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Senate

The Senate met at 2 p.m. and was called to order by the President pro tempore (Mr. HATCH).

PRAYER

The Chaplain, Dr. Barry C. Black, offered the following prayer:

Let us pray.

Eternal God, You are our light and salvation. We are grateful that we have no need to fear. Provide our lawmakers with the strength and wisdom to do Your will on Earth. Direct them on Your path so they shall never stray.

Lord, we acknowledge that You alone are God, the King of Kings and Lord of Lords. Fill us with Your love, causing us to mount up on wings like eagles, running without weariness and walking without fainting.

And, Lord, continue to sustain those who are dealing with the flooding from Florence.

We pray in Your merciful Name. Amen.

PLEDGE OF ALLEGIANCE

The President pro tempore led the Pledge of Allegiance, as follows:

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

RESERVATION OF LEADER TIME

The PRESIDING OFFICER (Mr. YOUNG). Under the previous order, the leadership time is reserved.

CONCLUSION OF MORNING BUSINESS

The PRESIDING OFFICER. Under the previous order, morning business is closed.

SUBSTANCE USE-DISORDER PREVENTION THAT PROMOTES OPIOID RECOVERY AND TREATMENT FOR PATIENTS AND COMMUNITIES ACT

The PRESIDING OFFICER. Under the previous order, the Senate will proceed to H.R. 6, which the clerk will report.

The senior assistant legislative clerk read as follows:

A bill (H.R. 6) to provide for opioid use disorder prevention, recovery, and treatment, and for other purposes.

ORDER OF PROCEDURE

The PRESIDING OFFICER. Under the previous order, the time until 5:30 p.m. will be equally divided in the usual form.

The Senator from Utah.

Mr. HATCH. Mr. President, I rise today to speak on three very important topics: first, today's celebration of Constitution Day; second, the signing of the Miscellaneous Tariff Bill Act; and finally, tonight's vote on the Opioid Crisis Response Act.

CONSTITUTION DAY

Mr. President, today marks 231 years since the Founding Fathers signed a charter that would forever alter the course of human history: the U.S. Constitution. This document serves as the foundation of our government, and we rightly celebrate its anniversary each year with Constitution Day.

The Constitution establishes guiding principles that have served the American people very well. The separation of powers, the rule of law, and our system of federalism work together toward the goal of preserving liberty. They have worked to secure individual rights against encroachment by the government.

The Framers of the Constitution recognized that the government derived its power from the people themselves. The Constitution overturned the prevailing wisdom that men are made for governments, declaring instead that governments are made for men. These principles and our Nation's dedication to them are core to our American ethos. Today, they set our country apart as a symbol of freedom and prosperity across the globe.

The Constitution is the culmination of centuries of human progress. We have a charge to fulfill its promises. We have a duty to uphold its principles. May we commit ourselves today and every day to defending the truths so eloquently and essentially articulated in the Constitution of our United States.

MISCELLANEOUS TARIFF BILL ACT OF 2018

Mr. President, before I yield the floor, I would like to address the passage of the Miscellaneous Tariff Bill Act of 2018, an important piece of legislation that was signed late last week by the President. Senator WYDEN and I introduced the bill on a bipartisan and bicameral basis, and it passed unanimously—a great example of how both parties feel about relieving Americans from the burdens of job-killing tariffs.

The Miscellaneous Tariff Bill was designed to help both importers and producers by suspending or reducing burdensome tariffs that unnecessarily increase manufacturing and operating costs for American companies. A Miscellaneous Tariff Bill has not been enacted since 2010, and our businesses and manufacturers have been forced to wait too long for Congress to act.

I am pleased that we were finally able to end that wait. I am also pleased to report that this is the first MTB, or Miscellaneous Tariff Bill, to be enacted in the new process set out in the American Manufacturing Competitiveness Act of 2016. This new process was crafted to provide a robust consultation that is consistent with both House and Senate rules and that would be transparent and open to all.

The International Trade Commission and the Department of Commerce vetted each petition to determine eligibility based on this new criteria. Each of these agencies made great efforts to

● This "bullet" symbol identifies statements or insertions which are not spoken by a Member of the Senate on the floor.

evaluate each one of the thousands of petitions against the high standards set out in the AMCA. I would like to thank all of the staff that worked diligently to do so.

Senator WYDEN and I also worked closely with our colleagues throughout this entire process to resolve any concerns that they may have had with any of the included products. In the end, I think we crafted a bill that we all can be proud of because it will help American businesses compete around the world.

The passage of the Miscellaneous Tariff Bill Act, in conjunction with the successful implementation of tax reform, will continue to expand the American workforce, improve the American economy, and keep America competitive.

OPIOID EPIDEMIC

Finally, Mr. President, I am also here to talk about the passage of an incredibly important bill that will aid individuals, families, and communities confronting an epidemic that is overwhelming our country. This is not the first time I have been talking about the opioid epidemic, and, unfortunately, it will not be my last. But I am happy to say that today's remarks will highlight some very good news.

As part of a coordinated effort with four other committees, the Senate Finance Committee's package will be voted on tonight as a part of the Opioid Crisis Response Act, but before I get to what is in that bill, I want to give some details of the unfortunate reality our country is facing.

Last year, more than 72,000 Americans died from a drug overdose. The majority of these overdoses involved prescription opioids or illicit opioids like heroin or fentanyl. I have spoken to many families who have witnessed the devastating effects of these addictions firsthand, and I have been sadly impressed by the pervasiveness of this rampant epidemic. Truly, I promise you that you have more friends, family, and coworkers who have been affected by this epidemic than you probably realize.

My home State of Utah continues to be hard hit by this crisis. An alarming number of Utahns have undergone hospital stays and emergency room visits due to opioid overdoses. In 2017 alone, over 450 Utahns died from an opioid overdose.

As the Presiding Officer may have noticed, Congress has recognized this problem for some time. While this package is a significant step forward, it isn't the first thing we have done, nor will it be the last thing we do.

Take, for example, the bipartisan Family First Prevention Services Act, which was enacted earlier this year in February. Our committee also worked together to realize a 10-year extension of the Children's Health Insurance Program, which, as a part of its mission, helps moms, babies, children, and teenagers struggling with addiction or its impacts on families across the country.

Our work did not stop there. We proceeded to work on ways that our committee, with its jurisdiction over Medicaid and Medicare, family services, and customs, could work to improve the lives of the millions of Americans who have been impacted by this devastating epidemic.

There are simply too many pieces of this bill to cover them all in one speech, but I wish to give some highlights. The bill will make a real difference in Medicare, a program in which one in three beneficiaries is prescribed an opioid. It will empower patients through information on pain treatment alternatives. It will expand treatment options for patients suffering from addiction, including through increased access to care via telehealth and a pilot program that will allow Medicare to cover methadone and wraparound services to treat addiction for the first time. The bill also increases the ability to track opioid prescriptions to prevent misuse and diversion, while also ensuring that beneficiaries promptly get the medications they need.

We know that many children are in foster care as a result of the opioid epidemic, and this bill supports programs that will help parents complete treatment for opioid addiction and reunite with their children more quickly. It will also increase the availability of family residential treatment programs, allowing more parents to receive help while still caring for their children in a supervised setting.

For the first time since Medicaid became law in 1965, pregnant women can receive Medicaid coverage for prenatal and postnatal care while seeking treatment at institutions for mental disease. New and improved prescription-drug monitoring programs allow States to better understand the full scope of an individual's prescription use across payments and insurers. This bill brings that data into the hands of providers and insurance plans to help them develop care plans for those with substance use disorders.

Additionally, this package is not limited to fixes in the healthcare space. We also worked with Senator PORTMAN to craft the bipartisan STOP Act, which has also been incorporated into this package. That bill sets new requirements for the U.S. Postal Service to obtain advance electronic data that allows for U.S. Customs and Border Protection to effectively target and stop fentanyl and other illegal substances from entering the country through our postal system. Getting our law enforcement this additional data will bolster efforts to stop dangerous opioids at the border and keep them away from American families.

In short, the Finance Committee's portion of this larger effort is an important step forward, but it is made that much more meaningful given the wide-ranging provisions included from the Judiciary, Commerce, Banking, and HELP Committees. Together, this bill will provide the resources, capacities, and direction to State, local, and Federal Governments to better assist those who are in such great need right now.

Additionally, I thank the leader, the chairman, the ranking members, and all other Members of the four other committees who have been involved in this great undertaking. There has been no shortage of effort or genuine concern from both sides of the aisle to address this painful issue that has hurt so many American families. I appreciate this bipartisan push to create a successful piece of legislation. I think this bill represents Congress at its best.

I encourage all of my friends, on both sides of the aisle, to vote for this important piece of legislation tonight, and I look forward to working with my colleagues in the House to advance a bill that addresses the opioid epidemic to the President's desk.

I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The senior assistant legislative clerk proceeded to call the roll.

Mr. BOOZMAN. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. BOOZMAN. Mr. President, the opioid epidemic is a national crisis. It has destroyed lives, torn apart families, and strained community resources.

Since the year 2000, more than 300,000 people in the United States have died from opioid overdoses. Congress is aggressively working to combat this problem by expanding prevention efforts, empowering law enforcement, and increasing access to treatment. We passed the Comprehensive Addiction and Recovery Act, the 21st Century CURES Act, and the Bipartisan Budget Act to improve the tools and resources available to fight this epidemic, and we have another opportunity to continue turning the tide with passage of the Opioid Crisis Response Act of 2018.

Last week, I met Arkansans who are on the frontlines of this battle. They have seen the destruction caused by opioids in our schools, our hospitals, and the judicial system. The individuals I spoke with agree that more resources are needed in this fight. That is what the Opioid Crisis Response Act will deliver. This comprehensive package covers a wide range of avenues to attack this problem and get individuals the help and support they need to recover. This includes prevention, treatment, additional law enforcement tools, and expanding research into nonaddictive pain treatments.

I appreciate the leadership of my colleagues on the HELP, Finance, Judiciary, and Commerce Committees to advance this important legislation that is necessary to address the ever-growing opioid crisis.

The legislation expands a grant program to train our first responders administering naloxone, the drug that

can be used to block the effects of opioids and prevent deaths from an overdose.

In Arkansas, this is having a very positive impact. Since 2017, the Arkansas naloxone project has trained more than 3,300 first responders to administer the drug. This effort has saved at least 142 lives. The program continues to grow. It is working. Other States can replicate the success we have seen in Arkansas by using grant funds to train first responders.

Not only does this legislation help those already impacted by the crisis, it also aims to stop even more dangerous drugs, like fentanyl, from getting into the country in the first place by improving detection of prohibited drugs being illegally imported through the mail.

These provisions are just a small piece of the puzzle. Together, with other measures in this bill, we can make a real difference and change the conversations we have around opioid abuse and addiction to focus not on the lives taken but on the lives which are being saved. The comprehensive response to the crisis shows how committed we are as a nation to combating opioid addiction.

I applaud the U.S. Department of Agriculture with this week's announcement of its partnership with communities across the country to fight the opioid epidemic in rural America, including Newport, AR. In Newport, USDA is investing more than $150,000 to convert the former Jackson County Jail into the White River Women's Shelter. This facility will help individuals recover from opioid misuse, and provide prevention, recovery, and treatment services to combat the opioid epidemic in the region.

We all have a stake in this fight. If individuals are living healthier lives, they will be able to be more productive citizens and help the community thrive. The Opioid Crisis Response Act of 2018 will aid us in this effort.

I look forward to the Senate passage of this bill and President Trump signing it into law so we can reverse opioid abuse statistics.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The senior assistant legislative clerk proceeded to call the roll.

Mr. PETERS. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. PETERS. Mr. President, our Nation is suffering through a public health crisis. Our Nation, our neighbors, our families—in fact, very few among us can say that we have not been personally impacted by the opioid crisis.

The scope is simply staggering; 116 lives are lost every day to opioid overdose. There are 116 sons, daughters, husbands, wives, siblings, and parents who will never come home again—116 lives ended decades too soon, lost every day.

Substance abuse disorders do not discriminate. We feel this pain in every region of our country—urban and rural areas and red and blue States. We know there is no silver bullet that will end this crisis overnight, but we do know how to fight it together, and that is what we are doing today.

Tonight the Senate will pass the bipartisan Opioid Crisis Response Act, and this body will show a unity of purpose that, frankly, I wish we could show more often. As this important bipartisan legislation came together, I worked closely with my colleague Senator SHELLEY MOORE CAPITO of West Virginia to make sure that our Nation's youth were not left behind.

We know young adults are more than twice as likely to misuse prescription opioid pain relievers as compared to adults. One in five high school seniors knows where they can easily get heroin, and the problem continues to escalate. In Michigan, the rate of opioid overdose deaths among youth under 25 has doubled since 2012. These are empty seats at the dinner table, in classrooms, and in workplaces.

When tackling a problem this large, we need to follow the data and invest in what works, especially for adolescents and young adults. Health experts, including the American Academy of Pediatrics, recommend medication-assisted treatment, or MAT, as the gold standard for opioid addiction treatment. While we need to continue investing in research, completed studies have shown that youth treated with MAT are more likely to reduce opioid misuse, injection drug use, continue their medical care, and achieve long-term sobriety.

The research we have on using medication-assisted treatment to treat adults is overwhelmingly positive and shows this course of treatment to be safe and effective, especially in comparison to the life-threatening risks faced by patients who go untreated. Research shows that medication-assisted treatment has the power to cut the mortality rate of opioid-addicted patients in half, if not more.

France instituted a strong MAT strategy in response to a heroin epidemic in the 1990s. The death rate due to overdoses there decreased by nearly 80 percent over the course of just 4 years.

Substance abuse disorders are not a personal or a moral failure; they are a public health crisis brought on by chemical dependency. We are fortunate that our doctors and researchers have developed medication that can help end dependency and save lives, and we must get it to patients who need it the most. It is troubling that many Americans whose lives could be saved do not have enough access to these medication-assisted treatments, and it is devastating that American youth have hardly any access at all.

Currently, only about 1 in 12 youth who need treatment for an opioid addiction actually receives it. A 2017 study found that one in four adults in treatment for heroin received medication-assisted treatment. While this sounds low, for adolescents the rate is less than 1 in 40. Even for those who are fortunate enough to be in active treatment, MAT is not being used widely.

Similarly, only one in eight adults in treatment for prescription opioids receives medication-assisted treatment. For adolescents, it is 1 out of every 250. That is why the Peters-Capito provisions of the Opioid Crisis Response Act are actually crucial. They will support the identification and development of best practices for treating opioid addiction among youth and point to MAT as a specific strategy.

In addition, Senator CAPITO and I successfully added a related amendment to the appropriations bill that funds the U.S. Department of Health and Human Services. It recently passed the Senate. The amendment will require the Substance Abuse and Mental Health Services Administration to submit a report to Congress on what steps it takes to support MAT. The agency specifically will also identify barriers they must overcome to get medication-assisted treatment to eligible youth.

Young Americans coping with substance use disorders deserve every opportunity to recover, to hold onto their future aspirations, and to lead stable and fulfilling lives. We must continue working together at every level of government as we combat this opioid crisis with scientifically proven strategies, including for some of the youngest lives at risk.

An important step in this response is getting these provisions across the finish line. I urge my colleagues to act quickly to get this legislation to the President's desk to be signed into law. I recognize these provisions are just a start, but we are losing 116 lives every day. We need to save as many as we can, as soon as we can.

Thank you.

I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The senior assistant legislative clerk proceeded to call the roll.

Mr. MARKEY. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. MARKEY. Mr. President, I rise today to speak about the pending legislation to address the opioid epidemic—a crisis the likes of which we have never seen in America. All of us know that this crisis is a nightmare. It is a scourge. The prescription drug, heroin, and fentanyl epidemic is a human tragedy unfolding every day in homes, in alleyways, in bathrooms, the back seats of cars, in nearly every city and town of our country.

Preliminary estimates indicate that opioid overdoses claimed an estimated

49,000 lives just last year, including nearly 2,000 people in Massachusetts. That is more than gun violence. That is more than car accidents. The opioid epidemic is the deadliest drug overdose crisis in American history. A crisis of this proportion demands action at all levels, and I am pleased that the Senate is taking a step in that direction today.

I would like to thank Senator LAMAR ALEXANDER and Senator PATTY MURRAY and their staffs, as well as the leadership and staffs of the other committees, who worked to create and refine the legislative package we will be voting on later this evening.

