

Guard, with our Forest Service, with transportation, using information and data to help us do our jobs better. This important piece of legislation helps us make sure we are improving safety and oversight by the right amount for these new systems that will be part of this package.

I am so glad to have worked with my colleagues on this very broad bipartisan piece of legislation. I can't tell you how important aviation is to the State of Washington. We are a big aviation-manufacturing State. Yes, we like to build and sell airplanes, but we also know that, as our economy has grown, our airports are a key tool, as they are in any State, to continue to grow and continue to manage the challenges of air transportation.

This bill is the right tool for many airports across the State of Washington and across the Nation to continue to grow, to continue to manage that population growth, and ensure safety and efficiency.

I encourage my colleagues to support this legislation. There are many more things we need to do, but this is a good down payment for the next 5 years.

I thank Chairman THUNE and Ranking Member NELSON for getting us to this point today.

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 President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER (Mr. HOEVEN). Without objection, it is so ordered.

Mr. PORTMAN. Mr. President, I come to the floor to talk about a few good things that have happened in Washington this week. At a time when people are looking at Washington and wondering whether things are getting done, let me just suggest, on the floor this week, we are going to pass landmark legislation that will deal with a crisis we have in our States—every single one of us—and that is the opioid issue. I will talk about that in a minute.

FUNDING FOR NATIONAL PARKS

Mr. President, first, let me mention that today, in the Energy and Natural Resources Committee and with a vote of 19 to 4, we passed legislation to help our national parks. It is historic in the sense that it is probably the most funding we have ever put against the long-term maintenance problems at our parks.

We have more visitors at our parks than ever. Yet we have crumbling roads and bridges and water systems. We have, literally, campgrounds and other areas that are closed off because of the lack of funding for these longer term projects, which is the deferred maintenance backlog—about \$12 billion now. We have come up with a bipartisan solution to try to address that by

using some of the oil and gas revenues, onshore and offshore, from Federal lands. It is an example of how we are moving things forward.

USMCA

Mr. President, finally, I am encouraged that the President and his team have negotiated an agreement to add Canada, along with Mexico, to a new North American trade agreement. They are not calling it NAFTA; they have changed the name to the U.S.-Mexico-Canada Agreement. I think this is going to be a step forward. I have now looked at the summary from it. We don't have the details yet—and I, of course, want to see the final details—but I think it has two general advantages for us.

One is that it will encourage more production in North America of things like automobiles because you have to have a higher American content—Canadian, Mexican, and U.S. content now—in automobiles than you did under the old agreement. You will have more cars being built in America and North America as well as auto parts. I think that is good.

I also think there are other things in the agreement that will help to encourage production in the United States because it will level the playing field more with our country. It does things with regard to Canada that are long overdue to try to keep it from putting protection policies in place on its agriculture products, especially its dairy products. So, when it sends powdered milk to us now, it can't take advantage of the subsidies it is providing for its milk producers, as an example. It lets our dairy farmers be able to compete on a more level playing field.

Those are the kinds of things that are in the agreement. I, again, look forward to seeing the entire agreement. I think having a North American compact that is updated is good because the NAFTA agreement was 24 years old. We have modernized it and put new labor standards in place, as an example.

The second, again, is to level the playing field further with these countries in our region that are our allies and, therefore, should not be viewed as national security threats. We shouldn't be putting tariffs in place on them on a national security basis, which we were doing and threatening to do more of, including on autos under section 232, it is called. We now have better trade agreements with these countries that are our allies but that also had some barriers in place for our exports. We need to be sure their imports are going to be fairly traded in this country. So it is positive, I think, to have this agreement.

Now, frankly, it enables us as a North American market to be more effective in dealing with some of the trade disputes we have had with other parts of the world, most notably with China, with which we do have a lot of unfair trade going on. China is not playing by the rules often, and this

helps us to have Canada and Mexico with us to be able to address those issues with China, as an example.

Those are some of the things that are happening this week that I am happy about, and I think we are making some progress.

OPIOID EPIDEMIC

Mr. President, let me go back to what is going to be voted on, on this floor, I am told, sometime tomorrow. Probably tomorrow afternoon, this Senate will take up legislation that has now been passed in the House and passed in the Senate. There has been a conference committee between the two bodies, and it has come up with a final product. I think the final product has a lot of good things in it that will help push back against this opioid epidemic that is growing in our country.

On my way to Washington yesterday, I went by a memorial service for a young man who had died of an opioid overdose. I had known him and have known his family for a long time. It strikes close to home for pretty much everybody in this Chamber, I am sure, and for pretty much everybody who is listening. When we have our tele-townhall meetings and I ask this question, which I do regularly—I had two tele-townhall meetings last month—"Have you been affected by the opioid issue," most people say yes.

