

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

people will die today, and 11 people will die tomorrow from a drug overdose. We have a long way to go to fight this, but right now, we are taking an important step to get resources to communities, doing innovative work, and tearing down the redtape regulations that prevent people from getting treatment.

This week we will pass a comprehensive package of legislation to fight addiction. Several of these bills are important to Ohio.

I worked with my Republican colleague from West Virginia, Senator CAPITO, on a bipartisan CRIB Act to support treatment centers for babies with neonatal abstinence syndrome, like Brigid's Path in Dayton, Lily's Place in Huntington that serves people across the river in Lawrence County, OH, and elsewhere.

Brigid's Path in Ohio is one of just two residential treatment centers like this in the country. Again, Huntington, WV, on the Ohio River, across the river from Ohio, and Brigid's Path in Dayton are the only two of these in the country.

I am meeting in my office tomorrow with folks from Brigid's Path to talk with them about the important work they are doing in our State.

NAS is caused by the use of opioids or other addictive substances during pregnancy. It has become a growing challenge for families and healthcare providers in States like Ohio.

Recent studies show that cases of NAS have tripled over the past decade. Right now, babies are usually treated in the neonatal intensive care unit, known as NICUs—the neonatal intensive care unit—where treatment costs are five times the cost of treating other newborns, but given the relative bright lights and the relative loud noises in neonatal units, the NICU is not always the best place for newborns struggling with withdrawal. They are even more sensitive to noise and light than other premature babies that might be in a NICU.

Residential pediatric recovery facilities like Brigid's Path can give these infants specialized care as well as bringing the mothers and the families in for counseling in a setting outside the chaos of a hospital. So while they are treating the newborn baby, they also have opportunities with some wraparound services to treat the addicted mothers so mother and child and others in the family can have a normal, healthy life.

These unique venues are relatively new. The CRIB Act will allow them to bill Medicaid for the services they offer. The CRIB Act, Brigid's Path in Dayton, OH, and the Huntington program are not eligible for Medicaid because they are neither a doctor nor a hospital. So this bill will make them eligible for Medicaid and will save millions of dollars. As more of these facilities like Brigid's Path and Lily's Place are formed around the country, we will be saving millions and millions of Medicaid dollars. Instead of going to the

more expensive, less-effective neonatal intensive care unit, they are going to Brigid's Path and other places like that.

As I said, the CRIB Act will allow them to bill Medicaid for their services, expanding options for care for the thousands of babies who need specialized treatment. Unfortunately, thousands of babies are born to addicted mothers.

This package will also do some other things that matter. It will lift the cap on the number of beds at Medicaid-funded treatment facilities for 5 years, something Senator PORTMAN and I have worked on for a long time. My colleague from Ohio, in the opposite party from me, has been working on opioid issues for some time, and this is one of the issues on which we worked together.

The bill includes Senator PORTMAN's STOP Act that I supported and that will work with my INTERDICT Act that Senator PORTMAN and others supported, that was signed into law by the White House several months ago, that will help keep illegal fentanyl, a synthetic substance much more toxic and powerful than heroin, and something called carfentanil off the streets.

We know we have more work to do to fight this crisis. We need more resources in our communities in Ohio. This package is a bipartisan step forward. I hope we can get this to the President's desk and signed into law soon.

One sort of editorial comment also. I was a fairly young kid when I first started hearing about this, and we all know about this. In the mid-1960s—a huge number of Americans smoked tobacco—the U.S. Surgeon General first brought to the public's attention that smoking caused people's life expectancy, lifespans, to be considerably shorter because of all the illnesses coming from smoking. In one of the great success stories in public health in the last half century, the Federal Government worked together with local health officials, physicians, nurses, hospitals, cancer societies, the American Heart Association, and others—starting with warnings on cigarette packs and all the things we do now—and the rate of smoking in this country considerably dropped from what it was in the mid-1960s.

Our country, led by the Federal Government in many cases—and people can say what they want about the government, but the Federal Government led the way on tobacco, on that public health initiative against tobacco. We can help lead the way, and we can work with local communities in addressing this terrible public health affliction of opioid addiction. It will matter to the next many generations if we do this right.

I yield the floor.

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.

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

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

#### CHICAGO HEAL INITIATIVE

Mr. DURBIN. Mr. President, one of the clearest indicators of the success or failure of any public health system is average life expectancy. Between the United States and other countries around the world, there are dramatic differences in life expectancy compared to the United States.

But you don't have to fly thousands of miles to see a place where people live sicker and die younger than their neighbors. In Chicago, hop on the Blue Line and go from the Loop to the "L" stop in West Garfield Park. Between those two neighborhoods—just 5 miles apart—life expectancy plummets 16 years. How can that possibly be?

Chicago is home to some of the greatest hospitals in the world. The best doctors, the best nurses, the best technology—it is all there, but not for them. As it turns out, how healthy we are and how long we live depends more on our ZIP Code than our genetic code.

While countries overseas face challenges with infectious disease or high child mortality rates, children in Chicago are dying preventable deaths of another form: an epidemic of gun violence. Yes, we need better gun laws, but the reality is that this Congress and this President do not want to take commonsense action.

So what else can be done to address the root causes of violence?

Last year I introduced a bill that would increase funding to train more teachers, doctors, and social service providers to identify and provide care to children with emotional scars left from witnessing violence and exposure to other adverse childhood experiences. Major parts of this bill were included in the opioid package that already passed the House and I hope will pass the Senate soon.

But I asked myself: What else can we do? Then it hit me: hospitals.

The hospitals in Chicago are on the frontlines of the city's gun violence epidemic, providing high-quality care to heal bodies ripped apart by bullets, but the ability of hospitals to reduce violence in Chicago goes far beyond the extraordinary, lifesaving care they provide in the ER.

Hospitals in Cook County, IL, pump \$49 billion a year into the local economy, and they employ 232,000 people. Hospitals are often the largest employers in their communities.

For several months, I brought together the CEOs of the 10 largest hospitals serving the city of Chicago. I asked them three questions: What is your hospital is doing to make your neighborhoods safer and better? What more can you do? And how can I help?

We identified a number of Chicago neighborhoods that they serve—or are