This bill contains a number of proposals that will help families and communities struggling day in and day out to respond to the opioid overdose crisis. One of those proposals is my bipartisan Opioids Milestones Act, a bill I authored with Senator LISA MURKOWSKI and Senator MAGGIE HASSAN to create a scorecard for our Nation's response to the opioid crisis.

The Milestones Act will require the Federal Government to both set tangible benchmarks for how we are addressing the opioid crisis in our country and measure progress on key objectives every single year. When people are sick, they get a treatment plan. The United States of America needs a nationwide treatment plan for fighting the opioid crisis, and that is what this provision will create for our country. Those objectives include reducing overdose deaths, expanding treatment availability, increasing the number of individuals in sustained recovery, and decreasing emergency room visits for overdoses.

If we don't have a dashboard—a scorecard—to clearly and quantifiably show our progress on this epidemic, we will continue to fight the same battle over and over again. We urgently need to know whether our policies and resources are being used in ways that have a measurable impact on the public's health. The Milestones Act provision in this bill will provide a national roadmap for ensuring that our Federal and State resources pay lifesaving dividends. That is my goal, that is Senator MURKOWSKI's goal, and that is Senator HASSAN's goal, and it is in the bill.

This type of strategy was put in place to fight the HIV/AIDS epidemic in America—another disease that was surrounded by stigma, inaction, and the lack of research until advocates, scientists, healthcare providers, and policymakers joined forces to chart a path forward and to make measurable progress. While that war is not yet won, new HIV diagnoses and deaths have declined dramatically over the past two decades in the United States.

When America has a plan, America wins. That is why I am pleased that this legislative package includes important bipartisan legislation that I introduced with Senator TODD YOUNG and Senator TAMMY BALDWIN to help address increasing rates of infectious diseases like HIV caused by injection drug use.

With more than 220 counties across the United States at risk of a hepatitis C or HIV outbreak related to the opioid crisis, we cannot afford to wait any longer to arm our States with the tools needed to tackle the public health consequences of this epidemic. Massachusetts had more reported cases of hepatitis C than any other State in 2015—the same year we peaked in overdose deaths caused by illicit opioids.

The public health consequences of the epidemic are life-and-death. One recent study published in the American Journal of Public Health roughly estimates that 510,000 people could die over the next decade due to opioid-related causes, which include overdoses as well as other causes of death tied to opioids, such as HIV infections from sharing syringes. That is what Senator YOUNG and I are trying to deal with. We are trying to deal with this issue so that we can create the tools that help us to deal with this growing medical problem in our country.

This provision will help ensure that the Federal Government works with States to improve education, surveillance, and treatment of opioid use-related infectious diseases like HIV and viral hepatitis, but we have more work to do to combat this crisis. If we are going to reduce the supply of heroin, fentanyl, and illicit prescription opioids, then we have to reduce the demand through treatment. That must include increasing access to effective medication-assisted treatment, or MAT.

Only about 1 in 10 individuals with a substance use disorder will be able to access treatment. That is unconscionable and demands immediate action. That is why as part of the Comprehensive Addiction and Recovery Act—or the CARA bill of 2016—Senator RAND PAUL and I worked together to include provisions that would, for the first time, allow physician assistants and nurse practitioners to prescribe lifesaving medication-assisted treatment, like SUBOXONE, for individuals with substance use disorders.

Since these provisions went into effect, more than 8,000 physician assistants and nurse practitioners have registered to provide medication-assisted treatment. That has resulted in more Americans accessing this lifesaving care, especially in community health centers and rural communities across this country. For doctors and medical professionals, MAT stands for medication-assisted therapies, but for those with an opioid use disorder, expanding MAT means more access to treatment.

Nurse practitioners and physician assistants want to respond to the demand side of the opioid crisis, and they are stepping up in a major way to connect individuals to the treatment they need. Unfortunately, the authority nurse practitioners and physician assistants have to prescribe this lifesaving treatment expires in a few short years. If we don't intervene now, a substantial amount of our current prescriber population will no longer be able to treat individuals with substance use disorder using this effective treatment. That will further strain our already woefully inadequate treatment workforce.

That is why Senator PAUL, Senator HASSAN, Senator COLLINS, and I introduced new, bipartisan legislation to provide permanent MAT prescriber authority for nurse practitioners and physician assistants. Our bill also extends this authority to other nursing professionals already playing an important role in our fight against the opioid crisis—certified nurse midwives, clinical nurse specialists, and certified registered nurse anesthetists. These dedicated nursing professionals are irreplaceable members of our healthcare community, and we need to make sure they can provide treatment that saves families from the suffering of addiction.

The legislative package we are voting on today in the Senate unfortunately does not contain this bipartisan legislation on medication-assisted treatment. This is a missed opportunity to build upon our commitment to treatment. But the House-passed opioid legislation does contain a version of our provision to make the prescriber authority for nurse practitioners and physician assistants permanent and to expand that authority to the other nursing professionals. I will continue working with my colleagues to ensure that this lifesaving provision makes it into the final opioid package negotiated between the House and the Senate leaders.

The bill we vote on today cannot be the end of our efforts to help solve the opioid overdose crisis. The opioid crisis knows no boundaries, and neither should our efforts to combat it. Not only must we expand access to treatment, we must also think about how we can help to prevent addiction from taking hold in the first place.

Last week, I introduced bipartisan legislation with Senator ORRIN HATCH to help ensure that patients and their loved ones understand the risks of prescription opioids. I have heard too many stories about substance use disorders that began from an opioid prescribed to an individual injured on the job who needed to feel well enough to return to work the next day, or to help heal a sports injury. That is the story of Cory Palazzi from Taunton, MA.

In high school, Cory was a varsity baseball and football athlete and a member of the National Honor Society. He had a love for the game of baseball. For him, the baseball diamond was the happiest place on Earth.

In his junior year, Cory suffered a shoulder injury that required surgery. After surgery, Cory was prescribed opioid painkillers and became addicted to his medication. His painkiller addiction eventually became a heroin addiction, and in 2013, Cory suffered a heroin

overdose, which has left him permanently disabled.

Cory and his family, Lori and Dave, have turned this tragedy into triumph. Today, they share their story in schools and other organizations to warn the public about the dangers of drugs and offer a message of hope for those who are faced with addiction. We thank them for their courage, for their strength, and for their commitment to ending this crisis.

The Palazzi family know firsthand that prescription opioids are dangerous, but because of the confusing names and ingredients, many families may not know that they have just left the pharmacy with a bottle full of danger. The path from one bottle of pills—for patients who have had their wisdom teeth removed or suffered a sports injury—to addiction needs as many roadblocks put in place as humanly possible.

The legislation Senator HATCH and I have introduced—the Lessening Addiction By Enhancing Labeling Act, or the LABEL Opioids Act—would require that all prescription opioid bottles dispensed to a patient contain a clear, concise warning that opioids may cause dependence, addiction, or overdose.

In the absence of legislation to ensure that providers across the country receive uniform, mandatory education on safe opioid prescribing, we need to give patients information on how to safely use, store, and dispose of these dangerous medications. In the same way we put warning labels directly on cigarettes for being addictive and causing potential death, we need labels to caution patients about the dangers of prescription opioids. It is important that everyone who receives an opioid prescription understand the potential risks, and a sticker on an opioid pill bottle is a powerful, consistent reminder of that danger.

We must do all we can to put a stop to this dangerous opioid crisis that has ravaged families and communities across the country for too long. We are moving in the right direction, but today's vote should not be the end of our work on this issue.

I thank my colleagues in this Chamber for their commitment, and I look forward to working with them in the conference and beyond to make sure we put everything in law nationally that helps to ensure that children will have to look to the history books to find that there ever was such an epidemic as this opioid crisis.

Once again, I thank Senator ALEXANDER and Senator MURRAY for their great work on this issue.

I yield the floor.

The PRESIDING OFFICER. The Senator from Maine.

Mr. KING. Mr. President, the discussion today is about the opioid crisis, one of the most serious public health crises I have seen in my adult life, certainly in the State of Maine. It is an enormous problem across the country, particularly in rural areas. In my State, we are losing more than one person a day to an overdose death. That is an epidemic by anybody's definition.

There are few rays of hope in this rather bleak picture. The numbers continue to get worse. More and more families are being devastated by this crisis, and there aren't many answers being provided. There is, however, one ray of hope this bill we are going to be discussing and voting on this afternoon does provide, and that is, treatment works; recovery is possible.

I was at a rally in Portland, ME, just a week ago, with people of all ages from all over the State who were there to publicly say: I am in recovery. It works. Treatment saved my life. I think that is what is so important about continuing the work we have done in this body.

The problem is, treatment, particularly in rural areas, is short on infrastructure. It is short on people who can deliver the treatment. We can fund programs and talk about them here, but if you are talking about a rural county—about Milo, ME, in Piscataquis County, you are not talking about a tremendous amount of available infrastructure, but there is available an army of people who can contribute to the solution of this problem.

The people I am talking about are nurse practitioners. Nurse practitioners are, in many ways, among the unsung heroes in the healthcare discussion—particularly, again, in rural areas where there aren't a lot of physicians. Nurse practitioners were enabled in the CARA bill to provide medicine-assisted treatment, but the problem is, that authority expires in 2021. Therefore, we need to fix that. It is working. It is an important part of our ability to deliver these lifesaving services. In Maine, we have nurse practitioners who are ready, willing, and more than able, and they have proven that, to deliver these lifesaving services—1,700 of them in the State of Maine.

Unfortunately, the bill we are going to be voting on this afternoon does not have this extension in it. I am here this afternoon to urge those who are going to be supporting the bill, and then working on it in conference with the other body, to see that this small change—giving the authority for nurse practitioners to deliver medically assisted treatment to those people suffering and trapped in the throes of addiction—allowing those nurse practitioners to have that authority, to not have it expire in 2021 and create the anxiety, both in the patient community and in the medical community, that termination will create.

Let's, for once, do something before it is a deadline. Let's do it now. I believe we can do it as part of this discussion, as part of the final resolution of the bill that is going to be before us this afternoon, which I entirely support. I think this is an important addition that will strengthen it, and it will particularly strengthen the ability to deliver this care, this treatment that is so important to so many people and families and communities, particularly in the smaller towns of rural areas of America and in my State of Maine.

So I rise to support the bill but also to suggest this small change that I think will dramatically increase the effectiveness of the treatment the bill enables and will allow it to be delivered in an equitable and direct and important way to people all across the country—no matter where they live, no matter what the status of their health infrastructure is—because, as I say, nurse practitioners are an army of people who are ready, willing, and able to deliver this service.

I hope we can make this one modification to this bill that will allow that service to be provided not only between now and 2021 but on into the indefinite future when, hopefully, we can rid the country of the scourge of this terrible opioid and drug addiction.

I believe this is something we can and should do. I look forward to working with my colleagues to make this happen.

I yield the floor.

The PRESIDING OFFICER. The Senator from New Hampshire.

Ms. HASSAN. Mr. President, I thank my colleagues Senator KING and Senator MARKEY for their remarks and their work as we all come together to battle this terrible opioid epidemic.

I rise as the Senate considers bipartisan legislation that marks a critical step forward in the fight against the fentanyl, heroin, and opioid crisis.

In New Hampshire, and all across our Nation, entire communities are being ravaged by this epidemic. In order to turn the tide, we need to combat the challenges communities are experiencing from all angles; we need to collaborate across traditional boundaries; we need to take a truly all-hands-on-deck approach because the magnitude of this crisis demands it.

This crisis does not discriminate. I have spoken to so many individuals and families from all walks of life who are heartbroken and reeling. Their loved ones were professionals—students, athletes, parents—and then they fell victim to this illness, and their lives and the lives of those who loved them were never the same.

Just this morning, I met with a number of grandparents who are now the primary caregivers for their grandchildren—a situation that many of us at first considered a phenomenon and now realize has become commonplace because the children's parents have died or they are in prison or they are simply absent or unable to be a caregiver due to their substance use disorder.

I spoke this morning with this group of grandparents, two of whom have been raising their grandson for nearly 9 years now, one of whom has seen two grandchildren returned to their parents after their parents recovered from their addiction. In one case, the grandparent whose grandchildren have gone

back to their parents is, at age 57, starting life completely anew. She had given up her job and gone through her entire retirement savings to keep her children safe while their parents battled their addiction.

Another set of grandparents, who again have given up everything to keep their grandson safe, are scared of going to court to get permanent custody and adopt their grandchild because they are concerned the child's father will reappear and contest the custody, and the cost of that custody battle will mean they have no money left to care for their grandchild.

Most heartbreakingly, both sets of grandparents said to me they were worried about what will happen to their grandchildren should they die since the children's parents might not be able to be there for them.

I was also reminded today that at one of our largest treatment centers in New Hampshire, the providers estimate that 40 percent of those in treatment have children, which means there will be more and more children in our communities who need their grandparents or other caregivers to step forward.

This crisis is also taking a particular toll on first responders who respond to overdose after overdose, sometimes reviving the same people on the same day.

This crisis also impacts our workforce and our economy. I have met with a number of employers who can't fill jobs because they can't find workers who can pass a drug test. There are people now in recovery, some with convictions on their record, who wonder if anyone will ever give them a second chance.

There is a lot of collateral damage from this crisis. The good news is, just as the ripple effect of this epidemic touches all parts of our communities, people from all corners of New Hampshire and our country are responding—as communities, as friends and neighbors, and as first responders and healthcare providers—in a collaborative manner. This is a multifaceted problem, and it requires a multifaceted approach, but for too long we haven't seen a Federal response that matches the urgency on the ground.

I am hopeful that by passing this bipartisan legislation, we can move forward. We have given communities and families some of the support they need and that they have been waiting for, aching for.

This comprehensive legislation we are considering today includes many priorities the people of New Hampshire, particularly those on the frontlines, have been urging us to fight for.

This bill reauthorizes and improves State-targeted response grants to ensure that States hardest hit by this crisis—States like New Hampshire—continue to get the resources they need.

This legislation also includes the bipartisan Comprehensive Opioid Recovery Centers Act, which I partnered on with Senator CAPITO, to offer grants to expand existing centers of care to provide comprehensive coordinated care and support services like housing and employment reintegration for those who are in recovery.

We have also heard loudly and clearly from our healthcare providers that we need a more integrated approach in order to combat this complex disease on all fronts. So this bill includes legislation Senator PORTMAN and I worked on together aimed at the next generation of doctors, encouraging medical schools and residency programs to integrate addiction medicine and treatment into their curriculum, as well as ensuring that doctors who get this training can apply right away to prescribe medication-assisted treatment as soon as they are licensed and have a DEA number.

Members of law enforcement have made clear that they need additional tools to crack down on bad actors in the pharmaceutical industry whose behavior has greatly contributed to this crisis. So Senator GRASSLEY, Senator CRUZ, and I worked on a provision to make those tools available and to help hold industry bad actors accountable.

This legislation also curbs the importation of deadly fentanyl and other synthetic drugs being shipped through the borders to drug traffickers in the United States.

These are just a number of the key provisions included in this bill. As the Senate moves forward and moves into negotiations with the House of Representatives, I will work with Members of both parties to make important improvements.

For example, we should keep working in a bipartisan way to include a provision making permanent prescribing authority for nurse practitioners and physician assistants, which were some of the measures that Senators MARKEY and KING were just talking about. Nurses and physician assistants are vital parts of our care workforce, including and especially in rural and underserved areas, and their prescribing authority should be made permanent, and we should allow additional advanced practice nurses to prescribe.

I am pleased that we are taking this step forward today, and I am grateful for the Senate's bipartisan work that has brought us to this point—the consideration of the bill on the Senate floor. I am particularly grateful for the work of Senator ALEXANDER and Senator MURRAY.

This legislation is a vital next step in our efforts to combat this crisis. The biggest mistake anyone could make is thinking that our efforts are anywhere close to being done. As the families I met with this morning made clear, we have a lot more work to do.

I am encouraged by the progress of this bill, and I believe its implementation will help us mount a much more informed and comprehensive response to this devastating epidemic. I also remain encouraged that we have secured a significant increase in Federal funding to combat this crisis through our budget negotiations.

