pew Charitable Trusts, Oceana, Sea Legacy, Mission Blue, The American Sportfishing Association, The International Game Fish Association, The California Department of Fish and Wildlife, Coastal Conservation Association of California.

#### SUPPORT: DRIFT GILLNETS LEGISLATION

International Game Fish Association  
California League of Conservation Voters  
Coastal Conservation Ass'n California  
American Sportfishing Ass'n  
The Pew Charitable Trusts  
The Humane Society of the U.S.  
Mission Blue  
Oceana  
Turtle Island Restoration Network  
Center for Biological Diversity  
Earthjustice  
Wild Oceans  
Aquarium of the Pacific  
Wild Aid  
The Otter Project  
The Sportfishing Conservancy  
California Sportfishing League  
Monterey Coastkeeper  
Shark Stewards  
Defenders of Wildlife  
California Association for Recreational Fishing  
WILDCOAST  
Friends of the Earth  
Save the Whales  
Environment California  
Laguna Nigel Billfish Club  
American Cetacean Society  
Pacific Environment  
Oceanside Senior Anglers  
Farallon Institute Heal the Bay  
Oregon Shores Conservation Coalition  
Ocean Conservation Society  
Endangered Habitats League  
Greenpeace  
SeaLegacy  
The Marine Mammal Center  
Ocean Defenders Alliance  
Orange County Society for Conservation Biology  
California Department of Fish & Wildlife

The Driftnet Modernization and Bycatch Reduction Act will protect valuable marine life unique to the West Coast, including several endangered species. This bill will also help fishermen to provide fresher, more profitable, and more sustainable seafood to American consumers.

I thank Senators CAPITO and HARRIS for joining this important legislation as original cosponsors and I look forward to working with my colleagues to pass the Driftnet Modernization and Bycatch Reduction Act.

Thank you, Mr. President. I yield the floor.

By Mr. DURBIN (for himself and Mr. GRAHAM):

S. 2785. A bill to designate foreign persons who improperly interfere in United States elections as inadmissible aliens, and for other purposes; to the Committee on the Judiciary.

Mr. DURBIN. Mr. President, I ask unanimous consent that the text of the bill be printed in the RECORD.

There being no objection, the text of the bill was ordered to be printed in the RECORD, as follows:

S. 2785

*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 "Defending Elections against Trolls from Enemy Regimes Act" or "DETER Act".

#### SEC. 2. DEFINED TERM.

Section 101(a) of the Immigration and Nationality Act (8 U.S.C. 1101(a)) is amended by adding at the end the following:

"(53) The term 'improper interference in a United States election' means conduct by an alien that—

"(A)(i) violates Federal criminal, voting rights, or campaign finance law; or

"(ii) is under the direction of a foreign government; and

"(B) interferes with a general or primary Federal, State, or local election or caucus, including—

"(i) the campaign of a candidate; and

"(ii) a ballot measure, including—

"(I) an amendment;

"(II) a bond issue;

"(III) an initiative;

"(IV) a recall;

"(V) a referral; and

"(VI) a referendum."

#### SEC. 3. IMPROPER INTERFERENCE IN UNITED STATES ELECTIONS.

Section 212(a)(3) of the Immigration and Nationality Act (8 U.S.C. 1182(a)(3)) is amended by adding at the end the following:

"(H) IMPROPER INTERFERENCE IN A UNITED STATES ELECTION.—Any alien who is seeking admission to the United States to engage in improper interference in a United States election, or who has engaged in improper interference in a United States election, is inadmissible."

By Mr. CORNYN (for himself and Mrs. FEINSTEIN):

S. 2789. A bill to prevent substance abuse and reduce demand for illicit narcotics; to the Committee on the Judiciary.

Mr. CORNYN. Mr. President, I ask unanimous consent that the text of the bill be printed in the RECORD.

There being no objection, the text of the bill was ordered to be printed in the RECORD, as follows:

S. 2789

*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 "Substance Abuse Prevention Act of 2018".

