

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,

medical recertification, and return to the cockpit of flight officers with substance misuse issues. HIMS doesn't provide direct treatment but instead helps identify those who are in need, and it facilitates the successful return to work. It is an industrywide effort in which airlines, pilot unions, and the FAA work together to preserve careers and promote air safety. Since its implementation, the program has successfully helped over 5,800 pilots, and it provides airlines with a \$9 return on every dollar that is invested.

There are a lot of lessons from the HIMS Program that I think have real resonance to other agencies within the Department of Transportation, and I am hoping the study that is authorized as part of the FAA bill we are considering will be able to be shared so we can see how other agencies can also benefit from this.

Right now, we have a 1-week extension on the FAA bill that expires this Sunday, October 7. I hope this bill is going to come to the floor for final passage before we go home this week.

OPIOID EPIDEMIC

Mr. President, second, I also want to point out that I hope the Senate will be moving soon to advance the SUPPORT for Patients and Communities Act, which is comprehensive legislation to address the opioid epidemic. It is legislation that is the product of real bipartisan collaboration, not only within multiple committees within the Senate but multiple committees within both Chambers of Congress. It really shows we can work together across the aisle to help combat a crisis that has such a devastating impact on so many of our communities across the country. In my State of New Hampshire, where we have been particularly devastated, we have the second highest rate of overdose deaths from opioids of any State in the country.

What I have heard from Granite Staters time and again is that local providers and communities need more resources and flexibility to expand access to opioid treatment and prevention. This legislation responds to that call for action.

I am proud to have worked with Senator HASSAN and Senators from across the aisle to ensure that this bill includes a reauthorization of the State opioid response grants, with the inclusion of the set-aside funding pool for States like New Hampshire that have been hardest hit by the epidemic.

I am also pleased that the bill includes provisions of legislation I co-sponsored with Senator COLLINS to provide technical assistance and resources to peer recovery support networks. These networks play a vital role in a patient's successful recovery.

The bill extends flexibility for physicians and other practitioners who are seeking to expand access to medication-assisted treatment, or MAT. Ensuring that more patients can receive MAT services is critical to stemming the tide of the opioid epidemic.

The bill provides a variety of improvements to prescription drug monitoring programs, which has been a priority for New Hampshire. It includes a number of provisions that will improve the ability of Federal, State, and local law enforcement to reduce the illicit distribution of opioids and interdict particularly deadly synthetics like fentanyl, which is really the source of so many overdose deaths across the country.

The legislation reauthorizes critical law enforcement programs that work to combat drug trafficking, including the High Intensity Drug Trafficking Areas Program, HIDTA. I had an opportunity in January to visit the New England HIDTA Program headquarters in Massachusetts, and I saw firsthand the work they are doing to combat the flow of illicit drugs.

Finally, this opioid legislation provides much needed focus on addressing the impact of the opioid epidemic on children and families. If we don't get ahead of this epidemic, we are going to see another generation of children who are going to be lost because of what has happened in their families because of substance abuse disorders.

This bill will help pregnant women with substance use disorders access the maternity care they need. It has programs that will give families better options for treating opioid withdrawal in newborns, programs like Moms in Recovery that Dartmouth-Hitchcock does so well in New Hampshire. What we are seeing in some hospitals in New Hampshire is that as much as 10-percent of babies are born with neonatal abstinence syndrome, or NAS, caused by their mothers using opioids while they were pregnant. The bill will also help spur new family-focused interventions for parents struggling with opioid use disorders so that fewer kids will be raised in foster care.

In sum, the policies included in this bipartisan legislation will go a long way toward helping us fight the opioid epidemic. We will need to continue to focus Federal resources on this crisis in the years to come. This is an important step forward in making sure at the Federal level that we are working with States and communities to address this multifaceted public health challenge. If we all work together, we can help end the devastation that is being caused by opioids. I look forward to joining all of our colleagues in supporting this bill soon.

At this point, I yield the floor.

The PRESIDING OFFICER (Mr. FLAKE). The Senator from Idaho.

RECOGNIZING MICRON TECHNOLOGY

Mr. RISCH. Mr. President, I rise today on behalf of myself and my good friend and colleague, also from Idaho, Senator CRAPO, and we wish to honor an exceptional business from our great State. That business is Micron Technology.

Although Micron began in Idaho with just four employees, it will celebrate its 40th anniversary this week as one of

the world's top tech companies, with thousands of employees worldwide.

Micron started as a semiconductor design company in the basement of a Boise dental office in 1978. Soon after it broke ground on its first fabrication plant in 1980, Micron introduced the world to the smallest 256K dynamic random access memory. By 1994, Micron's development of solid state drives and other flash memory technology in its product portfolio earned it a spot on the Fortune 500 list. Today, Micron's team of more than 34,000 employees spans the globe from Boise, Silicon Valley, and Virginia, to Singapore, Taiwan, Japan, and Europe.

As one of the top four semiconductor companies in the world, Micron works with the world's most trusted brands and is the only pure play memory company headquartered in the Western Hemisphere. Throughout its 40-year history, Micron has contributed to more than 40,000 patents and continues to advance memory and storage technologies that enable innovations in artificial intelligence, machine learning, and autonomous vehicles. Micron's advancements have made the United States a leader in technology and give the Nation a competitive edge in data storage, security, and supercomputing.

In addition to its renowned technological developments, I am proud that Micron is working to transform the communities where its team members live and work, providing resources to educate the next generation of scientists, inventors, and engineers.

In 2017, Micron was ranked 23rd in the Fortune Just 100, Forbes' list of companies with the best and most just business behavior.

Last year, the Micron Foundation awarded more than 550 grants worldwide and donated more than \$10 million to education and community-related causes.

I wish to congratulate Micron on its long list of accomplishments and thank the company for the opportunities it provides for Idahoans and for all Americans. The advances Micron's solutions provide for computing across our country are considerable. It is my pleasure to recognize its 40th anniversary on October 5, 2018. We all wish Micron the best of luck and continued success as a global technology leader and world-class semiconductor company.

Mr. President, I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The bill clerk proceeded to call the roll.

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

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

OPIOID EPIDEMIC

Mr. BROWN. Mr. President, everyone in this Chamber knows how bad the opioid crisis is. In Ohio, based on the averages, 11 people died yesterday, 11