Let there be no mistake. We will need to continue to work together. In particular, we will need to learn about which treatment and recovery practices will be successful in the long run, and we will need further research to establish best practices for supporting a newly at-risk cohort—the children of those with this disorder. We have been responding to and learning about this disease as the epidemic unfolded, and there is much we do not know and much we still need to tackle.

I am encouraged that Members of both parties have come together, demonstrating that we can put partisanship aside and work together to address some of the most dire challenges our communities face. We owe it to all of the many stakeholders in this fight to keep listening to them, to keep collaborating together, and to keep working on solutions so that we can truly make progress and get better. This is a good start, but it is and must be only a start.

I yield the floor.

RECOGNITION OF THE MAJORITY LEADER

The PRESIDING OFFICER. The majority leader is recognized.

HURRICANE FLORENCE

Mr. MCCONNELL. Mr. President, since the Senate last convened, Hurricane Florence made landfall on our Nation's eastern seaboard. According to the latest estimates, this terrible storm has already claimed more than 20 lives in North Carolina, South Carolina, and Florida. With more than 1 million Americans subjected to mandatory evacuations, many families have been displaced, and the storm surge and historic rainfall have brought communities to their knees with crippling flooding.

The Senate stands with all of those affected, and we stand ready to ensure that communities in the storm's path have the resources they need to recover and rebuild, once the time comes. For now, we stand in solidarity with the Americans who are battling this storm and with first responders, who bravely risk their own safety to care for their communities.

PATIENT RIGHT TO KNOW DRUG PRICES ACT

Mr. President, on another matter, today, the Senate will take two important actions to help vulnerable Americans. First, we will pass the Patient Right to Know Drug Prices Act, spearheaded by Senator COLLINS.

This legislation would ban so-called pharmacy gag clauses, which prohibit pharmacists from sharing drug pricing information that would save consumers money. In circumstances when the out-of-pocket retail cost of a medication is actually cheaper than the price through insurance, it will allow customers with access to the information they need to choose the more affordable route.

After that, we will vote on major, landmark legislation to address the

opioid crisis that continues to weigh on our country. My fellow Kentuckians and I are all too aware of how drug abuse and addiction attack families and communities. Overdoses killed 1,500 Kentuckians last year alone. That is more than four fatalities per day. Nationwide, it is more than 115 fatalities per day.

The effects of this emergency compound themselves. The crisis can eat away at family ties, at community institutions, at economic opportunities—precisely the things that are necessary to lift Americans out of addiction and into recovery.

On the one hand, research suggests that opioid use rose the most in the very communities where employment fell the most. On the other hand, experts blame opioids themselves for a major share of falling workforce participation, to the tune of roughly 1 million missing workers.

A comprehensive crisis demands a comprehensive solution. That is exactly what this landmark legislation is. It combines work from 5 committees and input from 70 Senators.

First, this legislation will help cut off the opioid crisis at its roots. It will stop more drugs at the border, improve interstate monitoring, and encourage reform of prescription dosing. It will encourage recovery through more resources for State and local responders, better access to care for patients, and more support for the families and caregivers of those affected. This legislation looks to the future by surrounding long-term medical research and economic solutions to get our county past this vicious cycle.

I am pleased that two of my provisions are included—the CAREER Act, which expands grants and targets funding for transitional housing and job opportunities to help recovering individuals find their footing and stay sober, and my Protecting Moms and Infants Act, which will refine our Federal efforts to combat the effects of opioids on expecting mothers and their unborn children.

The situation facing Americans and communities is urgent. With this landmark legislation, the Senate has risen to the moment. It is no wonder that experts and advocates representing 200 organizations on the frontlines of the opioid crisis have publicly called on the Senate to act. That is exactly what we will do when we pass this landmark legislation later today.

NOMINATION OF BRETT KAVANAUGH

Mr. President, on a final matter, it has been 70 days since the President nominated Judge Brett Kavanaugh to fill the current vacancy on the Supreme Court. For more than 2 months, the Senate has pored over Judge Kavanaugh's professional record.

We have reviewed the 300-plus opinions he has authored while serving on the DC Circuit, more pages of documents than have ever been produced for a Supreme Court nomination—more than for the past five nominations combined—and testimony from prominent legal scholars and top litigators who have praised the nominee's intellect and his exemplary performance on the Federal bench.

We have also considered a wealth of evidence that pertains to Judge Kavanaugh's character and his personal integrity. We have heard testimony or received open letters from literally hundreds of men and women who know Brett Kavanaugh, who have worked alongside him, who have clerked for him as a judge, or who have known him and his family personally over the years. This is what the Senate has considered for the past 70 days. In the Senate and around the country, almost everyone who went into this process with an open mind and who was prepared to give Judge Kavanaugh a fair hearing has come away impressed.

But now an accusation of 36-year-old misconduct, dating back to high school, has been brought forward at the last minute, in an irregular manner. It is an accusation that Judge Kavanaugh has completely and unequivocally denied. This is what he said:

> This is a completely false allegation. I have never done anything like what the accuser describes—to her or to anyone.

It is an accusation that the ranking member on the committee of jurisdiction has known about for at least 6 weeks—known about for 6 weeks—yet chose to keep secret until the 11th hour. Neither she nor any of her Democratic colleagues chose to raise this allegation during the committee staff's bipartisan background calls with the nominee.

They did not raise it, even with the name redacted, in the 65 meetings—65 meetings—that Judge Kavanaugh held with Senators before his confirmation hearings, including his private meeting with the ranking member. They did not raise it, even with the name redacted, in 4 days of exhaustive public hearings while Judge Kavanaugh testified under oath, even though they chose to raise myriad other matters at the hearing, including sometimes bizarre innuendo. They did not raise it in the closed session, the proper forum where such an allegation could have been addressed with discretion and sensitivity. They did not raise it in the thousand-plus followup questions Senators sent to Judge Kavanaugh in writing.

At the 11th hour, with committee votes on the schedule, after Democrats have spent weeks and weeks searching for any possible reason the nomination should be delayed, now they choose to introduce this allegation—not through the standard bipartisan process, not by advising the Judiciary Committee colleagues and committee staff through proper channels but by leaking it to the press, because the chain of custody of this letter runs through the Democratic side of the Judiciary Committee. That is the chain of custody.

I can't explain the situation any better than the senior Senator from Maine put it yesterday evening when she said this:

> If they believed [Judge Kavanaugh's accuser], why didn't they surface this information earlier so that he could be questioned about it? And if they didn't believe her and chose to withhold the information, why did they decide at the 11th hour to release it? It is really not fair to either of them the way it was handled.

As the senior Senator from Texas said earlier today, ''that Democrats have so egregiously mishandled this up until now, is no excuse for us to do the same.'' Just because the Democrats have egregiously mishandled this, said Senator CORNYN, is no excuse for us to do the same thing.

I am glad that Chairman GRASSLEY is following standard practice and regular order. As he has stated, he plans to pursue this matter by the book, with bipartisan interviews of both Judge Kavanaugh and Dr. Ford. I have great confidence in Chairman GRASSLEY and his ability to proceed through this process.

The PRESIDING OFFICER. The Senator from Montana.

OPIOID EPIDEMIC

Mr. DAINES. Mr. President, I want to thank my colleagues in this body for their hard work and their true bipartisan efforts to address the opioid and drug crisis in the United States. The legislation before us will help to combat an epidemic that touches the lives of almost every person in our country.

In Montana opioid overdoses have claimed the lives of 700 people since 2000. From 2013 to 2014, 42 percent of all drug-related deaths were caused by opioids. With easier access and a larger supply on the street, we are finding opioids in the hands of more and more people. It is tearing families apart. It is devastating our communities.

While we must focus on combating the opioid crisis, we must also continue to address a related but separate epidemic that is wreaking havoc in Montana and in many other States; that is, the methamphetamine epidemic.

In Montana, meth is destroying families and communities and disproportionately impacting our Tribes. In fact, we have seen a 415-percent increase in meth cases from 2011 to 2017, and a 375-percent increase in meth-related deaths in that same timeframe.

To put this in perspective, in 2013, law enforcement seized 40 pounds of meth. In 2017, that number more than quadrupled to 188 pounds.

Almost all meth in Montana is smuggled across the southern border. We have seen a dramatic increase of that drug flowing from Mexico into our communities.

Meth is linked to more violent crimes and robberies than any other drug. Meth is highly addictive. It is destructive; it destroys the body both inside and out.

We are seeing sad story after story on the effects and impacts of meth and drug use in Montana making headlines. In fact, just last week, a man was charged with leaving a baby in the woods near Lolo Hot Springs. He admitted he was high on meth and bath

salts. According to reports, he left a 5-month-old in the woods because ''he grew tired of carrying it.''

While this is a despicable and horrible story, this is just one of many we are seeing across Montana. I am thankful—I am thankful for those on the ground in Montana for diligently working to combat this crisis, including our very own attorney general, Tim Fox, as well as our local law enforcement.

At the Federal level, our goal must be to partner with States and communities to overcome this devastating reality, and that is why I fought for specific provisions to be included in this opioid bill we are going to pass this week.

My bipartisan legislation, the Mitigating METH Act, expands the State-targeted response to the opioid crisis grants to include Indian Tribes as eligible recipients and is included in this broader legislation that we have before us. This initiative is extremely important to curbing substance abuse on Indian reservations.

The STOP Act, another bipartisan bill that I have cosponsored, is included in this package before this body. This bill helps stop illegal drugs from crossing the border or being shipped through the Postal Service.

Additionally, programs like the high intensity drug trafficking areas, drug courts, and the COPS Anti-Meth Program are all reauthorized in this package, and I can tell you something: These are vital resources in combating meth use in Montana. Without these tools, we will continue down a dark path, but I believe, with these programs and by passing this bipartisan bill in the U.S. Senate, we can begin to finally curb this problem.

I truly want to thank my colleagues, and I look forward to passing this legislation and sending this to the President's desk.

The PRESIDING OFFICER. The Senator from Maryland.

Mr. CARDIN. Mr. President, shortly we are going to have an opportunity to vote on the Opioid Crisis Response Act of 2018, which I strongly support. But I want to share with my colleagues a roundtable discussion I held in Baltimore just a few hours ago. In an area of Cherry Hill, I met with leading experts in regard to the opioid crisis. We had leadership from Baltimore city, Baltimore County, Anne Arundel County, representatives from the State, and a lot of different other organizations.

It started with Dr. Jason Kletter, who is the president of BayMark, giving us a tour of the new facility that he opened up in Cherry Hill. This is a wonderful new facility for opioid addiction. It uses medicines in order to control a person's addiction, and it is a state-of-the-art facility. It was just opened last month—or 2 months ago—so it is a brandnew facility.

I asked Dr. Kletter exactly how he was able to do this. The first thing he mentioned to me was the importance of the Affordable Care Act. Because of the expansion of Medicaid and the coverage for addiction and the coverage of essential health benefits within the Affordable Care Act, the clinic can get a lot more reimbursement for the people who use the facilities, giving them the wherewithal to be able to construct a new facility in the community, giving access to care for those who have addiction.

We then heard from Jose Rodriguez, who is the Baltimore City Health Department's director of opioid overdose prevention, and he told us about a lot of the innovative programs we are looking at in Baltimore in order to provide treatment to opioid-addicted individuals.

One of the innovations that Mayor Pugh of Baltimore wants is known as a stabilization center. A stabilization center would be 24/7, which is critically important. People who are stressed normally are not during normal business hours, and it is important to have availability in the inconvenient hours of the early morning. An emergency room provides that access, but the problem is that emergency rooms—many—are not capable of handling people who have OD'd, and that individual could become very disruptive within the emergency room setting, making it difficult for the hospital to provide adequate care for the other patients.

So the mayor of Baltimore wants to establish a stabilization center, which would be 24/7 and available to handle people who have drug problems when they need it and provide the necessary services not only to save their life, but to put them on a track to deal with their addiction needs.

We are very proud of the leadership in Baltimore city to move forward on this, and I wanted to share with my colleagues some of the innovative programs that are being suggested.

Linda Bryan is the Baltimore County program manager for recovery-oriented systems of care. She was telling us about a program in Baltimore County where they use peer coaches or a peer support system, people who have gone through the addiction recovery process. They train them under this program, help them to go out and coach those who are suffering from addiction, so they not only get treatment, but they stay in treatment, and they have a road to recovery. It is an innovative program that is working well in Baltimore County.

We then heard from Jen Corbin, who is the program director for the Anne Arundel County crisis response team. Here we have an innovative program known as safe stations, and let me explain this. This is 24/7 also. I have already told you the need for 24/7 programs. What the leadership at Anne Arundel County—and this is a county that borders Baltimore and borders Annapolis; Annapolis is part of Anne Arundel County, so it is an urban area, but it has some rural aspects to it. They allow every one of their fire stations—every single one in their county—to be accessible 24/7 for any individual who is stressed and needs help with regard to their drug problems.

When they set this program up, which was less than a year ago, they were expecting to get about five visits a week. They are getting 5 to 10 visits a day—a day. People are coming in to get rid of their drug paraphernalia. No questions asked—they will take it there. They are getting in there to access the system as to how they can deal with their drug addiction problems. They are seeking care. They are going in there when they are stressed, and they are getting care. First responders will provide immediate help, and they have the availability of county services to get people into treatment 24/7. It is working.

It is working so well that we have people from other counties who are referring their people to go to Anne Arundel County to go to the fire station. Just this past week, one of the private insurers asked one of their insured: Why don't you go to the Anne Arundel fire station in order to get help?

We need to expand these types of programs.

The fire chief told me one other thing, which was very interesting: Since they started this program, theft crime in Anne Arundel County is down 13 percent. Theft crime, of course, as we all know—a lot of it—feeds habits, and this program is paying off in the community with reduced crime.

I mentioned today's roundtable. I have had about a dozen in Maryland throughout the entire State, from the Eastern Shore to Western Maryland, to the Washington suburbs, the Baltimore suburbs, Southern Maryland, the northern counties, and there is a common theme. The common theme is that there is no simple answer to the opioid crisis. It involves not only a health issue—and we need to have services for our health—but we also need to recognize that it deals with transportation, it is a social problem, and it deals with how the courts handle these issues. There are multiple disciplines involved in dealing with the opioid epidemic, and that is why I am so pleased that we are going to have a chance to vote on the Opioid Crisis Response Act of 2018.

We all know that despite our great efforts here—and we have provided billions of dollars of additional Federal support for these programs—the opioid crisis is still on the rise. The number of OD deaths are still increasing in many parts of the country. Every community is experiencing challenges with the opioid crisis, so it is appropriate that we are taking comprehensive action to deal with this problem.

The Opioid Crisis Response Act of 2018 reauthorizes and improves the 21st Century Cures Act. Governor Hogan, the Governor of Maryland, has strongly urged us to pass this section. In fiscal year 2017, Maryland received $20 million under the Cures Act, and these modifications will help States like

Maryland do even more. It is a true Federal partnership with our State and local governments to deal with this crisis by providing greater base support for opioid problems.

Secondly, this bill provides comprehensive opioid recovery centers under SAMHSA. Why is this important? This allows for locals to apply for Federal grants for innovative new programs.

I mentioned the stabilization program in Baltimore city. There is also one in the Upper Shore. There is no direct funding for stabilization centers because they are not hospitals, and they don't fit into the normal reimbursements. This program that is included in the Opioid Crisis Response Act will allow grants to move forward on these innovative programs, such as the one in Baltimore city.

The legislation provides for us to deal with peer support, an area I have championed on the Finance Committee, and I have talked frequently on this floor about the importance of peer support programs. This legislation will help provide technical assistance in order to provide peer support but also asks the GAO to take a look at Medicaid reimbursements to see whether we can't have a more comprehensive way to deal with peer support reimbursement.

It expands telehealth, an area that I have been directly involved with. I am happy to hear that. That is an important part of dealing with the opioid crisis.

It deals with a new area that we haven't really dealt with before, and that is housing. As I said, the problem of opioid addiction is not just health, it is also housing, and this legislation will provide a way in which we can help the homeless and deal with housing issues in order to make people less vulnerable to being left out of opioid recovery.

It does deal with the underlying causes, with research and development in nonaddictive pain killers to get CDC grants and to look at mechanisms to control prescription drugs.

