

(Mr. WICKER) was added as a cosponsor of S. 2802, a bill to amend the Internal Revenue Code of 1986 to provide the opportunity for responsible health savings to all American families.

S. 2823

At the request of Mr. HATCH, the name of the Senator from Louisiana (Mr. CASSIDY) was added as a cosponsor of S. 2823, a bill to modernize copyright law, and for other purposes.

S. 2829

At the request of Ms. HARRIS, the name of the Senator from Massachusetts (Ms. WARREN) was added as a cosponsor of S. 2829, a bill to amend the Federal Reserve Act to require Federal Reserve banks to interview at least one individual reflective of gender diversity and one individual reflective of racial or ethnic diversity when appointing Federal Reserve bank presidents, and for other purposes.

S. 2835

At the request of Ms. COLLINS, the name of the Senator from South Carolina (Mr. GRAHAM) was added as a cosponsor of S. 2835, a bill to require a study of the well-being of the newsprint and publishing industry in the United States, and for other purposes.

S.J. RES. 5

At the request of Mr. CARDIN, the name of the Senator from Minnesota (Ms. SMITH) was added as a cosponsor of S.J. Res. 5, a joint resolution removing the deadline for the ratification of the equal rights amendment.

S.J. RES. 24

At the request of Mr. HATCH, the name of the Senator from Mississippi (Mrs. HYDE-SMITH) was added as a cosponsor of S.J. Res. 24, a joint resolution proposing an amendment to the Constitution of the United States relative to balancing the budget.

S.J. RES. 56

At the request of Mr. GRAHAM, the names of the Senator from Pennsylvania (Mr. TOOMEY), the Senator from Texas (Mr. CRUZ) and the Senator from Iowa (Mrs. ERNST) were added as cosponsors of S.J. Res. 56, a joint resolution providing for congressional disapproval under chapter 8 of title 5, United States Code, of the rule submitted by Bureau of Consumer Financial Protection relating to "Payday, Vehicle, Title, and Certain High-Cost Installment Loans".

S. RES. 368

At the request of Mr. CORKER, the name of the Senator from Illinois (Ms. DUCKWORTH) was added as a cosponsor of S. Res. 368, a resolution supporting the right of all Iranian citizens to have their voices heard.

S. RES. 414

At the request of Mr. DURBIN, the name of the Senator from New Jersey (Mr. BOOKER) was added as a cosponsor of S. Res. 414, a resolution condemning the continued undemocratic measures by the Government of Venezuela to undermine the independence of democratic institutions and calling for a free and fair electoral process.

S. RES. 435

At the request of Mr. DURBIN, the name of the Senator from Delaware (Mr. COONS) was added as a cosponsor of S. Res. 435, a resolution expressing the sense of the Senate that the 85th anniversary of the Ukrainian Famine of 1932-1933, known as the Holodomor, should serve as a reminder of repressive Soviet policies against the people of Ukraine.

STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mrs. FEINSTEIN (for herself, Mr. GRASSLEY, Mrs. CAPITO, and Mr. DURBIN):

S. 2838. A bill to amend the Controlled Substances Act to require the Drug Enforcement Administration to report certain information on distribution of opioids, and for other purposes; to the Committee on the Judiciary.

Mrs. FEINSTEIN. Mr. President, I rise with my colleagues, Senators GRASSLEY, CAPITO, and DURBIN to introduce the Using Data to Prevent Opioid Diversion Act.

This legislation provides additional tools to drug manufacturers and distributors to better enable them to determine when orders of opioids are suspicious.

It also provides additional tools for law enforcement to hold manufacturers and distributors who fail to identify, report, and stop suspicious orders of opioids accountable.

Between 2006 and 2016, nearly 21 million opioids were distributed to two pharmacies in Williamson, West Virginia, which has a population of nearly 3,000. Even worse, between 2007 and 2008, nearly 9 million pills were distributed to a single pharmacy in Kermit, West Virginia, which has a population of only 392.

In total, between 2007 and 2012, 780 million oxycodone and hydrocodone pills—two powerful opioids—were distributed to pharmacies throughout West Virginia. These two drugs contributed to 1,700 drug overdose deaths in the state.

All of this happened despite the fact that opioid manufacturers and distributors are required to detect and disclose suspicious orders of opioids to the Drug Enforcement Administration (DEA). They are also required to keep complete and accurate records relating to the sale, delivery, or disposal of opioids through the Automated Reports and Consolidated Ordering System, often referred to as ARCOS.

While required by law to provide this information, once obtained, the DEA is not required to disclose to opioid manufacturers and distributors the total number of distributors serving a single pharmacy or practitioner, or the total quantity and type of opioids being distributed.

This creates a blind spot because there is no awareness of how many drugs are entering a community. This lack of information may be part of the

reason that millions of opioids were able to be delivered to small mom and pop pharmacies in West Virginia.

Our bill corrects this problem by requiring the DEA to provide to opioid manufacturers and distributors anonymized information related to the number of distributors serving a single pharmacy or practitioner, and the quantity and type of opioids being delivered to each.

This information, coupled with the algorithms that these companies already use in their efforts to determine the legitimacy of opioid orders, will help manufacturers and distributors better prevent these substances from being diverted to someone other than the intended recipient who has a lawful prescription.

Our bill also strengthens accountability by establishing civil and criminal fines for drug manufacturers and distributors who fail to consider ARCOS data when determining whether an order for opioids is suspicious. Additionally, it increases existing civil fines for drug manufacturers and distributors who fail to report suspicious orders and keep accurate records tenfold, from \$10,000 to \$100,000. It also doubles existing criminal fines from \$250,000 to \$500,000.

In addition to opioid manufacturers and distributors, accurate and timely data related to the manufacture and distribution of opioids can also assist state officials in stopping suspicious orders.

That is why our bill requires the United States Attorney General to share standardized reports with state officials, including regulatory, licensing, attorneys general, and law enforcement agencies, related to the distribution patterns collected by the ARCOS database on a semi-annual basis.

Finally, our bill requires the Department of Justice to provide an annual report to Congress on how it is using ARCOS data to identify and stop suspicious activity related to opioids.

Opioid manufacturers and distributors are on the front lines and have an important role to play in combatting the opioid crisis.

In 2016, we lost 64,000 individuals to drug overdose deaths in our country. More than 42,000 of these were opioid related.

Prevention is critical to reducing these deaths.

The Using Data to Prevent Opioid Diversion Act will help ensure that we never have another situation in which 9 million pills are delivered to a single pharmacy in a town that has a population of less than 400 people. It will provide drug manufacturers and distributors with the tools they need to better prevent the distribution of opioids to bad actors, and will provide law enforcement with the authority to hold them accountable for failure to do so.

I urge my colleagues to support this legislation and look forward to its passage.

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

By Mr. FLAKE (for himself and Mr. MCCAIN):

S. 2850. A bill to amend the White Mountain Apache Tribe Water Rights Quantification Act of 2010 to clarify the use of amounts in the WMAT Settlement Fund; read the first time.

S. 2850

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

SECTION 1. USE OF FUNDS IN WMAT SETTLEMENT FUND FOR WMAT RURAL WATER SYSTEM.

(a) AUTHORIZATION OF WMAT RURAL WATER SYSTEM.—Section 307(a) of the White Mountain Apache Tribe Water Rights Quantification Act of 2010 (Public Law 111–291; 124 Stat. 3080) is amended in the matter preceding paragraph (1) by inserting “, (b)(2),” after “subsections (a)”.

(b) FUNDING.—Section 312(b)(2)(C)(i)(III) of the White Mountain Apache Tribe Water Rights Quantification Act of 2010 (Public Law 111–291; 124 Stat. 3093) is amended by striking the period at the end and inserting the following: “, including the planning, design, and construction of the WMAT rural water system, in accordance with section 307(a).”.

SUBMITTED RESOLUTIONS

SENATE RESOLUTION 507—RECOGNIZING THE IMPORTANCE OF THE GOAL OF NATIONAL WOMEN’S HEALTH WEEK TO EMPOWER ADOLESCENT GIRLS AND WOMEN OF ALL AGES TO MAKE INFORMED CHOICES ABOUT THEIR SEXUAL ACTIVITY AND EFFECTIVE STEPS TO PREVENT AGAINST HIV

Mr. BOOKER submitted the following resolution; which was referred to the Committee on Health, Education, Labor, and Pensions:

S. RES. 507

Whereas approximately ½ of the 36,700,000 people living with human immunodeficiency virus (commonly known as “HIV”) worldwide are women;

Whereas approximately 1,000 adolescent girls and young women worldwide are infected with HIV each day;

Whereas 22 percent of new HIV infections worldwide in 2016 were in young women between 15 and 24 years of age;

Whereas 120,000 children worldwide died in 2016 of causes related to acquired immune deficiency syndrome (commonly known as “AIDS”);

Whereas AIDS is a leading cause of death among adolescents globally;

Whereas young girls who experience violence are 3 times more likely to be infected with HIV, and a survey of 11 countries found that 1 in 3 women reported their first sexual experience as forced or coerced;

Whereas girls account for 74 percent of new HIV infections among adolescents in sub-Saharan Africa;

Whereas 1 in 4 people living with HIV in the United States is a female who is 13 years of age or older;

Whereas approximately 226,000 women live with HIV in the United States;

Whereas 20 percent of the AIDS diagnoses in the United States, from the beginning of

the epidemic through the end of 2015, were among women;

Whereas HIV affects all demographics of women, however, African American women are disproportionately affected;

Whereas African American women made up more than 61 percent of new HIV infections in 2015, while only accounting for 14 percent of the female population in the United States;

Whereas ½ of the women living with HIV in the United States are receiving care;

Whereas only 4 in 10 HIV infected women in the United States have reached viral suppression;

Whereas the annual number of HIV infections through perinatal transmission in the United States has declined by over 90 percent since the early 1990s;

Whereas, when a woman living with HIV receives comprehensive care before, during, and after a pregnancy, the risk of passing HIV to their child reduces to less than 1 percent;

Whereas women and adolescent girls face serious prevention challenges due to inadequate access to evidence-based, age appropriate comprehensive sexuality and HIV prevention education and prevention tools, including—

- (1) male and female condoms;
- (2) pre-exposure prophylaxis (commonly referred to as “PrEP”) and testing;
- (3) sexual and gender based violence prevention and care services; and
- (4) sexual and reproductive health information and services, including screening and treatment for sexually transmitted infections;

Whereas PrEP regimens are more than 90 percent effective in reducing the risk of HIV infection from sex, yet only 10 to 20 percent of at risk women were aware of PrEP regimens as a viable HIV prevention option in 2014; and

Whereas transgender women and women who are lesbian, bisexual, transgender, and intersex are between 19 and 40 percent more at risk of HIV than the general population, and have risk factors that are exacerbated by stigma, discrimination, and violence: Now, therefore, be it

Resolved, That the Senate—

(1) recognizes the importance of the goal of National Women’s Health Week to empower young women to make informed choices about their sexual activity and take effective steps to protect against human immunodeficiency virus (commonly referred to as “HIV”);

(2) applauds the leadership of the United States on efforts to eliminate new pediatric HIV infections in the United States and around the world, and supports providing adolescent girls and young women with the evidence-based approaches necessary to prevent new HIV infections in themselves and their children;

(3) supports the investment of the United States President’s Emergency Plan for AIDS Relief (commonly referred to as “PEPFAR”) in the DREAMS (Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe) partnership, that aims to significantly reduce new HIV infections among adolescent girls and young women through evidence-based, multi-sectoral approaches and encourages PEPFAR to expand this approach and investment;

(4) commends PEPFAR for significantly reducing in 2017, for the first time, new HIV infections among adolescent girls and young women within the highest-burden areas of 10 sub-Saharan African countries, and notes the need for ongoing work so women and girls can realize their right to live free from HIV, violence, and discrimination, including in the United States;

(5) encourages State and local governments, including public health agencies and media organizations, to recognize and support National Women’s Health Week, publicize its importance among communities, and encourage individuals, especially women and girls, to get tested for HIV;

(6) supports effective and comprehensive HIV prevention education programs targeted at women and girls to promote their knowledge and access to information and services, including for early identification of vulnerabilities through screening for violence, testing, and other modalities that connect those in need to evidence-based and human rights-based prevention, care, and treatment services; and

(7) urges continued investment and engagement across foreign assistance programs and diplomatic efforts to address violence against women and girls, to combat discrimination on the basis of sexual orientation and gender identity, and to recognize the inability of adolescent girls to access a full range of their sexual and reproductive health and rights as a key driver of the HIV pandemic.

SENATE RESOLUTION 508—SUPPORTING THE GOALS OF MYALGIC ENCEPHALOMYELITIS/CHRONIC FATIGUE SYNDROME INTERNATIONAL AWARENESS DAY

Mr. MARKEY (for himself, Mr. KING, Mr. VAN HOLLEN, and Ms. COLLINS) submitted the following resolution; which was referred to the Committee on Health, Education, Labor, and Pensions:

S. RES. 508

Whereas the Health and Medicine Division of the National Academies of Sciences, Engineering, and Medicine (referred to in this preamble as “HMD”), formerly known as the Institute of Medicine, has found Myalgic Encephalomyelitis/Chronic Fatigue Syndrome (referred to in this preamble as “ME/CFS”) to be “a serious, chronic, complex, and systemic disease that frequently and dramatically limits the activities of affected patients”;

Whereas between 836,000 and 2,500,000 individuals of all ages, races, and sexes in the United States are believed to be afflicted with ME/CFS, with millions more afflicted by ME/CFS worldwide, and the vast majority of individuals with ME/CFS are undiagnosed or misdiagnosed;

Whereas ME/CFS is approximately 4 times more prevalent in women than in men;

Whereas ME/CFS is a chronic disease that persists for decades and leaves ¼ of individuals with ME/CFS housebound or bedbound, often for years;

Whereas 50 to 75 percent of individuals with ME/CFS cannot work or attend school;

Whereas medical expenses and lost productivity related to ME/CFS cost the economy of the United States \$17,000,000,000 to \$24,000,000,000 annually;

Whereas the cause of ME/CFS is unknown, there is no diagnostic test for ME/CFS, and there is no treatment for ME/CFS that is approved by the Food and Drug Administration;

Whereas HMD has noted a “paucity of research” on ME/CFS and that “more research is essential”;

Whereas individuals with ME/CFS struggle to find doctors who are willing and able to care for them and ME/CFS is included in less than ½ of medical curricula;

Whereas, in recognition of the dearth of research on ME/CFS and the profound impact