

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

too often underserved—to focus our efforts.

Remember, these institutions compete with each other every day, but together, we came up with unified road map—a set of common goals and commitments that are endorsed by all 10 hospitals.

Over the next 3 years, these 10 hospitals will expand economic opportunities for local residents by: increasing local hiring by 15 percent—that means hundreds, or thousands, of new local hires; increasing the goods they purchase from local businesses by 20 percent—meaning millions in procurement dollars; and expanding summer employment, internships, and job training programs for residents in health fields.

The 10 hospitals are committing to opening new health clinics in schools and community centers and expanding the availability of mental health services.

They will enhance their clinical healthcare practices by increasing lead screening rates by 15 percent, reducing opioid prescribing by 20 percent, prioritizing maternal and infant health outcomes, and researching gun violence.

This new hospital-led effort is focused on two things: reducing gun violence and healthcare inequality. It is called the Chicago HEAL Initiative: “Hospital Engagement, Action and Leadership.”

According to the American Hospital Association, it may be the first such regional hospital partnership to tackle a local issue. The hospitals in the Chicago HEAL Initiative are already working on many these goals through an impressive variety of programs, but this new initiative will drive real change by bringing a new sense of partnership and focusing on activities outside of hospitals’ traditional services within their four walls.

I am pleased to launch this new effort, and will do whatever I can in Washington to help reduce violence and uplift communities.

#### 160TH ANNIVERSARY OF YWCA

Mrs. MURRAY. Mr. President, I wish to congratulate the YWCA for its dedication to supporting women, girls, and their families in honor of the organization’s 160th anniversary.

YWCA is one of the oldest, largest, and most inclusive organizations in our Nation, and it has maintained a long history of distinguished service. The organization has been the forefront at some of the most important social movements of our time, from civil rights and women’s equality, to healthcare reform and gender-based violence prevention.

Nationwide, YWCA has 210 local associations across 47 States and the District of Columbia that help to empower 2 million women, girls, and their families each year. In my home State of Washington, there are 11 YWCA local

associations, all of which have been proudly serving women and girls for over 60 years. These YWCAs protect and empower hundreds of thousands of Washingtonian women and children each year, and I am grateful for their work.

YWCA is the largest network of domestic violence service providers in our Nation and provides critical services to more than half a million women and girls each year, including support programs for survivors of sexual assault and domestic violence. Now, more than ever, this is vital to ensuring the safety and well-being of survivors across the country. Additionally, YWCA associations offer economic empowerment programs that engage over 260,000 women and racial justice education and training programs that engage over 160,000 people.

I stand today in strong support of YWCA’s mission to eliminate racism, empower women, stand up for social justice, promote peace, help families, and strengthen local communities.

I offer congratulations to YWCA on your 160 years of improving the lives of women and girls across the United States.

Thank you.

Mr. PORTMAN. Mr. President, today I wish to congratulate the YWCA for 160 years of service dedicated to supporting women, girls, and their families across the United States.

Throughout its storied history, YWCA has been committed to eliminating racism, empowering women, and freedom and dignity for all.

YWCA has been at the forefront of many critical social movements, including civil rights, women’s empowerment, gender-based violence prevention, and more. Additionally, it is the largest network of domestic violence and sexual assault service providers in the country, reaching more than half a million women and girls annually.

Serving a total of more than 2 million women, girls, and their families each year, with 210 local associations across 46 States and the District of Columbia, this organization’s impact is vast, but its focus is local.

In Ohio, there are 14 YWCA associations, and I am proud of the work they do in my State. I have worked to help YWCA’s important mission through my legislation to combat sex trafficking, help those gripped by addiction—particularly mothers and children—get the care they need, improve prisoner reentry, allow kids aging out of foster care to more easily access Federal support for housing, and more.

YWCA breaks barriers and empowers women to help them live up to their God-given potential. Congratulations on your 160 years of improving the lives of women and girls—and on many more to come.

#### MESSAGES FROM THE HOUSE

##### ENROLLED BILLS SIGNED

At 2:16 p.m., a message from the House of Representatives, delivered by

Mrs. Cole, one of its reading clerks, announced that the Speaker pro tempore (Mr. HARRIS) has signed the following enrolled bills:

S. 2269. An act to reauthorize the Global Food Security Act of 2016 for 5 additional years.

S. 3354. An act to amend the Missing Children’s Assistance Act, and for other purposes.

S. 3508. An act to reauthorize and amend the Marine Debris Act to promote international action to reduce marine debris, and for other purposes.

S. 3509. An act to reauthorize the Congressional Award Act.

The enrolled bills were subsequently signed by the President pro tempore (Mr. HATCH).

At 3:23 p.m., a message from the House of Representatives, delivered by Mrs. Cole, one of its reading clerks, announced that the House has agreed to the following concurrent resolution, without amendment:

S. Con. Res. 49. Concurrent resolution providing for a correction in the enrollment of S. 2553.

#### MEASURES REFERRED

The following bill was read the first and the second times by unanimous consent, and referred as indicated:

H.R. 6737. An act to amend the Economic Growth, Regulatory Relief, and Consumer Protection Act to clarify seasoning requirements for certain refinanced mortgage loans, and for other purposes; to the Committee on Banking, Housing, and Urban Affairs.

#### MEASURES PLACED ON THE CALENDAR

The following bill was read the first and second times by unanimous consent, and placed on the calendar:

H.R. 6964. An act to reauthorize and improve the Juvenile Justice and Delinquency Prevention Act of 1974, and for other purposes.

#### ENROLLED BILLS PRESENTED

The Secretary of the Senate reported that on today, October 2, 2018, she had presented to the President of the United States the following enrolled bills:

S. 2269. An act to reauthorize the Global Food Security Act of 2016 for 5 additional years.

S. 3354. An act to amend the Missing Children’s Assistance Act, and for other purposes.

S. 3508. An act to reauthorize and amend the Marine Debris Act to promote international action to reduce marine debris, and for other purposes.

S. 3509. An act to reauthorize the Congressional Award Act.

#### EXECUTIVE AND OTHER COMMUNICATIONS

The following communications were laid before the Senate, together with accompanying papers, reports, and documents, and were referred as indicated:

EC-6725. A communication from the Chair of the Board of Governors, Federal Reserve