It also deals with the killer effect that we have in fentanyl. Fentanyl, as you all know, is a synthetic drug that is primarily produced in China, but there are other sources that come into this country and are mixed with heroin causing, in many cases, instant death. This legislation will provide a way in which Customs will have greater enforcement to keep fentanyl out of the United States and will provide detection for first responders so they can protect themselves, because they go on a scene, there may be fentanyl there, and if they don't know it, they can become afflicted by this synthetic drug.

All of this is good news. I have only scratched the surface of a lot of the provisions in this bill. It is a comprehensive bill. It is bipartisan. It represents the work of several of our committees, including the Senate Finance Committee on which I proudly serve.

I urge my colleagues to pass this legislation, and let's increase the government's role and deal with this crisis in all parts of America.

RECOGNITION OF THE MINORITY LEADER

The PRESIDING OFFICER (Mrs. ERNST). The Democratic leader is recognized.

NOMINATION OF BRETT KAVANAUGH

Mr. SCHUMER. Madam President, over the past few days, new allegations have come to light about President Trump's nominee to the Supreme Court, Brett Kavanaugh. These allegations ought to be treated with the utmost gravity. The allegations are extremely credible. They were made by someone who voluntarily submitted to a lie detector test and had been discussed in the past—long before Kavanaugh's nomination to the Supreme Court—with a family therapist. I believe her, and many, many Americans believe her. Many women in America who have been taken advantage of certainly believe her. For too long, women have made serious allegations of abuse and have been ignored or dragged through the mud. It would be a disgrace if this body and our fellow Republicans let that happen.

Chairman GRASSLEY must postpone the vote on Judge Kavanaugh's nomination until, at a very minimum, these serious and credible allegations are thoroughly investigated. The FBI conducted a background check on Judge Kavanaugh before these allegations were known. When they did their background check, the FBI had no knowledge of what went on, so it is now the FBI's responsibility to investigate these claims, update the analysis of Judge Kavanaugh's background, and report back to the Senate.

The FBI is the right place for this investigation for two reasons:

First, the FBI has the resources, the information, and the legal tools to conduct an investigation the right way—far better than some staffer talking to Professor Ford on the phone. You cannot lie to the FBI—that is a crime. The FBI will get to the truth. They almost always do.

Second, our Republican colleagues have run a transparently partisan confirmation process, and then they immediately insinuated that Dr. Ford is being untruthful. Republicans and their staff cannot impartially investigate these allegations; they have already said that they are not true. Republicans and their staff cannot do this in a respected way because they have run such a partisan investigation thus far. There is no bipartisanship here—none—so to have any credibility, this has to be done by an independent, outside body. The FBI is the best one.

The vote must be postponed until it is complete. It would be an insult to the women of America to rush this through after these serious allegations have been made. It would be an insult to the majesty of the Supreme Court to rush this through when these serious allegations have come forward.

In addition, Dr. Ford has said she is willing to testify before the Judiciary Committee. Does anyone believe it is better for staff to talk to her on the phone—Republican staff only because no Democratic staff will participate in this biased, far-fetched process. Does anyone think it is not better for her to come testify? Then why can't she? Chairman GRASSLEY should provide the American people the forum to hear her out. I believe she is credible. A lot of my Republican friends don't. What are they afraid of? Are they afraid that she might be very persuasive? Well, if she is, it will be a whole different ball game, won't it?

Chairman GRASSLEY should and must provide the American people the forum to hear her out and decide for themselves whether her testimony reflects on Judge Kavanaugh's character and fitness for the Supreme Court. Of course, he can have a chance to testify again, too, and both of them said they would. Why in the Good Lord's Name—why wouldn't we do that? Why? There is no reason. No reason. There is no requirement, rule, or precedent that says the Judiciary Committee must move forward on Judge Kavanaugh's nomination this week—none. What is the reason we have to rush it through when these allegations are hanging out there, when women who are victimized deserve the right to be heard at the very minimum?

Then the gall of my dear friend the Republican leader, who delayed Justice Scalia's seat being filled for 9 months, to say that we can't take a couple of extra weeks—unmitigated gall. The seat of Justice Scalia was held open for a long time, and now, with no reason, my colleague says we can't do that.

Chairman GRASSLEY has to stop playing games, pretending like the nomination can continue to glide through while at the same time the Senate conducts a review of these allegations. Hastily arranged private phone calls with committee staff members is not even close to constituting a fair and thorough review, is not part of any sort of regular order, and does not substitute for an FBI background check or public hearing.

Again, let me ask my dear friend the leader, what is the reason, now that both Judge Kavanaugh and Professor Ford have said they will come and testify, that we won't do it? Give me one good reason. One. It is unrelated to how we became aware of these allegations. Whether you like it or not, there is a right for them to be heard.

With allegations as serious as the ones before us, the Senate must not—it cannot for the honor of the Senate—conduct a haphazard, slipshod review of Dr. Ford's claims or be rushed to a vote. There must be time for the FBI to do its work and for the Judiciary Committee to properly prepare to hear testimony from Dr. Ford and Judge Kavanaugh.

There is another issue here. Judge Kavanaugh's credibility has already

been seriously questioned in the aftermath of his testimony regarding emails stolen from the Judiciary Committee by a Republican staff member, his involvement in the nomination of Judge William Pryor, and other controversies. In all of these cases, Judge Kavanaugh's credibility was questioned because documents revealed that he was far more involved than he led on to when he testified.

Now, he has unequivocally denied this. So there is an issue of credibility here. You have two people with diametrically opposed views as to what happened. This is not just an argument for its own sake; it is for a nomination to the Supreme Court, the highest Court in the land, which determines through their legal rulings the lives of Americans and in many instances is seen as the arbiter of right and wrong.

Are we going to let this happen, not even hear what someone who believes she was terribly aggrieved—and I believe her—has to say? When the credibility of a Supreme Court Justice is on the line, we are going to just brush it under the rug—again, after delaying Merrick Garland for over 1 year—with no explanation as to why we can't wait a much shorter period of time? The double standard, the twisting of this body into a cruel, nasty partisanship, unprecedented, in a feverish desire to fill the bench with people with whom the other side agrees—it is one of the lowest points I have seen in my years here.

I want to applaud my colleagues on the other side of the aisle who have called for hearings. I believe one way or another, six have said this should be delayed. I hope they will be strong. I hope they will tell Leader MCCONNELL he is doing the wrong thing. Dr. Ford deserves to be heard. To railroad a vote now would be a deep insult to the women of America and a lasting scar on the integrity of the Supreme Court.

OPIOID EPIDEMIC

Madam President, now on another matter, tonight the Senate will take up legislation that will help our country fight back against the opioid epidemic. The bill will help people from all backgrounds and all ages and is designed to address the spectrum of opioid addiction. That means medical prevention and law enforcement prevention, reversing overdoses, helping those in treatment, and enabling those in recovery to get back to their lives.

On this one, we have had real bipartisanship. Democrats and Republicans came together to pass major funding increases to fight the opioid crisis. When we consider the Labor-HHS appropriations bill this week—I hope we will see it signed into law soon by the President—Congress will have appropriated $7 billion over 2 years to address opioid addiction, and that funding is now making its way to the States.

The legislation we will consider this week is another side of the same coin. The funding increases are important, and now this bill will complement those efforts by making important policy changes and creating new programs to help providers, first responders, law enforcement, communities, and families fight back against the scourge of addiction. Stopping this crisis will take a multifaceted effort, and this bill recognizes that fact.

I want to thank Members on my side whose legislation is included in this bill: Senators BALDWIN, DONNELLY, MANCHIN, MCCASKILL, NELSON, CASEY, HEITKAMP, and KLOBUCHAR. Many more Democratic Senators contributed to this bill, as did many Republicans, and I thank them for their hard work.

Addiction has held too many Americans in its grip for too long. We cannot let up our efforts to fight this scourge. In the coming days and weeks, Congress will work diligently on merging the Senate bill with the House bill that has already passed. It is my sincere hope that we will come to an agreement and that we will have a new opioid law signed in the future.

HURRICANE FLORENCE

Madam President, along with so many others, my heart goes out to the people of the Carolinas and surrounding States. To see the pictures of houses being flooded—it breaks your heart to see the devastation. It reminded me of what happened in my State a few years ago with Sandy. Our hearts go out to these people.

The Federal Government always pulls together when part of the Nation has a problem. I am not going to look up the voting record of those from the other side who are now going to ask for aid when they voted no when my State was so beleaguered. I don't believe that is the proper way to approach this. They are suffering, and we need to be there for them.

I yield the floor.

The PRESIDING OFFICER. The Senator from Ohio.

Mr. PORTMAN. Madam President, my colleague from Maryland spoke earlier about the opioid crisis and the fact that we are about to vote on legislation tonight that is called the Opioid Crisis Response Act. He talked a little about some of the innovations going on in the State of Maryland.

We are fortunate, in my home State of Ohio, to have some great work going on as well. Like the Stabilization Centers he talked about, we now have in Ohio the opportunity for people who are treated for addiction to be given this miracle drug, Narcan, which reverses the effects of the overdose. They are able to not just go to an emergency room, where they can be taken care of for this reversal of the overdose, but also get into treatment.

The Maryhaven Addiction Stabilization Center in Columbus, OH, has become a model not just for Ohio but for the country. It is one of the early centers where they are taking some of the Federal funds we passed here and using them to come up with innovative ways to get people into treatment. Their success rate is over 80 percent. Unfortunately, that is not true with regard to other instances where someone is given this Narcan—usually by a first responder or in an emergency room setting—then does not go into treatment but rather goes back to the environment and the old community or the gang where the addiction happened in the first place. In so many instances, first responders are called again, and sometimes again and again, to provide that Narcan to the same individual. That is not helping anyone. It is certainly not helping that individual in taking this disease of addiction and dealing with it in a serious way. Stabilization centers are a great idea. We are starting to do some of these things back home. It is an innovative way that will help us turn the tide.

This legislation we are voting on tonight will help in that regard. It provides additional funding and additional help for some of these new approaches that we badly need.

Sadly, despite some progress based on legislation we passed about a year and a half ago, the CARA Act and Cures Act—which we will talk about in a moment—things are not getting better; they are getting worse.

Every State in this Chamber has been affected by this issue. This chart behind me shows those States which last year had an increase in overdoses from opioids and other drugs. If you had an increase, you are in orange. If you had a decrease, you are in blue. Sadly, as you can see, States, including my home State of Ohio and the Presiding Officer's home State of Iowa, saw an increase.

Overall, there was about a 9-percent increase in overdose deaths last year in America. Based on the Centers for Disease Control data we got about a month ago, it was 72,000 people. Think about that. That is, of course, more individuals than we lost in the Vietnam war, and 72,000 means that this is the No. 1 cause of death now in America for those under the age of 50.

In my home State of Ohio, it is the No. 1 cause of death, period. We are in a crisis. We are in an epidemic. Despite some of these new innovations going on back in our States, we continue to see these grim records year after year. We need to reverse this. Tonight's legislation will help do that. As an example, Franklin, OH, which is in the center of Ohio near the Columbus area, just in the past 9 days, recently experienced 29 overdose deaths. Do you know what the coroner said? The coroner said this spike was caused by a synthetic drug called fentanyl.

Fentanyl is about 50 times more powerful than heroin. Fentanyl is the No. 1 killer now. We need more people to get into treatment to overcome the disease of addiction and do more to keep this fentanyl—this new scourge—out of our communities.

This legislation will do both of those things. This is consensus legislation. There are five committees that were

able to provide input for this legislation. They had public hearings. They contributed ideas to it. That includes the HELP Committee, Judiciary, Finance, Commerce, and Banking Committees. I applaud the HELP Committee chairman, LAMAR ALEXANDER, because he pulled together all these ideas from these four or five different committees and helped us come up with this consensus package.

I would like to thank Majority Leader MCCONNELL and Democratic Leader SCHUMER for agreeing to bring this legislation to the floor tonight. It doesn't include everything all of us want to see, but it has important new initiatives, and it is a step in the right direction.

I note this one issue we couldn't include in this broader package is the arbitrary cap that is now in place on so many treatment centers. They are capped at 16 beds for Medicaid reimbursement, which is really a vestige of a previous policy to get people out of institutional care with mostly mental health focus, but it is having an effect on this opioid crisis we talked about because people who are ready to get into treatment are told there is no room. This is for residential treatment.

We have a solution to it. We will introduce legislation on that tomorrow. We are told that in conference, we can try to work something out because the House has legislation that addresses this.

I appreciate Senator ALEXANDER's willingness to do that. Senator CARDIN, who was on the floor earlier, and I talked about this. He is part of a bipartisan group putting our ideas out there to allow these good treatment centers to be able to take in more people without an arbitrary cap.

This package builds on two legislative projects I talked about earlier—the Comprehensive Addiction and Recovery Act and 21st Century Cures Act.

The CARA legislation, the Comprehensive Addiction Recovery Act, provides resources directly to evidence-based programs that are working: prevention, treatment, longer term recovery, and helping our first responders. The Cures legislation, 21st Century Cures, doesn't go straight to the groups—organizations and nonprofits. It goes to the States. Then the States decide how that money is spent.

These laws, again, are beginning to make a difference for the people we represent, helping these communities to push back and fight and try new things. Even before those bills passed, some in this Chamber got together to talk about how can we ensure we have the adequate resources to take on this issue. Also, in our appropriations bills, these bills are being funded above the amount we approved here or authorized. That is good.

In about 2015, just a few years ago, we began to see this fentanyl issue really rise. In my home State of Ohio, by the summer of 2016, it had invaded our State at crisis levels. In 2014, we had 503 fentanyl overdose deaths. In 2015, that rose to over 1,000 deaths and 2,357 deaths last year. Fentanyl was responsible for more than half of those people who died of overdoses in my State and in the country last year. The numbers are now coming in for 2017, and we are hearing it will be about two-thirds of the deaths in Ohio as we continue to hear numbers for this year, 2018.

This trend of increasing fentanyl overdoses rings true all around the country. Fentanyl overdoses nationally reached nearly 30,000 last year. That means they have increased by 850 percent just in the 4 years between 2013 and 2017. Between 2013 and 2017, we have seen an 850-percent increase in overdoses due to this one drug, this synthetic opioid fentanyl.

Here is a chart that talks about this a little bit. It shows that with regard to some drugs, as tragic as the overdose rates are, heroin as an example, is pretty flat, going from 2015 up to 2018. Here is fentanyl—synthetic opioids. As you can see, it has gone up dramatically. This is the new scourge of the opioid epidemic. It is 50 times more potent than heroin. It is relatively inexpensive on the streets and relatively accessible. As a result, many traffickers have turned to this. Fentanyl is being spread to other drugs. So heroin is being laced with fentanyl. Cocaine is being laced with fentanyl, even crystal meth. This increases the potency of those drugs, increases the chance of an addiction, and with the rise of fentanyl, of course, we are seeing more and more deaths because of its power. We are also seeing that no street drug is safe from a potential overdose and death.

I heard a number of tragic examples recently during our last two tele-townhall meetings. We have another one tomorrow night. I am sure I will hear about it. The first case was last month. Sam from Shelby County talked about the fentanyl issue. He was talking about it objectively and policywise and then his voice changed and the emotion was clear. I asked him if he had a family relationship with this drug or if anything had happened. He acknowledged his son died from a fentanyl overdose. His son died a few weeks before the call. His son didn't know he was taking fentanyl because it had been laced in another drug.

The next tele-townhall meeting, also last month, Pauline from Zanesville called in and told me her brother passed away from a fentanyl overdose. He was a heroin addict, but he had no idea he was taking fentanyl. It was laced in the heroin, and he overdosed and died.

In both of those cases, they weren't using it knowingly, but the autopsy revealed it was fentanyl. This is happening all across our country, and it is causing these historically high overdose deaths. This historic trend is why we began looking into fentanyl and seeing what we can do it about it.

Senator MCCASKILL is on the floor. We conducted an 18-month investigation into this under the Permanent Subcommittee on Investigations, PSI. We asked: Where is this coming from? How can this be happening in our country?

We found out something shocking, which is, it is primarily produced in laboratories in China, and it is primarily coming to the United States through the U.S. mail system—our own government agency, the Postal Service.

Our investigators identified how easy it was to get these drugs into the United States. We had an undercover operation where we posed as buyers. Based on that, we found out these overseas sellers essentially guaranteed delivery if the fentanyl was shipped through the U.S. Postal Service. If you send it through a private carrier, it is not guaranteed—FedEx, UPS, DHL, one of those. If they sent it through the Postal Service, they guaranteed delivery. Why is that? The Postal Service has a weaker screening policy than these private carriers.