In fact, in parts of our State, in Southeastern Ohio, where we had a tele-townhall meeting recently, two-thirds of the people on the call said, yes, they were directly affected. That is because, sadly, this issue has grown to the point where last year 72,000 Americans lost their lives to the opioid epidemic. That is more people than we lost in the entire Vietnam war in 1 year. That many people died from opioid overdoses in 1 year. It is a grim statistic, and it is a record level.

Although Congress has done some good things in the last couple of years in passing legislation to help, those legislative efforts to have better prevention programs in place, more treatment offered, more longer term recovery programs, more first responders with Narcan—this miracle drug that can reverse the effects of an overdose—that is starting to happen, but it is being overwhelmed with the influx of drugs, particularly this new synthetic form of opioid that is coming into our communities.

It is usually called fentanyl, sometimes it is called carfentanil, but in my home State of Ohio and in other States around the country, this is resulting with a much higher overdose death rate than even the horrible drugs like heroin and the prescription drugs that are causing these opioid addictions—cocaine, methamphetamines, and crystal meth. This drug, fentanyl, is growing and growing rapidly.

I will tell you, in Ohio, we had about a 4,000-percent increase in fentanyl overdose deaths just in the last 5 years. Let me repeat that. There was a 4,000-percent increase in deaths from

fentanyl. About two-thirds of our overdose deaths over time in Ohio are due to this synthetic form of opioid.

By the way, this stuff is coming from overseas, mostly through our U.S. mail system. It is outrageous that this is being permitted without the proper screening.

The legislation we are going to vote on this week—probably tomorrow afternoon—will finally put in place legislation called the STOP Act that we have worked on. Senator KLOBUCHAR and I are the coauthors of it. We have worked on this for 3 years now to get it to this point.

We had hearings. We had an investigation in the Permanent Subcommittee on Investigations to understand what was going on and how to deal with it, how to stop it. We found out, unbelievably, that the U.S. Postal Service is the main conduit for this poison. We also found out that the Postal Service is pushing back against putting additional screening in place.

We also found out that private carriers, like FedEx, UPS, or DHL, will require every single package to have advanced electronic information provided to law enforcement to help stop this poison, to be able to find that needle in the haystack, that package out of the 900 million the post office deals with every year that might have this poison in it.

Under this legislation, the STOP Act, the post office is now going to have to do what these other private carriers do, and that is really important.

In our investigation, where we used undercover resources to talk to websites, to find out what was being offered, to look behind the websites to find out what was really going on with this fentanyl issue, we found out that if you shipped it by the U.S. mail system, they guaranteed delivery but not if you shipped it through a private carrier. Why? Because they knew the private carriers had this electronic data that provided in advance what is in it, where it is going, where it is coming from, and then law enforcement can use Big Data to figure out what packages are suspect and take them offline.

I have seen that done at the distribution centers of these private carriers. I have also spent a lot of time talking to the post office about it. They are now going to implement this legislation, I hope, aggressively.

It requires 100 percent of packages, within a couple of years, to have this data on it and right away for China. It will be 100 percent for China this year because, according to law enforcement, unfortunately, China is the country where most of this is coming from. It gives us the opportunity to be able to stop some of this poison coming into our communities. That is really important.

To me, getting that passed is just common sense. I think it is overdue. I am disappointed it took us this long. How many people had to die before Congress stood up and did the right

thing with regard to telling our own post office, “You have to provide better screening”? So it should be done.

Having said that, that is not going to solve the problem. Yes, having a cutoff of some of the supply of this poison is important. To a certain extent, it stops it from coming into our communities, and it is going to raise the price on the street because you are cutting the supply. That is important because it is so cheap and so powerful. It is 50 times more powerful than heroin, but that is not the ultimate solution.

The ultimate solution is us, isn't it? It is in our hearts, in our families, in our communities to push back by having better prevention and education in place, by ensuring people who become addicted, who have this disease of addiction, have access to treatment to get them better so their lives can be turned around and they can go back to their families and to their work and to being productive citizens.

We need longer term recovery programs because we know shorter term treatment isn't very successful. So many people relapse after a short-term treatment program, but a longer term recovery program with it—let's say with sober housing—with support from people who are recovery coaches who have been in recovery themselves, that is going to lead to a more successful result. Drug courts are very important in this.

This legislation we are going to vote on this week does have the STOP Act, but it also has these other pieces. It reauthorizes the drug court system, as an example, diverting people out of incarceration into drug courts where they agree they are going to go into treatment and stay clean or risk going back into prison or jail if they don't. That has worked very effectively in parts of my State and around the country, as an example, to get people clean.

The legislation also does something really important that some of us have been fighting for years. We have had legislation to do this for the last 3 years, but it has really been about a 10-year battle. It is this issue of treatment centers that receive reimbursement from Medicaid being capped at a certain number of beds with a certain number of days that people can stay. It is called the IMD exclusion, or the Institutions for Mental Disease exclusion.

This is an arcane part of Federal law. It is an example where, well-intended, years ago Congress said: We are going to put this limitation in place on treatment centers because we want to deinstitutionalize people, particularly in mental health facilities, because we have had some examples of abuse in these institutional care settings and people aren't getting the help they need so let's limit the number of beds you can have in these treatment centers on the mental health side to try to deal with the problem.

Then the opioid crisis came. I would argue even before the opioid crisis this

was true with regard to cocaine and meth and other things. Beds are at a premium in many places in our country. I have spots in Ohio that don't have any treatment centers. I have communities that literally don't have a place where people can go. So what happens is, these people go out of the county or out of their communities to find a place or they simply don't find treatment. Other examples are where people go to a treatment center, and they are told: Sorry, you have to come back in a couple of weeks. We just don't have any beds.

There is nothing more heartbreaking than talking to a family or talking to a parent, as I have done, who talks about, in this case, his daughter going to a treatment center with him and his wife. She was finally ready—and when you are ready with this disease, with this addiction disease, you need to act. You need to get into treatment. She was ready, but they told her: There is no room at the inn. There is no bed for you. You have to come back in a couple of weeks. It was during those 2 weeks that she had a tough time. She overdosed again in their home and died.

That family is really happy about this legislation because this will say to these treatment centers: You are not going to be capped at a certain number of beds. If you are doing a good job and providing the kind of treatment we want to have you provide, we don't want you to be capped at a certain number of beds.

Again, this legislation that is currently in place with the 16-bed limit is a vestige of another time. This will enable us to take that limit off and provide more treatment to so many Americans.

We also provided in this legislation that those who want to get this exclusion lifted also have to provide at least two kinds of medication-assisted treatment to people, which we know, based on the evidence—depending on the person—is more successful. So we want to encourage people to offer medication-assisted treatment to get people off their addiction.

It also says it is not limited to a certain kind of drug. There was some expansion of this in the previous legislation in the House, and some of us in the Senate introduced a bill a few weeks ago that is very similar to our final product that said: Let's not limit it just to those who have opioid addiction or even just opioid addiction and cocaine addiction; let's open it up to people who have substance abuse addiction—it can be alcohol, it can be crystal meth, which is unfortunately growing in some of our States, and it can be opioids. So we broadened it for individuals with substance abuse disorders.

We have said, these institutions need to provide the best possible treatment, medication-assisted treatment. Through this legislative effort that is going to be voted on here tomorrow, we have been able to open up a whole

other possibility for people who are addicted. It is something we have worked on for many years.

It is important we expand these services. It is important we tell people: If you are ready, we are going to find a treatment center for you—because we want these people to get better.

We are told most people who are addicted don't seek treatment—probably 8 out of 10 don't. One of the tricks is how do you get these people into treatment and into treatment in a way that is comprehensive where there are not big gaps. So between the overdose and the Narcan being applied, you want to be sure there is not a gap before treatment because people go back to their old community and, unfortunately, there are too many cases of people overdosing again and again. So get them into treatment but then from treatment into longer term recovery. We have to smooth that gap out so people are handed off to a facility or to an outpatient program that can help them ensure a greater level of success.

Then how do you have this ability to say to people, "We are going to be there for you," because, unfortunately, particularly with this opioid addiction, all the evidence coming in shows that long-term care really helps.

Again, Congress has already taken some steps in the last couple of years with the Cures Act and the Comprehensive Addiction and Recovery Act, the so-called CARA legislation. There is more going on in our States.

I visited about a dozen different places in our State where they are taking advantage of the funding from the Comprehensive Addiction and Recovery Act, legislation I coauthored a couple years ago with Senator WHITEHOUSE on the other side. It is starting to work. It is closing some of the gaps we are talking about.

The Cures legislation goes right back to the States. Last year, Ohio got about \$26 million for that. It is very helpful for us because we are struggling to provide enough resources for treatment, particularly. Then now we have this additional bill to build on CARA and Cures.

I think over time this will have the effect of reversing what we have seen as a terrible and deadly trend, which is more and more Americans overdosing, dying, not being in the workplace, not being with their families, and not being productive citizens. This is something that affects every single one of us.

If you go to your hospital, you will see that the emergency room is overburdened. If you go to your NICU unit where these babies are being born who are addicted, babies who have neonatal abstinence syndrome—these babies can fit in the palm of your hand or your two palms—and they have to be taken through withdrawal. How sad that innocent babies have to be taken through withdrawal because they were born to a mother who was using and who was addicted.

These are all things that must be addressed and can be. Again, our legislation is going to help do that.

I will say, as much progress as we are making on education, treatment, recovery, and with our first responders helping, as long as you have this deadly poison coming in, this fentanyl, the synthetic opioid that is 50 times more powerful than heroin and relatively inexpensive because it is being made by some evil scientist somewhere out of synthetics, out of chemicals—as long as you have that overwhelming the system, it is hard to see us reversing the trend. That is why the STOP Act is so important.

We also reauthorized the HIDTA Program for high intensity drug trafficking areas. We need to push back on the supply side. We need to do more in terms of the demand side. With that, I will predict that when all of this is implemented properly, we will see some hope at the end of this dark tunnel. We will see fewer funerals like the one I was at yesterday.

Instead, what we will see are families beginning to come back together, people beginning to have the opportunity to achieve their God-given potential in life, whatever it is. God's purpose for these addicts certainly isn't to continue to be an addict. His purpose is for them to have a meaningful life also, as well as for all of us. It is in all of our interests.

My hope is, we can pass this legislation tomorrow, get it to the President, he will sign it, get it out to our States and communities, and begin to make the difference that can indeed begin to reverse this terrible epidemic and reverse the tide.

UNANIMOUS CONSENT AGREEMENT

Mr. President, I ask unanimous consent that Senators be allowed to present legislative items at the desk during today's session of the Senate.

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

Mr. PORTMAN. Thank you.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The assistant bill clerk proceeded to call the roll.

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

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

FAA REAUTHORIZATION

Mrs. SHAHEEN. Mr. President, I am here this afternoon to address two pieces of legislation that are coming before the Senate. One we are currently waiting to consider is a long-term reauthorization of the Federal Aviation Administration, and the second, which I hope we will soon consider, is comprehensive legislation to address the Nation's opioid epidemic.

I begin by thanking Chairman THUNE and Ranking Member NELSON for their work to deliver a bipartisan, bicameral FAA reauthorization bill that provides a 5-year reauthorization for the agen-

cy. The last time we reauthorized the FAA, when I was in the Senate, I think it took us 23 tries to get it done over a period of time that was actually longer than the original authorization, but this time we are doing it much faster, with three short-term extensions. Last week, the House passed this bill, the FAA reauthorization, with broad bipartisan support, and I hope the Senate is going to act quickly so we can get this bill to the President's desk for signature.

The FAA has not received a long-term reauthorization since February of 2012. Short-term reauthorizations fail to give the FAA the certainty and the necessary resources they need to make to improve our Nation's airports and make commercial air travel safer for all passengers.

I think it is particularly an issue right now as we are switching over to the NextGen system of air traffic control. Last month, I had a chance to visit with air traffic controllers in New Hampshire at the Terminal Radar Approach Control Facility in Merrimack, also called the TRACON. What I heard from folks there was that a long-term reauthorization bill means that the TRACON and Merrimack will be able to upgrade its systems to keep our airways safe, while also allowing the center to continue to hire well-qualified, trained controllers to meet staffing needs.

The bill we have before us now provides critical investments through the Airport Improvement Program that provides grants to airports nationwide for planning and development projects that these airports would be unable to complete otherwise. In New Hampshire, where we have a number of small airports, this grant program is particularly important.

It also increases investments in the Essential Air Service Program, which provides services that would otherwise be too cost prohibitive for airlines to operate in rural communities like we have in New Hampshire. For example, EAS is vital for Granite Staters who utilize the Lebanon Municipal Airport and depend on this service for access to regularly scheduled flights that would not otherwise be available. I am sure the Presiding Officer has an appreciation for the Lebanon Municipal Airport, since he went to school at Dartmouth in that region of the State and knows how important that airport is to New Hampshire.

I am also pleased the FAA bill includes legislation I introduced as part of it to permanently reauthorize the Human Intervention Motivation Study, the HIMS Program, and also directs the National Research Council to study how other subagencies within the Department of Transportation could create similar programs to fight drug and alcohol addiction within their workforces.

HIMS, as it is known, is an employee assistance program that provides education and outreach in order to coordinate the identification, treatment,