**SEC. 2. REAUTHORIZATION OF THE OFFICE OF NATIONAL DRUG CONTROL POLICY.**

(a) OFFICE OF NATIONAL DRUG CONTROL POLICY REAUTHORIZATION ACT OF 1998.—

(1) IN GENERAL.—The Office of National Drug Control Policy Reauthorization Act of 1998 (21 U.S.C. 1701 et seq.), as in effect on September 29, 2003, and as amended by the laws described in paragraph (2), is revived and restored.

(2) LAWS DESCRIBED.—The laws described in this paragraph are:

(A) The Office of National Drug Control Policy Reauthorization Act of 2006 (Public Law 109-469; 125 Stat. 3502).

(B) The Presidential Appointment Efficiency and Streamlining Act of 2011 (Public Law 112-166; 126 Stat. 1283).

(b) REAUTHORIZATION.—Section 715(a) of the Office of National Drug Control Policy Reauthorization Act of 1998 (21 U.S.C. 1712(a)) is amended by striking “2010” and inserting “2022”.

**SEC. 3. REAUTHORIZATION OF THE DRUG-FREE COMMUNITIES PROGRAM.**

Section 1024 of the National Narcotics Leadership Act of 1988 (21 U.S.C. 1524(a)) is amended by striking subsections (a) and (b) and inserting the following:

“(a) IN GENERAL.—There are authorized to be appropriated to the Office of National Drug Control Policy to carry out this chapter \$99,000,000 for each of fiscal years 2018 through 2022.

“(b) ADMINISTRATIVE COSTS.—Not more than 8 percent of the funds appropriated to carry out this chapter may be used by the Office of National Drug Control Policy to pay administrative costs associated with the responsibilities of the Office under this chapter.”.

**SEC. 4. REAUTHORIZATION OF THE NATIONAL COMMUNITY ANTI-DRUG COALITION INSTITUTE.**

Section 4(c)(4) of Public Law 107-82 (21 U.S.C. 1521 note) is amended by striking “2008 through 2012” and inserting “2018 through 2022”.

**SEC. 5. REAUTHORIZATION OF THE HIGH-INTENSITY DRUG TRAFFICKING AREA PROGRAM.**

Section 707(p) of the Office of National Drug Control Policy Reauthorization Act of 1998 (21 U.S.C. 1706(p)) is amended—

(1) in paragraph (4), by striking “and” at the end;

(2) in paragraph (5), by striking the period at the end and inserting “; and”; and

(3) by adding at the end the following:

“(6) \$280,000,000 for each of fiscal years 2018 through 2022.”.

**SEC. 6. REAUTHORIZATION OF DRUG COURT PROGRAM.**

Section 1001(a)(25)(A) of title I of the Omnibus Crime Control and Safe Streets Act of 1968 (34 U.S.C. 10261(a)(25)(A)) is amended by striking “Except as provided” and all that follows and inserting the following: “Except as provided in subparagraph (C), there are authorized to be appropriated to carry out part EE \$75,000,000 for each of fiscal years 2018 through 2022.”.

**SEC. 7. DRUG COURT TRAINING AND TECHNICAL ASSISTANCE.**

Section 1034 of the National Narcotics Leadership Act of 1988 (21 U.S.C. 1534) is amended by adding at the end the following—

“(c) DRUG COURT TRAINING AND TECHNICAL ASSISTANCE PROGRAM.—Using funds appropriated to carry out this chapter, the Director may make grants to non-profit organizations for the purpose of providing training and technical assistance to drug courts.”.

**SEC. 8. DRUG OVERDOSE RESPONSE STRATEGY.**

Section 707 of the Office of National Drug Control Policy Reauthorization Act of 1998

(21 U.S.C. 1706) is amended by adding at the end the following:

“(r) DRUG OVERDOSE RESPONSE STRATEGY IMPLEMENTATION.—The Director may use funds appropriated to carry out this section to implement a drug overdose response strategy in high intensity drug trafficking areas on a nationwide basis by—

“(1) coordinating multi-disciplinary efforts to prevent, reduce, and respond to drug overdoses, including the uniform reporting of fatal and non-fatal overdoses to public health and safety officials;

“(2) increasing data sharing among public safety and public health officials concerning drug-related abuse trends, including new psychoactive substances, and related crime; and

“(3) enabling collaborative deployment of prevention, intervention, and enforcement resources to address substance use addiction and narcotics trafficking.”.