That is because of Congress. After 9/11, Congress said to the private carriers, you have to have a better screening policy, including providing advanced electronic information to law enforcement on every package that comes into America. They were doing it for other contraband and explosives more than fentanyl, but that is effective now because law enforcement and Customs and Border Protection can identify these packages. Otherwise, it is like finding a needle in a haystack. Think about that. There are 900 million packages a year in the post office alone. We need this data.

Law enforcement uses it. I have seen them do it. I have gone to the distribution center and have seen how they pull things off. They put on protective gear to open these packages because fentanyl is so deadly. The information tells them where it is from, what is in it, and where it is going. They then use Big Data to identify suspicious packages and keep some of this deadly drug out of our communities.

The law does not require the post office to do that. After 9/11, we said to the private carriers: You have to do it. We said to the post office: You need to study this issue and get back to us. They have never gotten back to us. We need to get back to them and say: You have to do it too. This is a minimum.

We at least have to know what is in these packages coming into our country so law enforcement can stop some of this poison that is overtaking our communities and robbing thousands of Americans of their God-given purpose in life. It is not to be an addict. It is not to overdose and die. We need to help.

The STOP Act—legislation I authored with my colleague Senator AMY KLOBUCHAR from Minnesota—is included in this larger opioid package, which we will vote on this evening. The STOP Act does just that. It closes this loophole. It says to these traffickers:

You are not going to be able to continue to exploit our U.S. Postal Service to ship your fentanyl into America.

It is a commonsense solution. It deals with the most deadly aspect of the opioid epidemic and simply requires the Postal Service to get this data 100 percent from China now, 70 percent for the rest of the world by the end of this year, and by 2020, 100 percent every package.

This will help stop the flow of this poison coming into our communities, but it will reduce the supply and raise the cost, which is part of the issue with the accessibility of fentanyl. Once enacted into law, it will help.

Tonight is an opportunity for us to vote on this package. The House and the Senate package is identical. If we vote on it tonight and get it passed, it will go to the President for his signature. It will help.

Is it all we need to do? No. We need to continue to fund CARA and Cures, as we talked about, to deal with the demand side of this, the prevention side, the treatment, and longer term recovery.

This legislation also has a number of initiatives in that area. Some were talked about earlier, others were not. It builds on the CARA 2.0 legislation we introduced recently, which was the next step after the Comprehensive Addiction and Recovery Act.

For instance, one thing it has in this bill, from CARA 2.0, is a national quality standard and best practices for recovery housing. Yes, recovery housing and Silver Living is important. There have been too many examples of housing that have not had the kind of quality you would expect, even allowing drug use within that recovery housing. We can't allow that to continue. This ensures that people transitioning out of treatment will have high-quality options.

This legislation also authorizes support for high school and college students to help children and young adults recover from substance abuse disorders. We have some amazing models in Ohio on this. The Collegiate Recovery Community at Ohio State is an example. Columbus is opening its first recovery high school next year.

CARA 2.0's contribution to the opioid legislation also includes help for the most vulnerable among us, the babies. There is $60 million for a plan of safe care for babies born dependent on drugs. This provides treatment to babies born with what is called neonatal abstinence syndrome. Their mothers are addicted, and they develop a dependency on drugs in the womb. These innocent babies then have to be taken literally through the process of withdrawal. I have been to neonatal units around our State to see these babies. It is a sad and tragic thing to see. We need more help to ensure these babies get the care they need so they may get through this withdrawal process.

To help the newborn babies further, the legislation also includes the CRIB Act, which is bipartisan legislation I coauthored that will help newborns who are suffering from addiction to recover in the best setting possible, and it will provide support for their families. The CRIB Act says that families can be reimbursed for providing the love and care the children and babies need at that time. It is a very sad situation. I see this across my State, but I also know this is happening across the country.

There is a great group called Brigid's Path in Dayton, OH, which I have had the opportunity to visit. It provides loving care and support for these babies, but it gets no reimbursement for it. This is an opportunity to provide as much care and treatment as is necessary to help these children achieve their potential in life. The CRIB Act and the $60 million in funding will help the babies who have been born dependent on drugs. It will help Brigid's Path and other great organizations like it to help these kids in need.

There are a number of other important programs that will be reauthorized in this legislation, including the drug courts, drug-free communities grants, and high-intensity drug trafficking areas grants, to help our law enforcement at every level be able to push back against drug traffickers.

As we pass this legislation, much as we did 2 years ago with the passage of CARA and CURES, Congress is committing itself to actually putting politics aside—it is not just bipartisan; I think it is nonpartisan—to dealing with the real epidemic that is out there, and to helping the people we represent. It is not a moment too soon, as 72,000 lives were lost last year. These are not just statistics; these are people with hopes and dreams and families.

We need to help those who are gripped by addiction to break free from those grips. We need to give those in law enforcement the tools they need to stop these poisons from infiltrating our country. We need to once again commit ourselves to additional resources at the Federal level that can help our States and our local communities and our private sector respond. The comprehensive opioid legislation we are voting on today, including the STOP Act and more, will help to do just that.

I yield the floor.

The PRESIDING OFFICER. The Senator from Louisiana.

S. 2554

Mr. CASSIDY. Madam President, I speak as a Senator who is also a physician. In my medical practice, I have learned that if the patient has the power, then the patient can make the wisest decision both for her health and for her pocketbook.

I am here to support the Patient Right to Know Drug Prices Act, which is legislation that has been put forward by my colleagues Senators COLLINS and MCCASKILL and which I am privileged to cosponsor.

Right now, our healthcare system is designed, if you will, to shake as much money as possible out of the patient and out of the taxpayer—all to the benefit of others but not to the patient and not to the taxpayer. One of the most egregious examples is the pharmacy gag clause. With a pharmacy gag clause, when at the pharmacy, if it will be cheaper for you to pay cash for the drug as opposed to through your insurance deductible, the pharmacist, through his contract, may be restricted from telling you that. If the pharmacist does tell you that, the pharmacist will lose his contract with the pharmacy benefit manager. So you will pay more by paying your insurance deductible instead of less by paying cash for the drug. That money is taken away from you and is given to the pharmacy benefit manager. That is wrong. This bill, the Patient Right to Know Drug Prices Act, gives that power to the pharmacists and to the patients to come up with a solution that will be best for the patients' health and their pocketbooks.

By the way, it does more than that. It also requires that biologic and biosimilar drug manufacturers report potential pay-to-delay agreements to the Federal Trade Commission and the Department of Justice, as is currently done with small molecule grams and generic manufacturers. This will allow biosimilars to get to the market sooner—again, saving the patient money and saving the taxpayer money.

Yet there will be an amendment put forward that will dilute the impact of this bill and will restrict the provisions of this bill to those plans that are self-insured.

I will point out that the three largest pharmacy benefit managers control 72 percent of the market for drug distribution—multibillion-dollar corporations that operate across all States.

It clearly falls within Congress's purview, as it regulates interstate commerce, to pass a bill such as that. In defeating this bill or in watering it down, it is, again, one more way to take power away from patients and money away from patients and from taxpayers to the benefit not of the patient and her health and her pocketbook but of the large PBM.

The Patient Right to Know Drug Prices Act is a key step in our fight to lower drug costs for patients. I ask my colleagues to support this bipartisan legislation, which will give patients the power to save money on their prescriptions, and to support the bill as is.

I yield the floor.

The PRESIDING OFFICER. The Senator from Maine.

Ms. COLLINS. Madam President, I rise in support of the Patient Right to Know Drug Prices Act, which is legislation that I have introduced with Senators MCCASKILL, BARRASSO, STABENOW, and CASSIDY. Our bill has also been cosponsored by Chairman LAMAR ALEXANDER and 19 other Senators from both sides of the aisle. This is one of those rare occasions on which we are

taking up a bill that has widespread bipartisan support and that is going to really make a difference.

This commonsense bill would ban the use of pharmacy gag clauses—an egregious practice that prevents pharmacists from telling their consumers when they can purchase those prescriptions for less money by paying out-of-pocket rather than by using their insurance. This legislation is action that we can take right now to help lower the costs of prescription drugs for some consumers.

More than half of Americans, as well as more than 90 percent of seniors who are, say, 65 or older, take at least one prescription drug each month. Americans have been estimated to spend nearly $45 billion out-of-pocket each year for prescription drugs. According to a recent poll by the Kaiser Family Foundation, as many as one out of five Americans does not fill a needed prescription because they are unable to afford it.

I witnessed this struggle firsthand recently at a pharmacy in Bangor, ME. When a couple ahead of me in line received their prescription, they were told by the pharmacist that the copay would be $111.

The husband looked to his wife and said: Honey, we just can't afford that.

They turned around and walked away, leaving the prescription behind.

I was so upset when I saw that that I asked the pharmacist: How often does this happen?

His reply: Every day.

Our bill would ensure that pharmacists could volunteer information to customers on how to lower their costs for prescription drugs.

A recent study that was published in the Journal of the American Medical Association found that 23 percent—nearly one-quarter of prescriptions filled through insurance—ended up costing consumers more money than if they had purchased the drugs without using their insurance. Who would think that using your debit card rather than your insurance card to purchase a prescription drug would be less expensive? It is, of course, so counterintuitive that consumers do not think to ask this question of the pharmacists, and gag clauses in contracts prohibit pharmacists from volunteering this information to patients. They prohibit them from telling patients how to obtain the lowest prescription drug prices. Thus, consumers are paying more than they should unless they ask for specific guidance. Americans have the right to know which payment method provides the most savings when purchasing their medications.

By prohibiting gag clauses, our legislation takes concrete action to lower the cost of prescription drugs, saving consumers money and improving healthcare.

More than 40 organizations support our bill that will ban this unfair restriction, including the National Community Pharmacists Association, the American Medical Association, the Alliance for Transparent & Affordable Prescriptions, the ERISA Industry Committee, the Pharmaceutical Care Management Association, and America's Health Insurance Plans. Our bipartisan bill was approved by the HELP Committee, with unanimous support, on July 25. The administration has also condemned gag clauses and is on record as supporting our bill.

Despite this widespread support for banning this egregious practice that restricts the free speech of pharmacists, Senator LEE has filed an amendment that would eviscerate our bill. The Lee amendment would limit the gag clause prohibition to only self-insured employer plans. That would exclude all other employer group and individual market plans. Under the Lee amendment, approximately 85 million Americans would be excluded from protection. Think about that. There are 85 million Americans who are receiving coverage under employer-sponsored plans or in the individual market who would be excluded from this protection. The gag clauses that would be banned in our bill are unconscionable regardless of the type of insurance plan.

We know that patients who do not take their medications experience greater complications. One study has estimated that medication nonadherence costs the healthcare system some $337 billion, not to mention there being poorer health outcomes for the individuals affected.

The Patient Right to Know Drug Prices Act prohibits gag clauses from being used by health plans that are sponsored by employers or offered in the individual market.

The Federal Government's role in regulating these plans and protecting consumers who are served by these markets is already well established. The Employee Retirement Income Security Act—better known as ERISA—was enacted in 1974. Employers who sponsor insurance plans for their employees, as defined by ERISA, are able to deduct the expenses associated with these plans. These expenses are also not subject to the payroll tax. In 2017, the value of the Federal tax benefit for employer-sponsored health insurance was estimated at $260 billion.

I strongly support our State-based system of insurance regulation. Indeed, I spent 5 years overseeing the Maine Bureau of Insurance as Maine's commissioner of professional and financial regulation. Our bill does not change the longstanding deference to States on this issue. Yet I would note that even though ERISA preserves the authority of the States to impose insurance regulations on fully insured plans, these plans must still comply with a multitude of provisions that have been set by the Federal Government, and it has been that way for many, many years. For example, regardless of State law, a fully insured health plan must comply with COBRA and must cover minimum hospital stays after childbirth, reconstruction after a mastectomy, and students who take medically necessary leaves of absence. Also, these plans are prohibited from discriminating based on genetic information.

Unlike Senator LEE's amendment, our legislation would prohibit gag clauses in all group health plans so that no matter how the employer decides to provide insurance coverage, the employees are able to get the best prices for their medications by consulting freely with their pharmacists.

Our bill will also prohibit the use of gag clauses in individual health insurance plans, protecting consumers who don't have employer-provided insurance and who are, rather, purchasing insurance on their own.

Americans who purchase insurance in the individual market may qualify for tax credits to help cover the cost of their policies or they may be eligible for tax-preferred savings accounts, such as health savings accounts established by the Medicare Modernization Act of 2003. Senator LEE's amendment will eliminate the protections our bill provides for these individuals, many of whom already face growing out-of-pocket costs.

We need this bill as a complement to another bill we passed just recently that prohibits these gag clauses for the Medicare Part D prescription plans. This is a companion bill to that legislation.

The bottom line is this: Pharmacists should not be restricted from telling customers if there are other ways for them to purchase needed prescription drugs less expensively. The administration has made banning these clauses a top priority, and this important consumer protection should be written into law.

I urge my colleagues on both sides of the aisle to oppose Senator LEE's amendment and to support passage of S. 2554. Today the Senate can go on record taking a concrete step to help reduce prescription drug prices for some consumers. It makes no sense to exclude 85 million Americans from this protection, as Senator LEE's amendment would do. Reducing prescription drug prices must be a national priority.

I am pleased to yield to the leading cosponsor of this bill, Senator MCCASKILL.

The PRESIDING OFFICER. The Senator from Missouri.

Mrs. MCCASKILL. Thank you, Madam President.

I thank my friend and colleague, the Senator from Maine. It is always such a pleasure to work with her on legislation because she is a Senator who does her homework. Don't ever try to get one by SUSAN COLLINS. She knows what she is talking about, and if she is not sure of it, she takes the time she needs to try to find the right way forward.

What we are trying to do is, is to reassure the American people that we are on their side. The frustration out there is so high right now with what is going on with the cost of prescription drugs.

When people find out there is actually a pharmacist who is legally prohibited from telling them that you can pay 8 bucks if you just want to pay for it, but you will pay 20 bucks if you use your insurance plan—that is real money. That matters to Missourians.

We know the data shows that in 2013 alone, Americans paid about $135 million more than they should have. Why? Where is that money going? Who is making that money and why? We need to get a better deal for people.

We have so many problems with prescription drugs. This is just the tip of the iceberg in terms of the work this body needs to do to bring down prescription drug prices. This is low-hanging fruit. The notion that we can just simply say: Pharmacists, you have the right to tell your customers they can get it cheaper, that is all we are doing. We are saying: Pharmacists, you have the right to tell your customers they can get it more cheaply. That is why the Lee amendment is so perplexing to me. Why would you want to leave 85 million people behind?

I get the ideology about regulation, but sometimes common sense needs to scoot all the ideology out of this place, and we need to just look at the barebones issue of how we save people money on prescription drugs. That is what this bill will accomplish.

Today was a big day for me. A bill that I am the Democratic cosponsor of, the President of the United States tweeted he supported it. Yowza. That is a big deal for me. I am thrilled the President of the United States tweeted this afternoon that he supports this legislation. It shows you not all is lost in this town. Every once in a while, we can get together.

I see my friend Senator BARRASSO over there. He is a cosponsor on this bill with Senator KENNEDY. It is really exciting to me when we have one of these moments where the administration agrees, Secretary Azar agrees, Republicans agree, and Democrats agree. If we can do this more often, maybe the people in this country will renew their faith in us as a body.

I am thrilled we are going to have a chance to get this done. I hope the body listens to the arguments my colleague made about the Lee amendment and how misguided it is in leaving so many Americans behind in terms of these cost savings.

While I am on the floor, I would also like to just briefly mention another vote that I think is important. I am very glad we are expanding grants for first responder training, opioid prevention, and all the other important things we are doing in this bill, but I am truly disappointed that it doesn't include a commonsense proposal that I worked with Senator CASSIDY on that would provide more transparency on those who are lobbying on opioid-related issues.

My office did an investigation through the Homeland Security and Government Affairs Committee, where we discovered there are all these advocacy organizations out there, such as the American Academy of Pain Management and others, that are deriving a lot of their budget from the opioid manufacturers. The opioid manufacturers are giving money to organizations, and, in many instances, they are just fronts for lobbying on behalf of opioids.

For example, we know that over $9 million was given to these organizations, with half of that coming from Purdue, the biggest manufacturer of OxyContin. I am not saying we should prohibit them from doing that, but people ought to know it. We ought to make it transparent. That is all the bill does. It just makes payments by opioid manufacturers to organizations that are 501(c)(3)s or 501(c)(4)s and requires them to just say the opioid manufacturers are behind their budget.

One of these groups actually lobbied CDC about not lowering the recommended dosage of opioids. Another one entered a brief in a case arguing that a doctor shouldn't be convicted, when he was prescribing thousands of pills a day, for moving controlled substances.

Transparency is always a good thing. I am disappointed and frankly confused as to why some of the Members on the other side didn't want to include this proposal in this package.

I certainly want to thank Senator CASSIDY for his help. We tried very hard to get it in the bill. I hope it is not because Big Pharma has a vice grip on this place. I have seen it before, and it worries me that this might be the case.

There is irony in this. Not only is that provision not included but guess what is included. There is a provision in the bill that authorizes Federal money to one of these advocacy groups. Guess what. It is an advocacy group funded by pharma.

I think it is ironic that we are more comfortable giving Federal money to one of these groups that can serve as a front organization for the opioid manufacturers that helped create this crisis than we are in requiring disclosure of the private funding for these groups. I am hopeful we can either get the bill in conference or, more importantly, get that other provision out.

By the way, if we are going to allow Federal grant funding to these organizations, it should be all of them on a competitive basis, on merit, not name one that gets the money. There is something up there. There is something up there when you just name one that gets the money. I have learned that around this place.

I hope the bill passes today.

I am honored to work with Senator COLLINS on this important prohibition on the gag rule. It will save Missourians money. It matters.

I yield the floor.

The PRESIDING OFFICER. The Senator from Wyoming.

Mr. BARRASSO. Madam President, I also come to speak on this important piece of legislation and in favor of this important piece of legislation.

I just visited with Senator COLLINS, who knows—as so many Members of this body do—that I practiced medicine for a long time before coming to the Senate. I took care of a lot of Wyoming families as a practicing physician.

As a doctor, I often prescribed medication to help my patients fight disease and to improve their quality of life, so I know the importance of prescription medication. I also know the importance that pharmacists play in the lives of their patients as well because the same patients I am taking care of, the pharmacist is also caring for. In so many ways, the pharmacist has to be able to speak freely to their patients about information about their medications. Pharmacists are often that last line of defense when they place a call to the doctor's office to say: Mrs. Jones is here. By the way, you prescribed this, but don't forget that she is allergic to this medication, and there might be some interaction, or she is already on this medicine, or this patient is on that medicine.

Pharmacists provide vital and important roles to patients on a daily basis. It happens all around the country. They need to be able to speak freely about those things. They need to be able to speak freely about the things that can save a patient's life and also things that can save a patient money, and that is what this whole piece of legislation is about.

I know many patients fail to take medications that their doctors might prescribe because of the cost involved, the expense of the medicines. That is why I am so glad to see President Trump make it a priority to find ways to lower the costs that people pay for their medicine. The administration actually put out a blueprint for ways we could address drug costs.

Part of the plan was to eliminate the so-called pharmacy gag clauses. Pharmacists should not be gagged. They need to be able to talk with the patients, whether it is about drug interaction, the drug use, how to take it, how to use it properly, and the costs. These are important things for a pharmacist to be able to discuss.

These gag clauses are clauses that are sometimes included in contracts that are not between the patient and the pharmacist. They are contracts between a drug company and an insurance company. This needs to be stopped.

The gag clause says that if a patient brings a prescription to the drugstore to be filled, the pharmacist cannot talk about the cash price of the drug. It is not allowed. It is wrong.

Maybe someone had an insurance plan where their copay for the medicine, let's say, was $10, and the prescription they are filling actually cost them $5 if they paid in cash, but under the gag clause, the pharmacist is not allowed to say anything about it. Pharmacists need to be able to speak up. It

is important. It is important for the patient. It is important for the integrity of the process.

Right now, the pharmacist can't tell the patient: You know, you can save a little money if you just paid cash and you didn't bother to use the insurance along the way. The way things are now, the insurance company would collect its $10 copayment from the patient. They only have to pay $5 to the drug company and keep the rest, and the patient doesn't know anything about it. The patient is left in the dark because the pharmacist cannot share this important information with the patient. I believe it is wrong, and that is why I cosponsored the legislation that is on the floor right now.

The Trump administration has taken a close look at the situation, and they completely agreed. They said people should know if there is a simple way they can save money. As we vote on this legislation today, I am hoping Congress agrees.

Earlier this month, the Senate passed legislation that prohibits the gag clauses for Medicare plans, and that was the right thing to do. It passed unanimously, and I am so happy to see that. Today we are taking the next step. We are going beyond Medicare.

This legislation we are about to vote on eliminates the gag clauses in insurance plans that people get through their employer, through their work, or plans they buy on their own. It is not just Medicare that we took care of before, this takes it to the next step, giving the pharmacists the freedom to speak.

We are saying with a clear voice today that patients should be able to talk with their pharmacists and pharmacists should be able to talk with their patients to know if they are paying the lowest price for their medications.

I support this bill. I thank the Members who led this bipartisan effort. It was a privilege to work with Senator COLLINS, Senator STABENOW, Senator CASSIDY, and Senator MCCASKILL, who was just on the floor, to get this done.

I appreciate your attention, Madam President, to this important piece of legislation. I look forward to voting to support it and getting it passed today and getting it down to the President for his signature.

Thank you.

I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The senior assistant legislative clerk proceeded to call the roll.

Ms. CANTWELL. Madam President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

Ms. CANTWELL. Madam President, I come to the floor to thank my colleagues for working so hard on this very important legislation we are going to pass tonight to deal with the opioid crisis.

From Port Angeles to Spokane, I guarantee my colleagues that I have heard about this problem, I have seen how our communities are struggling, and this is the very help that they have been asking for. They want new tools, they want better solutions, and they want us to join the fight against drug manufacturers who push these drugs out to communities when they should be following a process and reporting so that our law enforcement can cut down on the huge amounts of opioids streaming into our communities.

This legislation does many things, and I am glad that it does. The STOP Act will help crack down on shipments of fentanyl into the United States via the U.S. mail, which is something that is very important that we do, and I thank my colleague from Ohio for that.

It authorizes funding for a new grant program to help train law enforcement and protect them against the deadliest opioids, like fentanyl, because their exposure to it has been so unbelievable and it is a risk to them every day they are out there doing their job.

This bill reauthorizes the drug courts program, which many people in the State of Washington have told me has been beneficial to how they deal with this crisis as it relates to the individuals in their States, helping nonviolent offenders recover and helping them move forward.

It reauthorizes the High Intensity Drug Trafficking Area Program, which uses Federal resources to help local law enforcement crack down on illicit drug rings. We need to help law enforcement, which is dealing with this problem every single day, to have the tools to do this job. The fact that it reauthorizes the High Intensity Drug Trafficking Area Program is just the kind of tool they need.

This bill also makes permanent the ability for doctors to treat up to 275 patients with the kind of treatment that is necessary for them, which also helps us to get to people faster and to get them into a recovery situation faster.

One thing I really want to draw attention to is this issue of hearing over and over about how opioid manufacturers have flooded our communities with a product when, in reality, current law says they are supposed to monitor and track the distribution of this drug. Well, in too many cases, those safeguards have not been followed. Throughout their process, they weren't reporting on suspicious orders of opioids that prevents them from ending up in the wrong hands, and in some instances, they ended up in the hands of a black market, which then continued to flood communities with the product.

In one example, a physician in Everett, Washington, wrote more than 10,000 prescriptions of opioids. This number of prescriptions was 26 times higher than the average prescriber in Everett, Washington. So he wrote 26 times more opioid prescriptions than the average provider. However, the drug manufacturer failed to report this suspicious activity.

When we authorized this drug, we said this process is what has to happen. Because of its highly addictive nature, it has to be tracked. Law enforcement has to keep track of and be advised of anything that looks like suspicious activity. This abnormally high number was a clear red flag that should have been reported. Instead, the opioid manufacturer turned a blind eye to the negligent distribution.

In response to those abuses, people in my State and in many other States have been critical and have filed lawsuits because they have been so concerned about this issue. What is clear, though, is that we need to do something now to make sure that opioid manufacturers follow the law that is already on the books about the reporting of suspicious distribution or volumes of distributions that are suspicious. Today, this legislation takes a major step forward on that front by including penalties for negligent opioid distribution strong enough to serve as a deterrent to those manufacturers against the actions we have seen in the past.

The bipartisan Opioid Crisis Response Act includes provisions from legislation that I and Senator HARRIS from California authored. Our provisions increase the civil and criminal penalties on companies that fail to take responsible measures to prevent their drugs from entering the black market.

Our legislation increases the civil penalties by 10 times, from $10,000 to $100,000 per violation. That adds up very quickly in what we think have been transactions that have been very suspicious. In addition, the bill increases the maximum criminal penalty to $500,000 for companies that willfully disregard and/or knowingly fail to keep proper reporting on these distribution activities.

Again, this is what we put into the law because of the highly addictive nature of these drugs. We said that they have to be monitored and their distribution has to be monitored because prior to today the slap on the wrist was not enough of a deterrent, and most of those requirements were ignored. Today, we are putting a much more stringent requirement in the law to say that they will get serious fines if they don't follow the law.

This is such an important issue that a bipartisan group of 39 U.S. state attorneys general sent a letter to the Senate Judiciary Committee in support of this effort. Our own attorney general, Bob Ferguson, helped in promoting that effort, and I want to thank him. The state attorneys general said:

> Diversion of prescription opioids has devastated communities in our states. The consequences for turning a blind eye to suspicious opioid orders cannot merely be a cost of doing business. We urge you to support . . . the CARES Act to ensure that penalties

effectively hold manufacturers accountable and help stem diversion.

So I agree with those state attorneys general, and I am so glad this is included in this legislation. Creating a more serious attitude toward the illegal distribution of this product and its falling into the hands of black markets is so serious. I urge my colleagues to support this legislation.

I yield the floor.

Mr. DURBIN. Madam President, our Nation is in the midst of the worst drug epidemic in its history. There is no town too small, no suburb too wealthy to be spared. Every day, more than 115 Americans die from an opioid overdose. In the past 3 years, there has been a 53-percent spike in drug overdose deaths in Illinois, with more than 2,400 lives lost in 2016. I am glad we are finally doing something to address this crisis.

To truly prevent addiction and stop the next drug epidemic, we need to look at the factors driving this crisis.

I am pleased that several of my bills to help prevent opioid addiction have been included in the bill before us. Whether it is witnessing violence, experiencing a parent's opioid addiction, or facing abuse in the home, traumatic experiences can harm a child's brain.

Thanks to the Adverse Childhood Experiences, ACEs, study and advancements in brain science, we know that, left unaddressed, these events can have an impact on future health problems, mental illness, drug use, and the cycle of violence. But with the right care and support, we can help heal children who experience trauma and prevent serious, negative consequences.

I want to thank Chairman ALEXANDER and Ranking Member MURRAY for including legislation I introduced with Senators HEITKAMP, CAPITO, and MURKOWSKI. Our language will help train more teachers, doctors, social services, first responders, and the justice system to recognize signs of trauma in children and provide help to those in need.

Our provisions will improve coordination between Federal agencies, ensure more Federal funding is used to promote these skills and awareness, and expand the workforce capable to providing care.

In 2016, Big Pharma produced 14 billion opioid doses—enough for every adult in America to have a 3-week supply of opioids. Each year, the Drug Enforcement Administration, DEA, sets the amount of opioids allowed to be produced in the United States. Between 1993 and 2015, DEA allowed production of oxycodone to increase 39-fold and hydrocodone to increase 12-fold. The sheer volume of opioids manufactured each year increases risk of abuse—four of five new heroin users started with painkillers.

One problem is that, when setting annual quotas, DEA is unable to look at how a drug is abused or leads to overdose deaths. Why should DEA be handcuffed from considering the real-world misuse of oxycodone pills when it sets the production levels? This package includes my bipartisan bill to strengthen DEA's ability to adjust quotas to reflect the risk of opioid misuse, while improving flexibility to avoid any shortages.

I want to thank Chairman GRASSLEY, Ranking Member FEINSTEIN, and DEA for working so closely with me and Senator KENNEDY. It is a good thing that we are now talking about drug addiction as a treatable disease, not a moral failing that should be punished. Sadly, it has taken us too long to get here.

The opioid epidemic also underscores the importance of having quality health insurance—coverage that includes mental health and substance abuse treatment. But once again, President Trump wants to allow insurance companies to discriminate against people with a preexisting condition—such as an opioid addiction—and promote ''junk'' insurance plans that don't cover substance abuse treatment. I will fight tooth and nail against efforts to repeal, gut, or sabotage this quality care so that we do not return to the dark days of coverage denials and sky-high premiums.

The legislation before us addresses several important factors, and I am happy to support it today, but it neglects many more actions we need to take.

This opioid package fails to include my bipartisan bill with Senators BROWN and PORTMAN, which would lift an outdated barrier to addiction treatment that restricts Medicaid from paying for care in facilities larger than 16 beds.

We have worked in a thoughtful, open process to improve this legislation and address any policy concerns, and I look forward to including our revised bill in conference with the House.

We must also hold the pharmaceutical industry accountable for its role in creating the epidemic through their deceptive conduct. Drug companies have profited from flooding the market with painkillers, often with misleading information, and should have to pay for the addiction treatment that their products have caused. Additionally, executives from Perdue Pharma, Janssen, Abbott, Endo, Insys, and other manufacturers must testify before the Senate to explain their role in this epidemic.

Today's bipartisan opioid legislation is an important step forward, but we need to do more, and quickly, to meet this destructive crisis head-on.

Mrs. FEINSTEIN. Madam President, eight Americans die of a drug overdose every hour.

In 2016, more Americans died from drug overdoses than during the entire Vietnam war.

The 2017 figures are even worse. Preliminary estimates from the Centers for Disease Control and Prevention indicate that over 71,000 individuals lost their lives to drugs. More than 5,000 of those individuals were Californians. Addiction has never had such a profound impact on our country.

On October 26, 2017, the Trump administration declared the opioid epidemic a public health emergency. However, this has done little to stem the tide of overdose deaths or to effect this public health crisis that has a stronghold on our communities.

Our government can and must do more. It is not enough to declare the obvious, that this epidemic is an emergency.

As with any emergency, triage must begin immediately. That means swiftly executing and implementing whole-of-government strategy to end the devastation. That also means rapidly infusing funds to support this strategy and prevent more deaths.

The Opioid Crisis Response Act of 2018 does just this. It provides a roadmap for action and authorizes the necessary funds to allow the government to better triage care for those in need while simultaneously providing resources necessary to keep these drugs off the street.

This legislation recognizes that there is no one size fits all approach when it comes to effectively addressing addiction. That is why it consolidates bills that span five committees, including six from the Judiciary Committee.

The bipartisan Opioid Crisis Response Act establishes a number of new drug prevention and treatment programs. It also extends other critical agencies and programs, including the Office of National Drug Control Policy and the Drug-Free Communities, the High Intensity Drug Trafficking Areas, and drug court programs.

Moreover, the bill provides the Justice Department with new legal authority to hold opioid manufacturers and distributors accountable if they fail to identify, report, and stop suspicious orders of opioids.

The bill also preserves legitimate access to pain medications, while allowing the Drug Enforcement Administration to consider, for the first time, factors like drug abuse and overdose deaths when setting annual production quotas for certain opioids.

The Opioid Crisis Response Act effectively balances prevention, treatment, recovery, and law enforcement.

This legislation bolsters the efforts of our public health experts, gives law enforcement and first responders the authority and resources they need to combat illicit narcotics, and will help spur the development of alternative therapies and drugs to help decrease our nation's reliance on opioids.

The fact that this bill includes proposals that were sponsored or cosponsored by more than half of the members of this body illustrates that virtually no State, no community, and no family is left untouched by addiction. It is also indicative of the fact that we must act, and we must act urgently.

We must treat this public health crisis like the emergency that it is. We must stop the devastation.

I look forward to continuing to work with my colleagues on both sides of the aisle to see that this important piece of legislation, which is supported by more than 200 organizations nationwide, is enacted into law.