**SEC. 9. PROTECTING LAW ENFORCEMENT OFFICERS FROM ACCIDENTAL EXPOSURE.**

Section 707 of the Office of National Drug Control Policy Reauthorization Act of 1998 (21 U.S.C. 1706) is amended by adding at the end the following:

“(s) SUPPLEMENTAL GRANTS.—The Director is authorized to use not more than \$10,000,000 of the amounts otherwise appropriated to carry out this section to provide supplemental competitive grants to high intensity drug trafficking areas that have experienced high seizures of fentanyl and new psychoactive substances for the purposes of—

“(1) purchasing portable equipment to test for fentanyl and other substances;

“(2) training law enforcement officers and other first responders on best practices for handling fentanyl and other substances; and

“(3) purchasing protective equipment, including overdose reversal drugs.”.

**SEC. 10. DEA 360 STRATEGY.**

(a) IN GENERAL.—For each of fiscal years 2018 through 2022, the Attorney General, acting through the Director of the Drug Enforcement Administration, and in coordination with the Director of the Office of National Drug Control Policy and the Secretary of Health and Human Services, may implement a DEA 360 Strategy in pilot cities across the United States as a response to growing demand for heroin and opioids in the United States.

(b) PROGRAM GOALS.—The goals of the DEA 360 Strategy authorized under subsection (a) shall be—

(1) preventing the deadly cycle of drug abuse, including heroin and opioid abuse, by targeting drug trafficking organizations and street gangs responsible for increasing the supply of narcotics in communities;

(2) partnering with the healthcare community to raise awareness of the dangers of heroin abuse and prescription opioid abuse; and

(3) strengthening community organizations that provide long-term assistance and support for the reduction of drug abuse in the community.

(c) PROGRAM SPECIFICATIONS.—In carrying out the DEA 360 strategy authorized under subsection (a), the Attorney General shall—

(1) issue an implementation strategy for each pilot city that is tailored to the unique drug abuse problems of the particular city, details specific measures that will be taken to address the problems, identifies key community partners, and sets specific objectives for success;

(2) provide dedicated funding for coordinated law enforcement actions against drug trafficking organizations, involving Federal, State, and local law enforcement officials, including the United States Attorney’s office for the relevant district;

(3) conduct diversion control enforcement actions against registrants with the Drug Enforcement Administration who are unlawfully distributing controlled substances;

(4) create partnerships with pharmaceutical drug manufacturers, wholesalers, pharmacies, and medical practitioners to develop strategies that reduce heroin and opioid abuse, including specific efforts to reduce demand for these substances;

(5) increase resources for community partnerships with non-governmental organizations that specialize in drug abuse prevention, awareness, or treatment; and

(6) conduct training and educational campaigns on best practices for reducing heroin and opioid abuse for governmental agencies and non-governmental organizations in pilot cities.

(d) REPORTS.—For each fiscal year in which the Attorney General carries out the DEA 360 Strategy authorized under subsection (a) in a pilot city, the Attorney General shall issue a public report that details the results of the program in that particular city, including quantitative measures to show whether or not the program succeeded in achieving the objectives for success required under subsection (c)(1).

(e) ADDITIONAL RESOURCES.—The Director of the Office of National Drug Control Policy and the Secretary of Health and Human Services may use funds otherwise appropriated for purposes consistent with this section to assist in the implementation of the DEA 360 Strategy authorized under subsection (a) in pilot cities.

**SEC. 11. COPS ANTI-METH PROGRAM.**

Section 1701 of the title I of the Omnibus Crime Control and Safe Streets Act of 1968 (34 U.S.C. 10381) is amended—

(1) by redesignating subsection (k) as subsection (l); and

(2) by inserting after subsection (j) the following:

“(k) COPS ANTI-METH PROGRAM.—The Attorney General shall use amounts otherwise appropriated to carry out this section to make competitive grants, in amounts of not less than \$1,000,000 for a fiscal year, to State law enforcement agencies with high seizures of precursor chemicals, finished methamphetamine, laboratories, and laboratory dump seizures for the purpose of locating or investigating illicit activities, such as precursor diversion, laboratories, or methamphetamine traffickers.”.

**SEC. 12. COMPREHENSIVE ADDICTION AND RECOVERY ACT EDUCATION AND AWARENESS.**

(a) AMENDMENT TO CARA.—Section 102(a) of the Comprehensive Addiction and Recovery Act of 2016 (Public Law 114-198; 130 Stat. 698) is amended by inserting “including the Office of National Drug Control Policy,” after “agencies.”.

(b) USE OF FUNDS.—Subchapter I of chapter 2 of the National Narcotics Leadership Act of 1988 (21 U.S.C. 1531 et seq.) is amended by adding at the end the following:

“SEC. 1036. COMPREHENSIVE ADDICTION AND RECOVERY ACT EDUCATION AND AWARENESS.

“The Director may use funds made available to carry out this chapter for the purpose of administering, participating in, or expanding awareness campaigns and prevention efforts authorized under section 102 of the Comprehensive Addiction and Recovery Act of 2016 (Public Law 114-198; 130 Stat. 698).”.

**SEC. 13. PROTECTING CHILDREN WITH ADDICTED PARENTS.**

Part D of title V of the Public Health Service Act (42 U.S.C. 290dd et seq.) is amended by adding at the end the following:

**“SEC. 550. PROTECTING CHILDREN WITH ADDICTED PARENTS.**

“(a) **BEST PRACTICES.**—The Secretary, acting through the Assistant Secretary for Mental Health and Substance Use and in cooperation with the Commissioner of the Administration on Children, Youth and Families, shall collect and disseminate best practices for States regarding interventions and strategies to keep families affected by substance use disorder together, when it can be done safely. Such best practices shall—

“(1) utilize comprehensive family-centered approaches;

“(2) ensure that families have access to drug screening, substance use treatment, medication-assisted treatment approved by the Food and Drug Administration, and parental support; and

“(3) build upon lessons learned from programs such as the Maternal, Infant, and Early Childhood Home Visiting programs under section 511 of the Social Security Act.

“(b) **GRANT PROGRAM.**—The Secretary, acting through the Assistant Secretary for Mental Health and Substance Use, shall award grants for the development of programs and models designed to keep pregnant and postpartum women who have a substance use disorder together with their newborns, including programs and models that provide for screenings of pregnant and postpartum women for substance use disorders, treatment interventions, supportive housing, non-pharmacological interventions for children born with neonatal abstinence syndrome, medication assisted treatment, and other recovery supports.”.

**SEC. 14. REIMBURSEMENT OF SUBSTANCE USE DISORDER TREATMENT PROFESSIONALS.**

(a) **GAO REPORT.**—Not later than January 1, 2020, the Comptroller General of the United States shall submit to Congress a report examining how substance use disorder services are reimbursed.

(b) **CMS RECOMMENDATIONS.**—Not later than January 1, 2019, the Administrator of the Centers for Medicare & Medicaid Services shall examine how substance use disorder services are reimbursed and shall make recommendations to Congress (taking into consideration the findings made by the Comptroller General of the United States in the report required under subsection (a)) as to how to reimburse the treatment of substance use disorders at a higher rate in order to attract a more talented work force.

(c) **GRANTS TO STATES TO EXPLORE WAYS TO INCREASE MEDICAID REIMBURSEMENT.**—The Secretary of Health and Human Services is authorized to make grants to States for the purpose of exploring ways to increase reimbursement of substance use disorder services under the Medicaid program under title XIX of the Social Security Act (42 U.S.C. 1396 et seq.).

(d) **GRANTS TO STATES TO SUPPLEMENT MEDICAID REIMBURSEMENT TO CREDENTIALLED SUBSTANCE USE DISORDER PROFESSIONALS.**—The Secretary of Health and Human Services is authorized to make grants to States for the purpose of supplementing the reimbursement paid to credentialed substance use disorder professionals (as defined by the Secretary) under the Medicaid program under title XIX of the Social Security Act (42 U.S.C. 1396 et seq.).

**SEC. 15. TESTING EVIDENCE-BASED MOBILE APPLICATIONS FOR THE TREATMENT OF SUBSTANCE USE DISORDERS.**

Section 1115A(b)(2) of the Social Security Act (42 U.S.C. 1315a(b)(2)) is amended—

(1) in subparagraph (A), by adding at the end the following new sentence: “The models selected under this subparagraph shall include the model described in subparagraph (D), which shall be implemented by not later than January 1, 2020.”; and

(2) by adding at the end the following new subparagraph:

“(D) **EVIDENCE-BASED MOBILE APPLICATIONS FOR TREATMENT OF SUBSTANCE USE DISORDERS.**—The model described in this subparagraph is a model to test the use of evidence-based mobile applications for the treatment of substance use disorders.”.

**SEC. 16. MEDICARE HOSPITAL REQUIREMENT TO PROVIDE NALOXONE AS PART OF THE DISCHARGE PROTOCOL TO INDIVIDUALS BEING DISCHARGED AFTER SUFFERING AN OPIOID OVERDOSE.**

(a) **IN GENERAL.**—Section 1866(a)(1) of the Social Security Act (42 U.S.C. 1395cc(a)(1)) is amended—

(1) in subparagraph (X), by striking “and” at the end;

(2) in subparagraph (Y), by striking the period at the end and inserting “, and”; and

(3) by inserting after subparagraph (Y), the following new subparagraph:

“(Z) in the case of a hospital or critical access hospital, to provide naloxone and treatment referral options as part of the discharge protocol to individuals being discharged after suffering an opioid overdose.”.

(b) **EFFECTIVE DATE.**—The amendments made by subsection (a) shall apply to contracts entered into or renewed on or after the date of the enactment of this Act.

**SEC. 17. EDUCATIONAL OUTREACH AND ACCESS TO ABUSE-DETERRENT OPIOIDS.**

(a) **ACCESS TO ABUSE-DETERRENT OPIOIDS.**—

(1) **ACCESS UNDER MEDICARE PART D.**—Section 1860D-4(c) of the Social Security Act (42 U.S.C. 1395w-104(c)) is amended by adding at the end the following new paragraph:

“(7) **ACCESS TO ABUSE-DETERRENT OPIOIDS.**—

“(A) **IN GENERAL.**—The Secretary shall work with PDP sponsors of prescription drug plans to—

“(i) ensure appropriate access to abuse-deterrent opioids on plan formularies;

“(ii) provide advanced abuse-deterrent opioid targeting (as determined by the Secretary) for beneficiaries identified as at-risk for opioid abuse under the drug management program under paragraph (5) or any other opioid risk management program established by the sponsor; and

“(iii) encourage access to non-opioid alternatives when medically appropriate.

“(B) **PROHIBITION ON REQUIRING FAIL FIRST SCHEMES.**—The Secretary shall prohibit PDP sponsors from requiring fail first schemes, also known as step therapy, with respect to abuse-deterrent opioids.

“(C) **ENCOURAGING EQUAL ACCESS.**—The Secretary shall encourage plans to provide equal access to abuse-deterrent opioids on formulary tiers and patient cost-sharing.

“(D) **ABUSE-DETERRENT OPIOID DEFINED.**—In this paragraph, the term ‘abuse-deterrent opioid’ means an abuse-deterrent formulation of an opioid, as determined by the Secretary.”.

(2) **ACCESS UNDER PRIVATE HEALTH PLANS.**—Subpart II of title XXVII of the Public Health Service Act (42 U.S.C. 300gg-11 et seq.) is amended by adding at the end the following:

**“SEC. 2729. ACCESS TO ABUSE-DETERRENT OPIOIDS.**

“(a) **IN GENERAL.**—A group health plan and a health insurance issuer offering group or individual health insurance coverage shall—

“(1) ensure appropriate access to abuse-deterrent opioids as a prescription drug health benefit under such plan or coverage;

“(2) provide advanced abuse-deterrent opioid targeting (as determined by the Secretary) for enrollees in the plan or coverage who are identified as at-risk for opioid abuse; and

“(3) encourage access to non-opioid alternatives when medically appropriate.

“(b) **PROHIBITION ON REQUIRING FAIL FIRST SCHEMES.**—The Secretary shall prohibit a group health plan and a health insurance issuer offering group or individual health insurance coverage from requiring fail first schemes, also known as step therapy, with respect to abuse-deterrent opioids.

“(c) **ABUSE-DETERRENT OPIOID DEFINED.**—In this section, the term ‘abuse-deterrent opioid’ means an abuse-deterrent formulation of an opioid, as determined by the Secretary.”.

(3) **EFFECTIVE DATE.**—The amendments made by this subsection shall apply with respect to plan years beginning on or after January 1, 2019.

(b) **EDUCATIONAL OUTREACH.**—The Secretary of Health and Human Services shall educate health insurance issuers, Medicare Advantage plans under part C of title XVIII of the Social Security Act (42 U.S.C. 1395w-21 et seq.), and prescription drug plans under part D of such title (42 U.S.C. 1395w-101 et seq.) on opioid abuse prevention, including the use of abuse-deterrent opioids (as such term is defined in section 2729 of the Public Health Service Act, as added by subsection (a)(2)).

**SEC. 18. GRANT PROGRAM TO PROVIDE SUPPORT FOR MEDICATION ASSISTED TREATMENT.**

(a) **TRAINING GRANTS.**—The Secretary of Health and Human Services shall award grants to States for the purpose of training non-physician health care professionals in the use of medication-assisted treatment approved by the Food and Drug Administration and related best practices.

(b) **REFERRAL SYSTEM GRANTS.**—The Secretary of Health and Human Services shall award grants to States for the purpose of improving referral systems and ensuring that such systems are current and accurate, in order to better enable practitioners to refer patients who are prescribed medication assisted treatment to cognitive therapy.

**SEC. 19. SOBRIETY TREATMENT AND RECOVERY TEAMS (START).**

Title III of the Comprehensive Addiction and Recovery Act of 2016 (Public Law 114-198; 130 Stat. 717) is amended by adding at the end the following:

**“SEC. 304. SOBRIETY TREATMENT AND RECOVERY TEAMS.**

“(a) **IN GENERAL.**—The Director of the Office of National Drug Control Policy, in coordination with the Secretary of Health and Human Services, may make grants to States, units of local government, or tribal governments to establish or expand Sobriety Treatment And Recovery Team (referred to in this section as ‘START’) programs to determine the effectiveness of pairing social workers and mentors with families that are struggling with substance abuse and child abuse or neglect in order to help provide peer support, intensive treatment, and child welfare services.

“(b) **ALLOWABLE USES.**—A grant awarded under this section may be used for 1 or more of the following activities:

“(1) Training eligible staff, including social workers, social services coordinators, child welfare specialists, substance use disorder treatment professionals, and mentors.

“(2) Expanding access to substance use disorder treatment services and drug testing.

“(3) Enhancing data sharing with law enforcement agencies and child welfare agencies.

“(4) Program evaluation.

“(c) **PROGRAM REQUIREMENTS.**—A family may be eligible to participate in a START program that receives funding under this section only if—

“(1) there is a substantiated record or finding of child abuse or neglect within the family; and

“(2) substance abuse was the primary reason for the record or finding described in paragraph (1).

“(d) AUTHORIZATION OF APPROPRIATIONS.—For each of fiscal years 2018 through 2022, the Director of the Office of National Drug Control Policy, in consultation with the Secretary of Health and Human Services, is authorized to award not more than \$10,000,000 of amounts otherwise appropriated for comprehensive opioid abuse reduction activities for purposes of carrying out this section.”.

#### SEC. 20. PROVIDER EDUCATION.

Not later than 90 days after the date of enactment of this Act, the Attorney General, in consultation with the Secretary of Health and Human Services, shall complete the plan related to medical registration coordination required by Senate Report 114-239, which accompanied the Veterans Care Financial Protection Act of 2017 (Public Law 115-131; 132 Stat. 334), including through the issuance of necessary rules or regulations.

### SUBMITTED RESOLUTIONS

#### SENATE RESOLUTION 486—SUPPORTING THE GOALS AND IDEALS OF WORKERS’ MEMORIAL DAY, HONORING WORKERS WHO HAVE BEEN KILLED OR INJURED IN THE WORKPLACE, AND RECOGNIZING THE IMPORTANCE OF STRENGTHENING WORKER HEALTH AND SAFETY PROTECTIONS

Ms. BALDWIN (for herself, Mrs. MURRAY, Ms. WARREN, and Ms. HASSAN) submitted the following resolution; which was referred to the Committee on Health, Education, Labor, and Pensions:

S. RES. 486

Whereas 5,190 workers were killed due to workplace-related injuries in the United States in 2016, and more than 2,700,000 workers across the world die of workplace-related accidents and diseases each year;

Whereas, each day, an average of 14 workers are killed due to workplace-related injuries in the United States;

Whereas, annually, there are more than 3,500,000 occupational injuries and illnesses in the United States;

Whereas, in the industries of health care and social assistance in the United States in 2016—

(1) 585,000 incidents of nonfatal workplace-related injuries occurred; and

(2) 70 percent of all nonfatal workplace-related assaults occurred;

Whereas tens of thousands of individuals in the United States with workplace-related injuries or illnesses have become permanently disabled;

Whereas the Occupational Safety and Health Administration (referred to in this preamble as “OSHA”), the primary Federal agency that establishes and enforces workplace health and safety standards—

(1) only has sufficient resources to inspect each establishment within the jurisdiction of OSHA once every 159 years; and

(2) must receive the resources necessary to adequately protect the health and safety of workers in the United States;

Whereas the current Administration has—

(1) blocked efforts by OSHA to adopt many protections for workers, including workers exposed to toxic chemicals, infectious diseases, violence in health care and social service settings, and the risk of industrial

catastrophes caused by chemicals, explosive gases, or combustible dusts;

(2) limited press releases from OSHA on enforcement actions that can act as a deterrent against safety violations by employers; and

(3) removed the names of workers killed on the job from fatality reports issued by OSHA, despite the requests of family members of those workers to include the names of those workers to call attention to preventable workplace-related deaths; and

Whereas observing Workers’ Memorial Day—

(1) allows the people of the United States to honor and remember victims of workplace-related injuries and disease; and

(2) reminds the people of the United States to strive for better safety and health protections for workers: Now, therefore, be it

*Resolved*, That the Senate—

(1) supports the goals and ideals of Workers’ Memorial Day to honor and remember workers who have been killed or injured in the workplace;

(2) recognizes the importance of strengthening worker health and safety standards to secure the safe workplaces workers deserve, including enforceable standards to prevent violence in health care and social service settings;

(3) encourages the Occupational Safety and Health Administration, employers, community and worker organizations, professional associations, and academic institutions to support activities increasing awareness of the importance of preventing illness, injury, and death in the workplace; and

(4) calls upon the people of the United States to observe Workers’ Memorial Day with appropriate ceremonies and respect.

#### SENATE RESOLUTION 487—AFFIRMING A COMMITMENT TO ELEVATE THE VOICES, LEADERSHIP, AND NEEDS OF HISTORICALLY AND CURRENTLY DISENFRANCHISED AND UNDERSERVED COMMUNITIES IN THE EFFORT TO END SEXUAL VIOLENCE AND SUPPORT ALL SURVIVORS OF SEXUAL VIOLENCE, INCLUDING IMMIGRANT SURVIVORS, SURVIVORS WITH DISABILITIES, SURVIVORS OF COLOR, AMERICAN INDIAN OR ALASKA NATIVE SURVIVORS, SURVIVORS OF CHILD SEXUAL ABUSE, QUEER AND INTERSEX SURVIVORS, AND LESBIAN, GAY, BISEXUAL, AND TRANSGENDER SURVIVORS

Mr. BOOKER (for himself, Ms. CORTEZ MASTO, Ms. BALDWIN, and Ms. HARRIS) submitted the following resolution; which was referred to the Committee on the Judiciary:

S. RES. 487

Whereas sexual violence is a tool of oppression and a form of discrimination that can deprive individuals of equal access to educational opportunities;

Whereas discrimination on the basis of sex includes discrimination on the basis of sexual orientation, gender identity, sex stereotypes, pregnancy, termination of pregnancy, childbirth, and related medical conditions;

Whereas the 2015 United States Transgender Survey found that—

(1) 47 percent of transgender people are sexually assaulted; and

(2) among transgender people of color, 65 percent of Native Americans, 59 percent of

multiracial people, 58 percent of Middle Eastern people, and 53 percent of African Americans are likely to have been sexually assaulted;

Whereas the 2010 Centers for Disease Control National Intimate Partner and Sexual Violence Survey found that—

(1) 44 percent of lesbians and 61 percent of bisexual women experience rape, physical violence, or stalking by an intimate partner, compared to 35 percent of heterosexual women; and

(2) 40 percent of gay men and 47 percent of bisexual men have experienced sexual violence other than rape, compared to 21 percent of heterosexual men;

Whereas the National Women’s Law Center 2017 Let Her Learn Survey found that 38 percent of lesbian, gay, bisexual, or transgender teen girls reported experiencing sexual violence compared to 21 percent of all girls;

Whereas data reveals that people with disabilities are at an increased risk of being sexually assaulted;

Whereas according to End Rape on Campus, children with disabilities are 2.9 times more likely than children without disabilities to be sexually abused;

Whereas according to the Vera Institute of Justice, 83 percent of women and 32 percent of men with cognitive disabilities reported being victims of sexual assault;

Whereas women of all races and ethnicities face some risk of sexual assault, and according to the 2010 Centers for Disease Control National Intimate Partner and Sexual Violence Survey, 33 percent of multiracial non-Hispanic women, nearly 27 percent of indigenous women, 22 percent of Black women, nearly 19 percent of white non-Hispanic women, more than 14 percent of Hispanic women, and 7 percent of Asian American and Pacific Islander women in the United States have experienced rape;

Whereas according to a research report by the National Institute of Justice, 56.1 percent of American Indian and Alaska Native women have experienced sexual violence;

Whereas sexual violence also affects adolescent girls, and according to the National Women’s Law Center 2017 Let Her Learn Survey, 1 in 5 girls aged 14 to 18 has been kissed or touched without consent, including 24 percent of Latina girls, 23 percent of Native American girls, and 22 percent of Black girls;

Whereas studies show that sexual violence is an underreported crime, indicating that the rates of sexual violence may be even higher than these estimates;

Whereas too many survivors from historically and currently disenfranchised and underserved communities are ignored, blamed, and cast aside when seeking support after experiencing a form of sexual violence;

Whereas, according to the Department of Justice, 31 percent of young women in the juvenile justice system have been sexually abused;

Whereas youth of color, youth with disabilities, and youth who identify as lesbian, gay, bisexual, transgender, or gender non-conforming are overrepresented in the child welfare system;

Whereas, according to the GLSEN 2016 report entitled “From Teasing to Torment: School Climate Revisited”—

(1) 59.6 percent of lesbian, gay, bisexual, transgender, and queer (referred to in this preamble as “LGBTQ”) secondary students have been sexually harassed at school and are more likely to experience sexual harassment than non-LGBTQ students; and

(2) students with nontraditional gender expression are more likely to experience sexual harassment than students with traditional gender expression;