Thank you.

Mrs. MURRAY. Madam President, I have heard from people across Washington State about the need to respond to the opioid crisis and its tragic impact on so many families and communities. I have visited with people from communities in Seattle and Everett and Longview, and I have heard from families across my State. I know my colleagues across the aisle and across the Nation have heard from constituents about the urgency of this crisis. So I am really glad today that the Senate is able to come together and pass the Opioid Crisis Response Act—the bipartisan legislation I have been working on with Senator ALEXANDER and so many others.

This bill is a bipartisan compromise. It is not what I would have written on my own, and I know it is not what my colleagues on the other side would—have written on their own, but it is the result of more than 70 proposals from Members on both sides of the aisle, and that is important. The bill we will vote on today does not reflect the full agreement struck between Democrats and Republicans.

I am glad that Chairman ALEXANDER and Republican leaders have worked with us as the bill has hit the final stretch here in the Senate and that they committed to a number of specific changes beyond the text of this bill to make sure we could have this vote tonight and keep working to get it signed into law.

The text of our agreement has been released, and I am hoping that Republican leaders live up to their agreement to take this agreement into the conference and work by our side in conference to get this done in the bipartisan manner it began.

This agreement goes to show that when we work together, when we focus on the problems families are actually facing and when we look for common ground and commonsense solutions, we can actually craft and pass legislation.

This agreement is a much needed and long overdue step toward helping those families on the frontlines of the opioid epidemic to address its root causes and ripple effects, including some of the issues, by the way, that I have heard firsthand in my State.

I heard from hospital staff about how many of the babies they deliver are born with neonatal abstinence syndrome, battling symptoms of opioid withdrawal, which is why I fought to make sure this agreement includes support for State efforts to include plans of safe care for children born to mothers battling addiction and also ensures the health department is implementing strategies already identified to protect moms and babies from the effects of opioid substance abuse.

I heard from an elementary school principal about how some of his students are having trouble focusing in class because they deal with the trauma of a family member's addiction at home, which is why I worked to make sure this agreement includes provisions to develop a task force and grants to help support trauma-informed care programs and increase access to mental health care for children in their communities, including their schools.

I heard from many more experts and everyday people, as the HELP Committee held a series of bipartisan hearings focused on this crisis. We heard about the many different faces of this epidemic and the broad challenges we have to consider to make sure we address its root causes and ripple effects, which is why I worked with my colleagues to make sure this agreement includes provisions to address the economic and workforce impacts of the opioid crisis, support for training to help the nearly 1 million people out of work due to opioid addiction to gain and retain employment. Washington State has already received a grant for this important work to get workers back on their feet after they battle addiction. So I am glad we could expand this valuable grant program.

This bipartisan package of proposals is an important step forward to help our families and communities who are on the frontlines of the opioid crisis, and I look forward to continuing to work with my colleagues to see it signed into law.

While this bill is an important step, it is by no means final. We have a lot more to do to end the tragedy and address the ongoing issue. So even as we work to get this agreement across the finish line, I am going to keep fighting for more support, resources, and solutions for the families in my home State of Washington and across the country who are facing the heartbreak of this epidemic.

I yield the floor.

S. 2554

Mrs. FEINSTEIN. Madam President, as the Senate debates the Patient Right to Know Drug Prices Act, S. 2554, I rise to offer my views on the need for transparency in drug prices and to offer my strong endorsement of this bill. This legislation that we are voting on today represents a serious, bipartisan effort to lift barriers that prevent pharmacists from informing consumers about how much prescription drugs cost. I am proud to be a cosponsor of this legislation.

Every day, Americans buy prescription drugs without a true idea of how much those drugs cost. Pharmacists should be able to tell you if there is a cheaper way to buy prescription drugs, and yet they are unable to do so. Due to so-called gag orders, pharmacists can be prevented from providing this information proactively to patients. With prescription drug costs rising, Americans should have access to transparent pricing information, especially when it can lower their costs.

Today, the Senate takes a significant step toward improving drug price transparency. With the passage of the Patient Right to Know Drug Prices Act, S. 2554, pharmacists would be able to fully inform patients of the cost of the medications they are purchasing. It is ridiculous for a patient to not be told that their copay is actually more than the full cost of the medicine they need. By banning gag clauses, this bill ensures that customers have a right to know the lowest possible price available for a drug at the pharmacy. This is an important first step in advancing drug cost transparency.

In addition to price transparency, the actual cost of medicine continues to be a major issue. Pharmaceutical companies often price drugs as high as they believe the market will allow and have no other constraints on how much they charge. We see this happening not only in branded drugs but in price spikes among generics as well. For example, the recent announcement that major hospital systems and philanthropy organizations have banded together to create their own nonprofit generic drug manufacturing company, Civica Rx, shows just how concerning the problem of reasonably priced drugs, as well as drug shortages, has become. I'll watch with great interest as this endeavor moves forward to produce 14 common drugs used by hospitals—with the first due out next year.

The bill we are voting on today solves just one piece of a very large puzzle, and we must do more. In this distinguished body, we should advance legislation that would direct the Secretary of Health and Human Services to negotiate drug prices in Medicare. I am a cosponsor of the Choose Medicare Act, which includes this provision. We should also move legislation that provides real financial protection for consumers and limits their monthly copays for prescriptions. I am a cosponsor of the Consumer Health Insurance Protection Act, which includes a copay cap of $250 per month on prescription drugs.

Let's dig in to the real cost of prescription drugs and look for creative solutions that support innovation but ensure that lifesaving drugs can reach patients. A cure doesn't matter if it costs too much to reach those who need it.

The problem of prescription drug costs is real, and it impacts American families across our country. This problem forces seniors to choose between food and medicine. This problem prevents families from being able to care for their loved ones due to the high cost of expensive drugs. In fact, according to a report by the Kaiser Family Foundation, 24 percent of people reported that they or a member of their family either did not fill a prescription, skipped doses, or cut pills in half due to the cost of the drug. And 44 percent of those surveyed said they worried about not being able to afford the medications they needed. This is

wrong, and it must be fixed. Today, we start to right that wrong by voting to pass the Patient Right to Know Drug Prices Act. But more is expected and more must be done. Let's build on the bipartisan work that helped us pass the Patient Right to Know Drug Prices Act tonight and make a real difference for American families.

Ms. COLLINS. Mr. President, I suggest the absence of a quorum.

The PRESIDING OFFICER (Mr. MORAN). The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Mr. ALEXANDER. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. ALEXANDER. Mr. President, this morning, in Nashville, as I got on the plane, the headlines were not about tweets or collusion with Russia or even the Supreme Court nomination. The headline was this: Senate set to OK bill on opioids.

Within a few minutes, we are about to vote in the Senate on legislation that Senator MCCONNELL, the majority leader, has called ''landmark legislation.'' It is legislation that 72 of the 100 Members of this body have made a contribution to. They are not just cosponsoring it. They have a piece of this bill. This legislation has come through five different committees of the Senate, and we have been working on it for several months.

The reason it is on the front page of the newspapers in Tennessee and the newspapers in Kansas and the newspapers in Wyoming and the newspapers in Maine is because opioids are our most serious public health epidemic, and the Opioid Crisis Response Act that we will be voting on in a few minutes is the Senate's response to this crisis.

We will be voting on another important piece of legislation that the Senator from Maine, Ms. COLLINS, who is here, has talked about, and Senator MCCASKILL is a cosponsor. It is the Patient Right to Know Act. It basically does something that I think almost every American would think is a good idea. It says that when you go into a drugstore, your pharmacist must be allowed to tell you that if you can buy your prescription for $5 by paying out of your own pocket, you should do that, rather than using your insurance, which might require a $100 copay out of your pocket. Right now, there are contracts between pharmacy benefit organizations and pharmacists that prohibit your pharmacist from telling you. Senator COLLINS deserves a lot of credit for her leadership in this area, as she does in so many other areas, and I fully support what she is proposing. It passed unanimously out of our Health, Education, Labor, and Pensions Committee.

Let's go back for a moment to the Opioid Crisis Response Act, which we will be voting on within a few minutes. I mentioned that it is on the front pages of the newspapers today, despite a lot of competition for other news. I mentioned that Senator MCCONNELL, the Senate majority leader, had called it ''landmark legislation,'' and I mentioned that it is because the opioid crisis is the most serious public health epidemic in our country. It is ravaging virtually every community.

We all have stories that we have heard, that we know, that we have told—stories like the story of Becky Savage, who testified at one of the seven hearings before our HELP Committee that her sons had a graduation party in her basement. She was happy about that. They were not running around town doing other things; they were in the basement. Unfortunately, someone had brought opioid pills to the party that got mixed with alcohol, and she found both her sons dead the next morning. They were not drug addicts. They were not alcoholics. They were good boys, but somehow they made a mistake because they and their friends didn't know the consequences of this opioid epidemic.

That is why five different committees in this body have reported bills that have made a contribution to the Opioid Crisis Response Act, which we are about to vote on. That is why 72 different Senators have provisions in this bill. That is why, last June, the House of Representatives passed its own version of the bill, also involving several committees in the House.

The PRESIDING OFFICER. The Senator's time has expired.

Mr. ALEXANDER. Mr. President, I ask unanimous consent for another 5 minutes.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

Mr. ALEXANDER. Mr. President, that is why we have had so much support for this amendment.

The bill is so large, some people have had trouble seeing the significance of it. Let me quickly mention two aspects of it: One is money, one is moonshot.

Some people say: Where is the money? This is not a money bill. This is an authorization bill. The money bills are in the Appropriations Committee, and they have been generous.

In March, the Congress addressed $4.7 billion in the omnibus appropriations bill toward opioids. In the bill—which we should approve tomorrow for the next fiscal year—there will be another $3.8 billion. So that is $8 billion within a few months for the opioids crisis.

The second is moonshot. Some people say this needs a moonshot. It does need the energy and resources of a moonshot, but, unfortunately, this isn't a crisis that we can assign to a Federal agency in Washington and say: Let's fix it in 10 years. What we can do is everything we can think of to do to create an environment so that doctors, nurses, judges, patients, parents, and everybody in communities that are affected by the opioid crisis can deal with it there, and we do our best to do that.

For example, Senator PORTMAN's STOP Act addresses fentanyl and other synthetic, illegal drugs being mailed into this country through our Postal Service from China. Fentanyl is 50 times more powerful than an opioid pill, 50 times more dangerous. There is a 70-percent increase in deaths from overdose by fentanyl in our State of Tennessee.

Here is what I think is the Holy Grail of this crisis; that is, finding a non-addictive pain medicine or treatment. One hundred million Americans live with pain; 25 million Americans have chronic pain. They need help. They need something other than an addictive pain medicine—something that works. Dr. Francis Collins at the National Institutes of Health and Scott Gottlieb at the Food and Drug Administration have advanced research and created fast tracks, and we have provided hundreds of millions of dollars to find that Holy Grail.

A third is to reduce the prescriptions of opioids that can be diverted, so you can reduce the chance that you might get a 60-pill bottle of opioids, use 12, take it home, put it in your medicine cabinet; then your teenager picks it up and takes it to a party, and someone is hurt or overdoses. We authorize the Food and Drug Administration to require manufacturers to sell opioid pills in blister packs of, say, three or seven. Already, two dozen States have established their own limits. In Tennessee, it is a limit of three days.

What are the next steps for this piece of legislation, the Opioid Crisis Response Act with 72 provisions? We are already working with the House of Representatives. We are working very well with them. I appreciate the leadership of Senator MCCONNELL and Senator SCHUMER in creating an environment where we can move this bill rapidly. We are working with Congressman WALDEN and Congressman BRADY in the House and with Democrats on both sides of seven committees in the Senate on this phase and several in the House of Representatives.

Our goal is to have all of our language in a combined bill ready by Friday of this week, along with Congressional Budget Office numbers, so that the House of Representatives can vote on the bill next week before they go home. Then we can vote on it the following week—or whenever Senator MCCONNELL can put it on the floor—and send it to the President for action.

There are too many Senators for me to thank at the moment for their leadership as chairmen and ranking members of committees or for their agreeing to show some restraint in insisting on provisions. Senator PORTMAN had provisions, Senator RUBIO did, Senator PAUL did, and Senator LEE did, but they all said: Let's go ahead and vote on this today, work out the remaining differences we have over the next few days with the House, and hope that the

final version of the bill that comes back from the House is even stronger.

I am convinced that this piece of legislation, the Opioid Crisis Response Act of 2018, will help deal with the worst public health epidemic we have had. We have a sense of bipartisan urgency about finishing our work in the Senate and combining our efforts with the House. Their bill is a good bill. I think combining it with ours will help make it stronger, and we will get our bill to the President.

We may have the same amount of money and the same amount of energy that we had for the moonshot in the 1960s, but the real work is going to be done on the frontlines because the only way to deal with the opioid crisis is community by community by community.

I thank the President.

I yield the floor.

The PRESIDING OFFICER. The Senator from Connecticut.

Mr. BLUMENTHAL. Mr. President, I thank my colleague from Tennessee, as well as leaders on both sides. This effort has been truly bipartisan. It is a profoundly significant beginning but only a first step. It needs to be followed by others because we know that this epidemic truly is national.

I especially thank my colleague from West Virginia who will follow me, Senator MANCHIN, for his tireless, relentless efforts on this issue. I have been very proud to work with him and to begin working on it when I was attorney general of the State of Connecticut in suing the painkiller manufacturers and taking action against the sellers of prescription opioids, to make sure they are held accountable.

The communities need our help. We promised action, and we are now delivering, in part, on this issue, which has been so devastating and deadly for so many families, communities, States, and towns throughout Connecticut and our Nation.

The calls for action tonight are answered in this beginning step with money that will go to treatment, prevention, and law enforcement. That money is a good first step, but it must be followed by additional investments and commitment.

This measure increases the number of drug take-back programs. I visited communities, most recently East Hartford in Greenwich, where these take-back programs have provided an anonymous, secure way to rid medicine cabinets of drugs that all too often can be a menace. Medicine cabinets are a modern-day menace when they provide accessible painkillers and opioids to teenagers, children, and others who begin lifetimes of addiction.

This measure is profoundly important in setting standards and guidelines for sober houses, a very important resource but one that requires some sense of regularity and guidelines. There are many sober homes in Connecticut—for example, in Torrington—that do good work. But Connecticut is grappling with sober homes operated by bad actors who put lives at risk. This prevention is a step in the right direction.

I am very proud of a bill I have led with Senators GRASSLEY and BROWN to enhance transparency in opioid prescribing. This provision requires drug companies to disclose payments made to nurse practitioners, physician assistants, and other prescribers, ensuring that they are not being inappropriately influenced by these manufacturers. It is already required for doctors. It ought to be required for everyone who may be involved in prescribing these powerful medicines.

The bill will also fight back against deadly drug trafficking when it involves use of the postal system. Just a few weeks ago, in New Haven, there was a mass overdose caused by trafficked synthetic drugs. More than 100 people overdosed on K2 brought into this country by China and Mexico through the mail. These new law enforcement tools are critically important, as is the reauthorization of the Office of National Drug Control Policy and its High Intensity Drug Trafficking Areas Program. This bill will help protect our citizens. I thank all my colleagues for supporting it.

I am looking forward to a positive, affirmative vote that will help communities throughout the country and spare families the heartbreaking and gut-wrenching problem that infects so many healthy communities. Everyone is affected and touched by this problem. I thank my colleagues for supporting this bill.

The PRESIDING OFFICER. The Senator from Tennessee.

Mr. ALEXANDER. Mr. President, I ask unanimous consent that when the Senate proceeds to S. 2554, amendment No. 4011 be made pending.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

The Senator from West Virginia.

Mr. MANCHIN. Mr. President, I first want to thank the good Senator from Tennessee, LAMAR ALEXANDER, for basically shepherding this through and working in a bipartisan way. It is a most important piece of legislation. Also, to all of our colleagues, this is the way legislation should work. It is something we have worked on for a long time—well thought-out. Senator BLUMENTHAL from Connecticut and everyone worked so hard on it.

The American people are drowning under the weight of the prescription drug epidemic. My State of West Virginia has been hit the hardest. More than 1,000 West Virginians died of drug overdoses in 2017; 870 of those deaths involved an opiate. This is a record number of opiate-related deaths, up from 759 opiate-related deaths in 2016, which was a record that year as well.

Let's put this in perspective. For those of us who are old enough to remember watching the Vietnam war on television and the outrage—rightfully so—that came with that and the protests and how we were able to bring that to an end, during that entire Vietnam war period of close to 10 years, 58,200 young Americans' lives were taken.

Just last year alone, in 1 year, we lost more than 72,000 people to a drug overdose—72,000 in 1 year. Forty-nine thousand people were killed by opiates, heroin, and fentanyl in 2017. That is an average of 134 people dying of an opiate overdose every day. It is a silent killer. If we had these types of numbers and were losing them and they were on television—they are in every neighborhood; they are almost in every family's home, one way or another, that is affected—the country would rise up in outrage, as they did with the Vietnam war, watching the carnage.

That is why I am glad to support this bill today, because it will take a number of critical steps to help us stop that devastating epidemic, many of which I have pushed for. It will reauthorize critical State grant funding to address the crisis and ensure this funding is going to the hardest hit States, such as my State of West Virginia. It will put Jessie's Law in statute, requiring HHS to develop hospital standards to flag a patient's opiate addiction.

It is so simple. You will go into a hospital to be admitted, and they are going to ask you if you are allergic and what you are allergic to, such as penicillin, and they mark it all the way through.

Jessie's Law is such a commonsense piece of legislation that it could have saved this beautiful young lady, and, hopefully, it will save thousands of others. While this language was included in the fiscal year 2018 appropriations bill, HHS has not yet acted. This bill will force them to do so.

It will also strengthen the response by our Federal agencies. The FDA and NIH will be pushed to encourage the development of nonopiate pain treatments. The FDA will also be given the authority to do more work with the CBP to stop the flow of illicit opiates like fentanyl, which has driven up opiate overdose deaths substantially.

The DEA will be required to consider diversion abuse and overdose deaths when determining their opiate quotas, something that I have been pushing for years. It also would allow States to use Federal funding for programs like the Handle With Care program in West Virginia, which helps to connect traumatized children with the resources they need. It would make it easier for Medicare and Medicaid beneficiaries to access the treatment they need. These are critical steps.

So much more has to be done. It must be done. I am particularly disappointed that the package does not include the Protecting Jessie Grubb's Legacy Act, which makes commonsense changes to the regulations for substance use disorder and treatment, known as part 2.

We lost Jessie more than 2 years ago for one simple reason. One of her physicians did not know she was in recovery from an opiate addiction and sent her home from the hospital with 50 oxycodone. This could have been prevented very easily.

I am very pleased that the bill includes Jessie's Law, which was also included in the fiscal year 2018 appropriations bill and would help hospitals develop systems to flag patients with opiate addiction, but it does not include the legacy act, which would solve the larger, more systematic problem that is keeping those in recovery from getting the coordinated care they need.

The legacy act is needed because the part 2 regulations are simply not compatible with the way we want healthcare to be delivered—in a coordinated manner that takes into account the whole patient and all of their medical needs. Access to a patient's entire medical record, including addiction records, ensures that providers and organizations have all the information necessary for safe, effective, high-quality treatment and care coordination that addresses all of patient's health needs. It also helps to prevent devastating situations like the one that took Jessie Grubb's life by helping to ensure that healthcare providers can offer medically appropriate care for those in recovery.

We need to protect people's privacy. The regulations were put into place in the 1970s, at a time when we did not adequately protect people's medical records. They were necessary then. In the 1990s we passed HIPAA. While it isn't perfect, it successfully protects the privacy of millions of Americans' medical records every day.

We simply should not treat substance use disorder treatment records differently than every other single type of medical record. It doesn't make any sense, and it harms patients.

The House passed their companion to the legacy act with a strong bipartisan vote of 357 to 57 because they recognized that this is critical—very critical—for stopping the opiate epidemic. The legacy act makes commonsense changes that will save lives and will have strong bipartisan support. I urge my colleagues to join me in fighting to include these changes in any final opioid package.

I thank the good Senator from Tennessee. We have to stop this epidemic in Tennessee and in West Virginia. People in our States are dying. Families and communities are being torn apart. I look forward to supporting this bill today, but I will never stop fighting for the people of my great State of West Virginia.

The PRESIDING OFFICER. The Senator from Utah.

Mr. LEE. Mr. President, I ask unanimous consent to complete my brief remarks.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. LEE. Mr. President, Americans know all too well the crippling costs of healthcare in our country today. On top of the daily struggles of ordinary families to put food on the table, skyrocketing costs of prescription drugs are getting harder and harder to meet.

Pharmacist gag rules are only making matters worse for the American people—much worse. These contract clauses between pharmacies, on the one hand, and insurers and pharmacy benefit managers, on the other, prevent pharmacists from telling customers that they can actually save money on prescriptions by paying with cash instead of using their insurance. Pharmacists are actually prohibited under these clauses from helping their customers to get the best price for their medications. This is absurd, and it is harmful.

According to a recent study, about 23 percent of all drug claims in 2013 involved overpayment, amounting to more than $135 million. Who pockets those extra dollars? It is not ordinary Americans. It is, of course, the insurers and the benefit managers—in other words, the pharma middlemen, you might say.

We all agree that this is a problem. It is only further evidence of our broken drug pricing system that is unnecessarily hurting the American people. We all agree this is a problem that needs to be fixed. What we must consider is how best to address the problem, who is best equipped to do so, and whether and to what extent some of it has already been fixed.

Senator COLLINS' bill mandates that gag clauses be prohibited under all health insurance plans, including individual and group plans that are currently administered by the States pursuant to State law.

The Federal Government can and should prohibit gag clauses within the plans it administers and within those plans it oversees, but it cannot and should not intervene in plans that it does not.

Many States already have made some significant progress on this issue. In fact, 26 States have already passed laws banning gag rules, and another 11 States are currently in the process of trying to pass them. I applaud them, and we ought to leave space for them to do that very thing.

Some have suggested that this State action and increased attention to the cost of prescription drugs has more or less solved this problem and greatly limited the use of gag clauses already. Bear in mind that the study that I previously referenced looked at practices from 5 years ago. The States were more directly involved because they had more directly witnessed this problem, and they were able to nimbly and quite capably address it.

However, even if gag clauses are still in use, where they are, we must recognize that it is not always the role of the Federal Government to regulate everything. It is not the role of the Federal Government to regulate entities under the jurisdiction of the States. However well intentioned, when Congress oversteps its authority like this, we can end up doing more harm than good. We also end up undermining the very oath we took to uphold the Constitution, which has as a structural foundation the principle that not all power is invested in Congress. Only those powers given to the Congress are vested here. Those that are not vested under the Constitution in the Federal Government are reserved to the States, respectfully, or to the people.

The amendment I am offering would narrow this bill to what I believe would be its proper scope. Instead of the bill applying to all health plans, my amendment would limit its application to only self-insured groups plans that are exempt from State regulation. This would close a loophole where States are unable to provide Americans additional transparency surrounding the cost of their prescription drugs.

Again, while I very much support the overall goal of the underlying bill and applaud my friend and colleague from Maine, Senator COLLINS, we have to remember that it is neither the role nor the duty nor within the power of the Federal Government to regulate all aspects of commercial activity within the United States or all aspects of the lives of the American people.

The way to help ordinary American citizens with high drug costs is not to further concentrate power within Washington, DC. The Federal Government's intervention in healthcare has already caused huge distortions in the market for which Americans pay a steeper price every single year.

If we truly want to protect the American people from abuses like gag rules, we should fight to preserve federalism and our vision of our Constitution so that States are empowered to directly and efficiently protect their citizens from the injustices they face.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Maine.

Ms. COLLINS. Mr. President, I ask unanimous consent that I have one minute to respond to my friend and colleague.

The PRESIDING OFFICER. Without objection, it is so ordered.

Ms. COLLINS. Mr. President, it seems very arbitrary to me to exclude potentially 85 million Americans from the protections this bill would provide when there is such a clear Federal nexus to act in this area.

According to the Kaiser Family Foundation, 58 percent of workers insured in self-insured plans are actually in ''partially insured'' plans. The reason this matters is that some States may attempt to regulate these plans, believing they can, and then have their State laws challenged in the courts and preempted.

Why not take the commonsense approach our bill does and simply ban the use of pharmacy gag clauses—an egregious practice that prevents pharmacists from telling their customers

they could purchase their prescriptions with less money by paying out of pocket rather than using their insurance.

We have the support of 40 medical and consumer groups for this bill, and this legislation is action we can take right now to help lower the cost of prescription drugs for some consumers. It has widespread bipartisan support. It came out of the HELP Committee unanimously, and it is supported by the administration. I urge a ''no'' vote on the amendment offered by the Senator from Utah and a ''yes'' vote on the underlying bill.

PATIENT RIGHT TO KNOW DRUG PRICES ACT

The PRESIDING OFFICER. Under the previous order, the Senate will proceed to the consideration of S. 2554, which the clerk will report.

The legislative clerk read as follows:

A bill (S. 2554) to ensure that health insurance issuers and group health plans do not prohibit pharmacy providers from providing certain information to enrollees.

AMENDMENT NO. 4011

The PRESIDING OFFICER. Under the previous order, the clerk will report the Lee amendment.

The legislative clerk read as follows:

The Senator from Tennessee [Mr. ALEXANDER] for Mr. LEE proposes an amendment numbered 4011.

The amendment is as follows:

(Purpose: To limit application of the gag clause to self-insured group health plans)

On page 4, strike line 2 and all that follows through line 6 on page 5 and insert the following:

''(a) IN GENERAL.—A self-insured group health plan shall—

''(1) not restrict, directly or indirectly, any pharmacy that dispenses a prescription drug to an enrollee in the plan from informing (or penalize such pharmacy for informing) an enrollee of any differential between the enrollee's out-of-pocket cost under the plan with respect to acquisition of the drug and the amount an individual would pay for acquisition of the drug without using the plan; and

''(2) ensure that any entity that provides pharmacy benefits management services under a contract with any such health plan does not, with respect to such plan, restrict, directly or indirectly, a pharmacy that dispenses a prescription drug from informing (or penalize such pharmacy for informing) an enrollee of any differential between the enrollee's out-of-pocket cost under the plan with respect to acquisition of the drug and the amount an individual would pay for acquisition of the drug without using the plan.

''(b) DEFINITION.—For purposes of this section, the term 'out-of-pocket cost', with respect to acquisition of a drug, means the amount to be paid by the enrollee under the health plan, including any cost-sharing (including any deductible, copayment, or coinsurance) and, as determined by the Secretary, any other expenditure.''.

The PRESIDING OFFICER. The question now occurs on agreeing to amendment No. 4011.

Mr. LEE. I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second?

There appears to be a sufficient second.

The clerk will call the roll.

The result was announced—yeas 11, nays 89, as follows:

[Rollcall Vote No. 208 Leg.]

YEAS—11

Crapo	Hyde-Smith	Sasse
Daines	Johnson	Scott
Flake	Lee	Toomey
Hatch	Risch	

NAYS—89

Alexander	Gardner	Murray
Baldwin	Gillibrand	Nelson
Barrasso	Graham	Paul
Bennet	Grassley	Perdue
Blumenthal	Harris	Peters
Blunt	Hassan	Portman
Booker	Heinrich	Reed
Boozman	Heitkamp	Roberts
Brown	Heller	Rounds
Burr	Hirono	Rubio
Cantwell	Hoeven	Sanders
Capito	Inhofe	Schatz
Cardin	Isakson	Schumer
Carper	Jones	Shaheen
Casey	Kaine	Shelby
Cassidy	Kennedy	Smith
Collins	King	Stabenow
Coons	Klobuchar	Sullivan
Corker	Kyl	Tester
Cornyn	Lankford	Thune
Cortez Masto	Leahy	Tillis
Cotton	Manchin	Udall
Cruz	Markey	Van Hollen
Donnelly	McCaskill	Warner
Duckworth	McConnell	Warren
Durbin	Menendez	Whitehouse
Enzi	Merkley	Wicker
Ernst	Moran	Wyden
Feinstein	Murkowski	Young
Fischer	Murphy	

The amendment (No. 4011) was rejected.

The PRESIDING OFFICER. The Senator from Tennessee.

Mr. ALEXANDER. Mr. President, I ask unanimous consent that the committee-reported substitute amendment to S. 2554 be agreed to.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

The committee amendment in the nature of a substitute was agreed to as follows:

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Patient Right to Know Drug Prices Act''.

SEC. 2. PROHIBITION ON LIMITING CERTAIN INFORMATION ON DRUG PRICES.

Subpart II of part A 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. INFORMATION ON PRESCRIPTION DRUGS.

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

''(1) not restrict, directly or indirectly, any pharmacy that dispenses a prescription drug to an enrollee in the plan or coverage from informing (or penalize such pharmacy for informing) an enrollee of any differential between the enrollee's out-of-pocket cost under the plan or coverage with respect to acquisition of the drug and the amount an individual would pay for acquisition of the drug without using any health plan or health insurance coverage; and

''(2) ensure that any entity that provides pharmacy benefits management services under a contract with any such health plan or health insurance coverage does not, with respect to such plan or coverage, restrict, directly or indirectly, a pharmacy that dispenses a prescription drug from informing (or penalize such pharmacy for informing) an enrollee of any differential between the enrollee's out-of-pocket cost under the plan or coverage with respect to acquisition of the drug and the amount an individual would pay for acquisition of the drug without using any health plan or health insurance coverage.

''(b) DEFINITION.—For purposes of this section, the term 'out-of-pocket cost', with respect to acquisition of a drug, means the amount to be paid by the enrollee under the plan or coverage, including any cost-sharing (including any deductible, copayment, or coinsurance) and, as determined by the Secretary, any other expenditure.''.

SEC. 3. MODERNIZING THE REPORTING OF BIOLOGICAL AND BIOSIMILAR PRODUCTS.

Subtitle B of title XI of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (Public Law 108–173) is amended—

(1) in section 1111—

(A) by redesignating paragraphs (3) through (8) as paragraphs (6) through (11), respectively;

(B) by inserting after paragraph (2) the following:

''(3) BIOSIMILAR BIOLOGICAL PRODUCT.—The term 'biosimilar biological product' means a biological product for which an application under section 351(k) of the Public Health Service Act is approved.

''(4) BIOSIMILAR BIOLOGICAL PRODUCT APPLICANT.—The term 'biosimilar biological product applicant' means a person who has filed or received approval for a biosimilar biological product under section 351(k) of the Public Health Service Act.

''(5) BIOSIMILAR BIOLOGICAL PRODUCT APPLICATION.—The term 'biosimilar biological product application' means an application for licensure of a biological product under section 351(k) of the Public Health Service Act.'';

(C) in paragraph (6), as so redesignated, by inserting '', or a biological product for which an application is approved under section 351(a) of the Public Health Service Act'' before the period;

(D) in paragraph (7), as so redesignated—

(i) by striking ''paragraph (3)'' and inserting ''paragraph (6)'';

(ii) by inserting ''or a reference product in a biosimilar biological product application'' after ''ANDA''; and

(iii) by inserting ''or under section 351(a) of the Public Health Service Act'' before the period; and

(E) by adding at the end the following:

''(12) REFERENCE PRODUCT.—The term 'reference product' means a brand name drug for which a license is in effect under section 351(a) of the Public Health Service Act.'';

(2) in section 1112—

(A) in subsection (a)—

(i) in paragraph (1)—

(I) by inserting ''or a biosimilar biological product applicant who has submitted a biosimilar biological product application for which a statement under section 351(l)(3)(B)(ii)(I) of the Public Health Service Act has been provided'' after ''Federal Food, Drug, and Cosmetic Act''; and

(II) by inserting ''or the biosimilar biological product that is the subject of the biosimilar biological product application, as applicable'' after ''the ANDA''; and

(ii) in paragraph (2)—

(I) in the matter preceding subparagraph (A), by inserting ''or a biosimilar biological product applicant'' after ''generic drug applicant'';

(II) in subparagraph (A)—

(aa) by striking ''marketing'' and inserting ''marketing,''; and

(bb) by inserting ''or the reference product in the biosimilar biological product application'' before ''involved'';

(III) in subparagraph (B), by inserting ''or of the biosimilar biological product for which the biosimilar biological product application was submitted'' after ''submitted''; and

(IV) by amending subparagraph (C) to read as follows: