

[Rollcall Vote No. 337 Leg.]  
YEAS—43

Baldwin	Heinrich	Rosen
Blumenthal	Hirono	Schatz
Brown	Jones	Schumer
Cantwell	Kaine	Shaheen
Cardin	King	Sinema
Carper	Klobuchar	Smith
Casey	Leahy	Stabenow
Collins	Manchin	Tester
Coons	Markey	Udall
Cortez Masto	Menendez	Van Hollen
Duckworth	Merkley	Warner
Durbin	Murphy	Whitehouse
Feinstein	Murray	
Gillibrand	Peters	Wyden
Hassan	Reed	

NAYS—52

Alexander	Gardner	Portman
Barrasso	Graham	Risch
Blackburn	Grassley	Roberts
Blunt	Hawley	Romney
Boozman	Hoeven	Rounds
Braun	Hyde-Smith	Rubio
Burr	Inhofe	Sasse
Capito	Isakson	Scott (FL)
Cassidy	Johnson	Scott (SC)
Cornyn	Kennedy	Shelby
Cotton	Lankford	Sullivan
Cramer	Lee	Thune
Crapo	McConnell	Tillis
Cruz	McSally	Toomey
Daines	Moran	Wicker
Enzi	Murkowski	
Ernst	Paul	Young
Fischer	Perdue	

NOT VOTING—5

Bennet	Harris	Warren
Booker	Sanders	

The joint resolution (S.J. Res. 52) was rejected.

#### CLOTURE MOTION

The PRESIDING OFFICER. Pursuant to rule XXII, the Chair lays before the Senate the pending cloture motion, which the clerk will state.

The senior assistant legislative clerk read as follows:

#### CLOTURE MOTION

We, the undersigned Senators, in accordance with the provisions of rule XXII of the Standing Rules of the Senate, do hereby move to bring to a close debate on amendment No. 948 to H.R. 3055, a bill making appropriations for the Departments of Commerce and Justice, Science, and Related Agencies for the fiscal year ending September 30, 2020, and for other purposes.

Richard C. Shelby, Mike Crapo, John Cornyn, Roy Blunt, Thom Tillis, Shelley Moore Capito, Roger F. Wicker, Lisa Murkowski, Mike Rounds, Pat Roberts, John Boozman, Marco Rubio, John Barrasso, Kevin Cramer, Richard Burr, James E. Risch, Mitch McConnell.

The PRESIDING OFFICER. By unanimous consent, the mandatory quorum call has been waived.

The question is, Is it the sense of the Senate that debate on amendment No. 948, offered by the Senator from Alabama, Mr. SHELBY, to H.R. 3055, a bill making appropriations for the Departments of Commerce and Justice, Science, and Related Agencies for the fiscal year ending September 30, 2020, and for other purposes, shall be brought to a close?

The yeas and nays are mandatory under the rules.

The clerk will call the roll.

The legislative clerk called the roll.

Mr. THUNE. The following Senator is necessarily absent: the Senator from Louisiana (Mr. CASSIDY).

Mr. DURBIN. I announce that the Senator from Colorado (Mr. BENNET), the Senator from New Jersey (Mr. BOOKER), the Senator from California (Ms. HARRIS), the Senator from Minnesota (Ms. KLOBUCHAR), the Senator from Vermont (Mr. SANDERS), and the Senator from Massachusetts (Ms. WARREN) are necessarily absent.

The PRESIDING OFFICER (Mr. ROMNEY). Are there any other Senators in the Chamber desiring to vote?

The yeas and nays resulted—yeas 88, nays 5, as follows:

[Rollcall Vote No. 338 Leg.]

YEAS—88

Alexander	Graham	Reed
Baldwin	Grassley	Risch
Blackburn	Hassan	Roberts
Blunt	Hawley	Romney
Boozman	Blunt	Rosen
Braun	Boozman	Rounds
Burr	Braun	Rubio
Capito	Hooven	Sasse
Cassidy	Hyde-Smith	Schatz
Cornyn	Inhofe	Schumer
Cotton	Isakson	Johnson
Cramer	Jones	Scott (SC)
Crapo	Kaine	Shelby
Cruz	Kennedy	Sinema
Daines	Collins	King
Enzi	Coons	Lankford
Ernst	Cornyn	Leahy
Fischer	Cortez Masto	Manchin
	Cotton	Sullivan
	Craper	Markey
	Cramer	McConnell
	Daines	McSally
	Durbin	Tillis
	Enzi	Toomey
	Ernst	Wicker
	Feinstein	Wendy
	Gillibrand	Young

NAYS—5

Blackburn	Lee	Scott (FL)
Cruz	Paul	

NOT VOTING—7

Bennet	Harris	Warren
Booker	Klobuchar	
Cassidy	Sanders	

The PRESIDING OFFICER. On this vote, the yeas are 88, the nays are 5.

Three-fifths of the Senators duly chosen and sworn having voted in the affirmative, the motion is agreed to.

**COMMERCE, JUSTICE, SCIENCE, AGRICULTURE, RURAL DEVELOPMENT, FOOD AND DRUG ADMINISTRATION, INTERIOR, ENVIRONMENT, MILITARY CONSTRUCTION, VETERANS AFFAIRS, TRANSPORTATION, AND HOUSING AND URBAN DEVELOPMENT APPROPRIATIONS ACT, 2020**

The PRESIDING OFFICER. The clerk will report the bill by title.

The legislative clerk read as follows:

A bill (H.R. 3055) making appropriations for the Departments of Commerce and Justice, Science, and Related Agencies for the fiscal year ending September 30, 2020, and for other purposes.

Pending:

Shelby amendment No. 948, in the nature of a substitute.

McConnell (for Shelby) amendment No. 950, to make a technical correction.

The PRESIDING OFFICER. The Senator from Texas.

#### HEALTHCARE

Mr. CORNYN. Mr. President, so far, the 116th Congress has been full of a number of dubious measures, as I might characterize them, by our friends across the aisle as it relates to our healthcare system.

For starters, our Democratic colleagues in the Senate and the House and on the Presidential campaign trail are hailing Medicare for All as the gold standard for healthcare in America.

I was here during the debates over the Affordable Care Act, and I remember President Obama's saying, if you like your policy, you can keep it and that if you like your doctor, you can keep your doctor. Neither one of those proved to be correct and true. Yet, here, our Democratic colleagues have simply given up all pretense and have embraced a Medicare for All Program that would outlaw some 180 million Americans' private health insurance policies. In other words, the policy you get through your employer as part of the fringe benefits of your employment would no longer be available under Medicare for All. This is, of course, socialized medicine, which ensures long waits for substandard care.

Yes, it is true that I have heard some say: "Well, it is Medicare for All. Who would want it?" and others say: "No. I am for the public option." Both of these are slippery slopes into a single-payer, socialized medicine healthcare system that will deny consumers the choices they might prefer to make for themselves rather than to leave the government to make those choices for them. Not only would this trigger a lot of disruption, it would also lead to sharp increases in taxes to fund this, roughly, \$30 trillion pipedream.

Last month, Speaker PELOSI managed to take this debate on healthcare to the next level. It seems like controlling people's healthcare alone isn't enough. Now they want to run the drug industry too. Forget about choice. Forget about competition. Forget about innovation. One of the things that has characterized the American healthcare system is the lifesaving innovation of drugs. The Democrats want to now have the Federal Government determine what the formulary is, what drugs are available to you. They want to set the prices and ensure the bureaucrats rather than families are at the center of our healthcare system. They are churning out partisan healthcare bills, one after another, and taking their party further and further to the left with every move.

I would like to think, ultimately, cooler heads will prevail in the Senate, where we have been working on bipartisan bills to bring down healthcare costs. For example, the Senate's Judiciary, Finance, and HELP Committees have each passed bipartisan packages of bills to end surprise billing so as to

create more transparency when it comes to pharmaceuticals and increased competition, but that doesn't mean this side of the Capitol is immune from some of the politics when it comes to our healthcare system.

Rather than following the Speaker's lead in introducing partisan bills, the Democratic leader in the Senate has taken a different tack, that of blocking bipartisan consensus bills. For example, there is a bill I introduced earlier this year with our colleague from Connecticut, Senator BLUMENTHAL, to bring down skyrocketing drug prices. Senator BLUMENTHAL is a Democrat, and I am a Republican, but contrary to what you may see in the media, that doesn't mean we can't talk to each other or work together in the best interests of our constituents.

Because Senator BLUMENTHAL and I both sit on the Committee on the Judiciary, we have been looking at the price hikes that have been caused by people who game the patent system, specifically something called patent thicketing. Some drugmakers build a web of patents that is so intricate it is virtually impossible for competition to go to market even when the patent on the underlying drug has expired or will expire soon. They use these so-called patent thickets to hold competitors at bay and keep prices high for as long as possible.

This is something Senator BLUMENTHAL and I are trying to stop through our bill, the Affordable Prescriptions for Patients Act. This legislation would disarm those patent thickets and streamline litigation by limiting the number of patents companies can use so competition can go to market sooner.

This legislation passed the Senate's Judiciary Committee in June without having a single member on either side of the aisle vote against it. It was unanimous, which is something that doesn't happen all that often in the Committee on the Judiciary. In the past, something with this level of support would have quickly sailed through the full Senate but not today, not on the minority leader's watch. According to a report in POLITICO, the minority leader is blocking this bipartisan bill.

With the House Democrats' obsession of impeaching the President and, apparently, their interest in accomplishing nothing else, the odds of bipartisan legislation getting done around here are getting slimmer and slimmer each day. Rather than seizing the opportunity to pass a bill that will provide relief to the folks we represent who struggle with the high costs of prescriptions, it is politics 24/7. I am disappointed in our colleagues' single-minded obsession with undoing the 2016 election and removing the President from office. One of the casualties of that, though, is the prevention of our being able to pass even bipartisan bills to help the American people, the people we represent.

I ask here, publicly today, for the minority leader to reconsider his decision

of blocking this bipartisan piece of legislation.

I am afraid the vote our Democratic colleagues have just forced us to take this afternoon shows just how far they are willing to go to prove a point, even when the point is not well made, which leaves me with little optimism that the minority leader will have a change of heart.

As we have heard, the Affordable Care Act has what is known as State innovation waivers. That is part of what we voted on just a moment ago. It is important to reiterate that these innovation waivers, which were a part of the Affordable Care Act, enable States to waive some of the law's burdensome requirements in pursuit of finding alternative means of coverage. States can apply for these waivers to change how insurance subsidies are used, for example, and select a combination that better fits their States' and their citizens' needs. What works in a State as big as mine, with 28 million citizens, isn't, maybe, going to work in the same way as in a smaller State—North Dakota or Delaware.

Washington bureaucrats shouldn't be able to decide what best suits the needs of my constituents in Texas. That is why these waivers, which are part of the Affordable Care Act, are so important and why, last year, the administration gave the States more flexibility to tailor their insurance plans to suit their constituents' needs. This does not mean, as we have heard, that the States have an entirely free hand. It just gives them more flexibility to use Federal dollars where they are needed most. Unfortunately, our Democratic colleagues are opposed to these expanded innovation options.

They claim they forced this vote to repeal the rule because it puts patients' coverage for preexisting conditions at risk, but that is not true. Section No. 1332 does not allow States to waive ObamaCare's preexisting conditions' coverage. In fact, these waivers give States the ability to provide enhanced support for those with preexisting conditions and high healthcare costs. So far, 13 States have been approved for these waivers.

It is worth noting on this chart the 1332 waivers that have been issued this year. Colorado has seen a reduction in premiums by 16 percent; Delaware by 13 percent; Montana by 8 percent; North Dakota by a whopping 20 percent; and Rhode Island by 6 percent.

So with preexisting conditions covered, and with premiums actually going down, what is there to object to?

Well, our Democratic colleagues are simply waging a war against a problem that does not exist, but I guess if you say it often enough and loudly enough, some people, somewhere, may just believe that coverage of preexisting conditions is somehow a partisan issue. It is not. They are grasping at straws as their party unfortunately has gone further and further to the left on healthcare.

Well, 10 of the 13 States that received waivers are represented by at least one Democrat in the Senate. Why would you vote for a repeal of a rule consistent with existing law that would lower premiums for your constituents which would require coverage for preexisting conditions unless it is your good sense overcome by perhaps politics?

Our Democratic friends make it seem like coverage of preexisting conditions is a partisan issue when it is not. We all agree that patients with preexisting conditions should receive health coverage, period.

Earlier this year, I cosponsored a bill introduced by our friend, the Senator from North Carolina, Mr. TILLIS, called the PROTECT Act, which would reaffirm our commitment that no American will ever be denied health coverage due to a preexisting condition. We believe that coverage for preexisting conditions shouldn't hang in the balance of a court decision. It would finally codify what every Member of this body says they agree with: That all Americans deserve access to health coverage, specifically to cover preexisting conditions.

All this rule by the Trump administration does is provide the States with the flexibility to cater to their citizens' healthcare needs, and there simply was no reason to overturn it, and we did not.

So I would encourage our colleagues to stop daydreaming about pie in the sky ideas like Medicare for All—simply unaffordable, absolutely unworkable—or a government-run pharmaceutical industry where the government sets the prices and says what drugs you or your family can get access to.

Quit trying to fight the President at every turn and every step he wants to make. Try to find places where we can work together, and let's do that by moving bipartisan legislation that will lower out-of-pocket costs for drugs and improve people's quality of life and standard of living.

Mr. President, I yield the floor.

Mr. DURBIN. Mr. President, I listened carefully to the Senator from Texas, my colleague—and we have worked together and will continue to. For the record, there is something that I think needs to be mentioned.

It was a year ago, maybe even longer, that the attorney general from his State of Texas initiated a lawsuit with more than a dozen Republican attorneys general to eliminate the Affordable Care Act—all of it, the protection when it came to preexisting conditions, lifetime limits, allowing members of the family to keep their children on their policy until they reach the age of 26.

These States attorneys general, starting with his State of Texas, said: Get rid of all of it. Eliminate it. And then President Trump said: We will join in the lawsuit. Let's eliminate it completely.

So when I hear these pleas on the floor that we are all for the principles

in the Affordable Care Act, not a single Republican Senator voted for it, and now there is an effort by the attorneys general and the Trump administration to do away with it.

Is it because they have a better idea? No. I am sure you remember that moment not long ago when our departed colleague, John McCain, came to the well of the Senate and was the deciding vote to save the Affordable Care Act. The point he made is still valid. The Republicans have no alternative. I want to make sure the Affordable Care Act is better. There are some parts of it that need to be improved, but to eliminate it as this lawsuit would from the Trump administration? That is a step backwards.

There are two other points that I would like to make. When it comes to our current healthcare system, it has many positive things: wonderful doctors and hospitals, amazing technology and medicine.

But there are also some built-in flaws in the system. Let me give an example, one simple story. I met a woman the other day. Her sister is an OB/GYN. She got married, pregnant, about to have twins, couldn't be happier, but the babies came early. And so this doctor went to the hospital to deliver her babies, her twins, and they needed to be put in the neonatal intensive care unit of the hospital, which of course she did.

Good news. Three or four weeks later, they were ready to come home. They came home, and of course, everyone was happy to receive them. But they weren't happy to receive the bill for hundreds of thousands of dollars. What was it for? It turns out that, at the hospital, the doctor was in network for the woman who was delivering the baby. The hospital was in the network for delivering the baby. But the NICU was a separate entity that even this doctor didn't know it wasn't in network.

Her babies went to this lifesaving intensive care unit in the hospital, and she received a bill for hundreds of thousands of dollars—a surprise bill. Is that right? Of course, it is not. And here is a professional, a medical professional, who frankly could not ask all the right questions, obviously, and became a victim of the system.

Let me tell you one other story, when we talk about the current state of the cost of medicine. I go to Rockford, IL, and I meet a young woman, and she introduces me to her mother. Her mother is a waitress, a hard-working lady, never took a day off in her life. But she did have some health insurance, and her health insurance covered her daughter until her daughter reached the age of 26, and then her daughter was on her own.

The problem was her daughter is diabetic, and her mother understood that now the cost of insulin, which had been covered by the family health insurance, was an individual personal burden for her daughter to pay, and the

cost of insulin had gone up dramatically during the girl's young life.

In the last dozen years or so, the cost of insulin has gone from \$39 for a vial—one of the most commonly used types of insulin called Humalog made by Eli Lilly—from \$39 a vial to \$329. The mother was in a panic. Her daughter was working part-time and just getting started, still suffering from diabetes. Her mother was afraid she would not be able to afford the insulin, so her mother, a waitress, was taking her money and putting it aside to buy vials of insulin, so if her daughter started to run short, she would be able to provide her with the insulin.

What is the cost of that same product in Canada? \$39—\$329 in the United States; \$39 in Canada. What is the difference? It is the same drug made by the same company in the United States. The difference is the government of Canada stepped up and said: We are not going to let you do this. We are not going to let you run the cost of insulin to the high heavens at the expense of people who live in Canada. And Eli Lilly said: We will play by your rules, if that is what the Canadian Government says.

So when I hear Senators, like my friend from Texas, get up and talk about this terrible invasion of government into our rights, that lady, that mother in Rockford would certainly like to have her government—our government—step up and give her a chance to have affordable insulin so she could have peace of mind for her daughter. It is not too much to ask.

#### THE RELIEF ACT

Mr. President, the reason I came to the floor is because I wanted to respond to my friend—because it is a critical topic—but the reason I came to the floor is to discuss an issue which is not uniquely American, but is truly American.

For 528 years now in this place called America, we have immigrants coming to the shores of our Nation. Starting and following Christopher Columbus—if you buy that side of the story, and I do—we have had millions come to our shores and they have become part of America. With the exception of Native Americans and indigenous people, they have come from every corner of this earth to be part of what we call the United States.

You would think, with that history, that we would have a pretty clear idea of what our policy should be when it comes to immigration. Sadly, you are wrong. We have the most broken immigration system imaginable. I have studied it for years and continue to. It is almost impossible to understand all of the twists and turns in our immigration system.

Seven years ago, there were eight of us—four Democrats and four Republicans in the Senate—with the leadership of Senator McCain, Senator SCHUMER, and many others, who came together and rewrote the entire immigration code, the entire immigration body

of law. It took us months of meeting every single night, hammering out compromises, agreeing to provisions. Then we went to the Judiciary Committee, and hundreds of amendments were offered. Senator Sessions of Alabama, I think he offered dozens by himself. He wasn't too happy with the bill.

But we went through that lengthy process, came to the floor of the Senate, and faced even more amendments. At the end of the day, though, it passed. I believe it was 68 votes on the floor of the Senate. We passed comprehensive immigration reform, sent it to the House of Representatives, and unfortunately, the Republican leadership would not even consider it. They didn't even bring it up for a debate or for an amendment.

So we are stuck today with a broken system, and we are also stuck with a system that is rife with politics. I would say, and I think no one would contradict us, no President before Donald Trump has really made such an issue of immigration—no one.

It has been an issue in the past, but this President, from the beginning of his campaign until the current time, has hammered away at immigration constantly, calling those that came from Mexico murderers and rapists and so many other things that he has done—I can go through the long litany of things that have happened. It is pretty clear that, when it comes to the policy of immigration, that this administration has fallen down and falls short when it comes to immigration.

Today, I want to address one aspect of this. I am the ranking Democrat on the Immigration Subcommittee. Coincidentally, the chairman of that Subcommittee in Judiciary is the gentleman from Texas, Mr. CORNYN, who just left the floor.

So far this year, 10 months into this year, our Subcommittee on Immigration, despite all the problems, all of the challenges, has had one hearing—one hearing. It is a good thing that we are not paid for the work that we do because, frankly, we have done little or nothing.

The Senate Judiciary Committee in the same period of time has only voted on one immigration bill. The Republican majority limited debate to only 1 hour and didn't allow a single amendment to be offered. It is hardly an ambitious effort to make a body of law better.

It is time for the Immigration Subcommittee to go back to work. Today, I sent a letter—joined by every Democrat on the Judiciary Committee—asking the Republican Chairman of the Immigration Subcommittee, the gentleman from Texas, to hold a hearing on one serious problem in our immigration system: the green-card backlog.

In our broken immigration system, there are not nearly enough immigrant visas—legal visas known as green cards—available each year. As a result, many of the immigrants to this country are stuck in crippling backlog for years, sometimes decades.

Close to 5 million future Americans are in line waiting for green cards. Many are living and working in the United States on temporary visas, while many are waiting abroad, separated from their families who are living in the United States.

Under current law, only 226,000 family green cards and 140,000 employment green cards are available each year. Children and spouses of lawful permanent residents count against these caps, which further limits the availability of green cards.

The backlogs are really hard on families who are caught in immigration limbo. For example, children in many of these families “age out” because they are no longer under the age of 21 by the time the green cards are available.

That is why I have asked the Senator from Texas, Mr. CORNYN, to hold a hearing on this issue to consider several pending bills dealing with this green card backlog. I have asked him repeatedly. I have asked Senator GRAHAM, and I have asked Senator LEE, who is engaged in this debate. This will help the Senate to understand the impact of each of these proposals before us, to try to reach an agreement.

That is how the Senate, incidentally, is supposed to work, where the committees gather, bring in witnesses, have an open debate, agree on a bill, move it forward to the floor, open it to debate on the floor. In 2013, as I mentioned, I was part of a bipartisan group that showed it can work. We need to show it again. Then, our bill went through extensive hearings and debate.

Unfortunately, the senior Senator from Utah, my friend, Mr. LEE, has tried to avoid regular order on this question. He does not want it to go to committee. I hope he will reconsider. He has come to the floor several times to attempt to pass his legislation, S. 386, without any debate or chance to offer any amendments. Because he has chosen this approach, I have come to the floor today to speak about his legislation and mine.

My concern with Senator LEE’s bill is simple. The solution to the green-card backlog is obvious: Increase the number of green cards. But S. 386, Senator LEE’s bill, includes no additional green cards. In fact, it has carve-outs for special interests—which are not in the original version of the bill that passed by the House—and that will cut the number of green cards that are available to reduce the backlog. Without any additional green cards, S. 386 will not eliminate the backlogs for the immigrants, particularly those from India—and there is a large number, over half a million, the nationality with the most people in the employment backlog. It will dramatically increase backlogs for the rest of the world if we go by Senator LEE’s bill.

Ira Kurzban is one of the Nation’s experts on immigration law. He took a look at Senator LEE’s bill, and he said the backlogs will be longer and larger

because of it. In fact, over 165,000 Indian immigrants currently in line for these visas will still be waiting 10 years from now.

Mr. Kurzban has also made it clear that the Lee bill puts some Indian immigrants to the front of the line—because they have been waiting the longest—at the expense of every other country.

From 2023 until well into 2030, there will be zero EB-22 visas for the rest of the world. None for China, South Korea, Philippines, Britain, Canada, Mexico, every country in the EU and all of Africa. Zero. It would choke off green cards for every profession that isn’t IT—healthcare, medical research, basic science, all kinds of engineering; chemists, physicists.

That is why dozens of national organizations representing many immigrant communities oppose the bill introduced by Senator LEE. Groups representing Arabs, Africans, Asians, Canadians, Chinese, Greeks, the Irish, Italians, Koreans, South Asians, and many, many more have come out in opposition to the Lee bill. More than 20 of these groups sent a letter in opposition.

In light of this attempt to pass the Lee bill and the problems it has run into, I am offering an alternative to this legislation. My alternative is basic and straightforward. It would eliminate the green card backlog and treat all immigrants fairly.

The RELIEF Act, which I introduced with Senator PAT LEAHY and Senator MAZIE HIRONO, will treat all immigrants fairly by eliminating immigration visa backlogs. The RELIEF bill is based on the same comprehensive immigration bill I described earlier. It would lift green card country caps, but, unlike S. 386, the RELIEF Act would increase the number of green cards to clear the backlogs for all immigrants waiting in line for green cards within 5 years. Compare that to S. 386, the Lee bill, where more than 165,000 Indian immigrants currently in line will still be waiting 10 years from now.

The RELIEF Act will also keep American families together by treating children and spouses of legal permanent residents as immediate relatives, just as the children and spouses of citizens are, so they won’t count against the green card cap. My bill would protect aging-out children who qualify for legal permanent resident status based on a parent’s immigration status.

UNANIMOUS CONSENT REQUEST—S. 2603

Mr. President, I ask unanimous consent that the Judiciary Committee be discharged of S. 2603, the RELIEF Act, and the Senate proceed to its immediate consideration; further, that the bill be considered read a third time and passed and the motion to reconsider be considered made and laid upon the table with no intervening action or debate.

The PRESIDING OFFICER. Is there objection?

The Senator from South Dakota.

Mr. THUNE. Mr. President, the legislation to which the Senator from Illi-

nois has referred, Senator LEE’s bill—Senator LEE is not able to be here to object, so on his behalf, I object.

The PRESIDING OFFICER. Objection is heard.

The Senator from Illinois.

Mr. DURBIN. Mr. President, I am sorry for this objection. I thank the Senator from South Dakota for coming to the floor on behalf of the Senator from Utah. I have been in communication with the Senator from Utah. I hope he will join me in asking for a hearing. This is an issue which literally affects hundreds of thousands of people living in this country, many of whom have been here for years and decades. Practicing physicians in my hometown of Springfield are affected by this debate. They want to know what their future will be and the future of their children.

I am trying to find a reasonable way to work out a compromise on this, and I stand ready to do so. I hope Senator LEE will join me in asking Senators GRAHAM and CORNYN to have a hearing before the Judiciary Committee. I want to extend this invitation to Senator LEE to join the Senate Judiciary Committee Democrats who signed a letter with me today requesting this hearing.

I am happy to sit down and discuss this issue with the senior Senator from Utah or any other Senator. If we work together in good faith, I believe we can reach a bipartisan agreement on legislation that can pass both Chambers and be signed into law.

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.

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

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

OPIOID EPIDEMIC

Ms. ERNST. Mr. President, just over a year ago, President Trump signed into law the most comprehensive and sweeping opioid response package in the Nation’s history, a piece of legislation that passed this body with overwhelming bipartisan support—a rarity in gridlocked Washington. The reason we came together was simple: Opioid abuse is tearing apart families, straining our law enforcement and emergency services, and engulfing our communities. Young mothers with precious babies and young people in the prime of their lives are focused on fentanyl rather than finding their path toward success.

This crippling epidemic has touched the lives of Iowans from all walks of life and from all areas of our State. We have seen the harrowing statistics and the ongoing struggles that many of our loved ones face. In Iowa, we also struggle with an ongoing meth epidemic that further threatens our communities. In just one of many statistics, the number of children put into foster

care in the United States due to parental drug use nearly doubled from 2000 to 2017.

I have heard so many heartbreaking stories from families who have a loved one battling addiction.

A mom from Polk County shared with me her son's 7-year battle with addiction and how the vicious disease affects all levels of society, including our friends, our neighbors, and in her case, her family. She concluded by pleading with Congress to act to end, in her words, "this horrific situation and serious threat to our nation's future." Families like this are desperate for their loved ones to reach recovery and good health before their story ends in tragedy. As is sometimes quoted, "Addiction is a family disease. One person may use, but the whole family suffers."

It is these heartbreaking stories that propelled me and my colleagues to take action. This bipartisan package named the "SUPPORT Act" expanded treatment and recovery options for opioid addiction, created new tools for prevention and enforcement, supported safe disposal of opioids, strengthened first responders' training, and provided for the safe disposal of unused drugs. It has produced real results for Iowans and for folks all across the country.

Just last week, I had the chance to join the First Lady of the United States, Melania Trump, Secretary of Health and Human Services Alex Azar, and a number of other administration officials to discuss the progress made on opioid abuse, including efforts to reduce the number of women using opioids during pregnancy.

This President and this Republican-led Senate are tackling the opioid crisis in a meaningful and thoughtful way, and I couldn't be prouder to be associated with this work. In Iowa alone, for instance, we have seen the number of deaths from opioids decrease by 19 percent. In September, the administration announced \$932 million in awards for State opioid response grant funding, including over \$11 million for Iowa.

This past Saturday, Iowans from across the State participated in another National Take Back Day to raise awareness and encourage the safe disposal of unused prescription drugs. Earlier this year, in April, when we had another Take Back Day, in my home State of Iowa, 88 law enforcement officers worked at 135 collection sites throughout the State and collected 11,680 pounds of unused prescription drugs. More than 135,255 pounds of unused drugs have been collected in Iowa since the beginning of the drug take back program.

I am humbled to say that my bipartisan Access to Increased Drug Disposal Act, which was part of the package we passed last year, led directly to resources being awarded in Iowa for events like these.

We should be encouraged by the impact the SUPPORT Act, combined with the Trump administration's efforts,

have made in the lives of Iowans in just 1 year.

As we continue in our fight, I feel hopeful and determined—hopeful that we can help Americans rise above the chains of addiction and determined all the more to keep making progress on behalf of families across this country.

I yield the floor.

The PRESIDING OFFICER (Mr. PERDUE). The Senator from Ohio.

Mr. PORTMAN. Mr. President, I wish to thank my colleague from Iowa for her comments and also for her organizing this event this afternoon. This is an opportunity for us to talk not only about some of the things we have done in the U.S. Congress that are positive in terms of addressing the largest drug crisis we have ever faced in our country but also about what we need to do going forward and how we need to keep our eye on the ball to be sure that we don't see more addiction coming, that we don't see some of these new dangers—like crystal meth and other drugs—coming up.

Again, I thank my colleague from Iowa. Iowa has been hard-hit; so has Ohio. In fact, in 2017, our opioid overdose rate was about three times the national average. We have, unfortunately, been in the top five in terms of overdose deaths for most of the last 10 years. We have had nearly a dozen Ohioans dying from these dangerous drugs every single day. This has now surpassed car accidents as the No. 1 cause of death in my home State of Ohio.

What has happened is, since 2017, with a lot of work from a lot of people on the ground, with some help from Washington—about \$4 billion in new funding that this body has approved and taken the lead on—we have begun to make progress.

Last year, in 2018, Ohio had a 22-percent reduction in overdose deaths. This leads the country in reductions, and we are proud of that because of the lives that have been saved. But we also realize that we came from such a high mark, high watermark, that it is important for us to keep the pressure on to continue to make progress.

What has happened in Ohio is what is happening around the country, which is the SUPPORT Act, which was signed into law by the President just about 1 year ago, and other legislation, like the Comprehensive Addiction and Recovery Act—the CARA legislation—and also the State Opioid Response grants, have started to work.

I see the Senator from Missouri is on the floor today. What they have done in the Appropriations Committee to fund these projects is making a huge difference back home. I have spent a lot of my time working with the community organizations, talking to addicts and recovering addicts. I have talked to a couple thousand in the last couple of years alone. I will tell you, it is working. What is working are more innovative programs back home to close some of these gaps.

Recently, I had the opportunity to go out with the RREACT team in Columbus, OH. They are being funded with a grant of about \$800,000 from the Comprehensive Addiction and Recovery Act, the CARA legislation. Again, this has been funded by the Appropriations Committee, actually, at above its authorized level.

It is working. They are closing an obvious gap, which was that people were overdosing, getting Narcan. Our brave first responders were saving their lives, and then those people were going back to the community they were from—back to the same family or the same group of friends—and, unfortunately, with the addiction not having been addressed, they were overdosing again and again, sometimes, again and again and again.

Often, these first responders—the firefighters back home—will tell you: We were saving the same person time and again. Some of that is still happening, but what the RREACT team does when there is an overdose and when Narcan is supplied—this miracle drug to reverse the effects of the overdose—then there is followup. Of course, we should have done it years ago, but we are now doing it. I am proud to say, in my home town of Cincinnati, OH, Colerain Township, much of this was started, but now it is spreading around the country.

The Columbus RREACT team is one of the best. They go out with firefighters, EMS personnel, with law enforcement, plainclothes, with social workers, with treatment providers, to the family, to the home—and I have gone out with them; I have gone to the homes and met with these addicts—and they say: Look, we are here to help. We are not here to arrest you, but we are here to say that you need to get into treatment.

Unbelievably—and a lot of people are skeptical of this. Here is an addict; why would they come forward? But in about 80 percent of the cases, in terms of the RREACT team, these individuals say: Do you know what? OK, I will try it.

That is the first step. That is the critical first step—to get into treatment and then longer term recovery and begin to turn that person's life around, as well as that person's family and that person's community because it has devastated all of the above.

This is what is happening with the Federal legislation funding innovative projects back home to close these gaps and to make a difference. I am very appreciative of what our team has done here—Republicans and Democrats alike.

In the more recent legislation that was just passed, the SUPPORT Act, we also included something that focuses exclusively on fentanyl. This is really important. It is called the STOP Act. In my subcommittee, we did an 18-month investigation of this. We spent a lot of time on it. We worked hard to make it bipartisan but also to be sure

it was something that would actually work. We found out that fentanyl, which is the worst of the drugs and the most dangerous, is killing more people than any other drug. Even today, with our success on opioids, this synthetic opioid is coming almost exclusively from China, and at the time we passed the legislation a couple of years ago, it was almost exclusively coming through our U.S. mail system—our U.S. mail system. This deadly drug was coming into post office boxes and to people's homes.

What we said to the post office was: You have to put some screening in place, much like FedEx does or DHS does or DHL or other private sector entities. Guess what. They are starting to do that, and it is making a big difference. They are now requiring advance electronic data from these packages, showing where they are from, where they are going, what is in them. This allows law enforcement to target those packages and to stop some of this fentanyl coming in.

Unfortunately, the post office is not doing all it should do. Under the legislation, they are supposed to have 100 percent of packages from China, as an example, being flagged, being screened, and they are not.

Right now, we think they are identifying from China about 88 percent of the packages. It is not 100 percent yet. Let's get to 100 percent.

We have also found that the Postal Service, based on a 2019 audit this year by the inspector general, identified and pulled about 88 percent of the packages from China that were flagged. That leaves, of course, many packages that are not being flagged. So over 10 percent of these packages, the post office can't even find.

Let's do better. We can do better. It is critical that we continue to hold the post office accountable because this is poison coming into our communities. That is in this legislation.

One kilogram of this fentanyl is powerful enough to kill about one-half million people. That is how powerful this is. It is a true life-and-death issue.

We have introduced new legislation in Congress called the FIGHT Fentanyl Act in the last week. Why? Because, otherwise, fentanyl, which is currently listed as a substance on schedule I—a schedule I drug and therefore illegal—is going to come off that list in February of next year. We can't let that happen, of course. Let's not do a short-term extension. Let's put fentanyl on as a scheduled drug permanently.

I see more of my colleagues have come to talk about this issue.

My point, I guess, is very simple. We have done some great things in this body to help our governments back home at our State and local levels and the nonprofits and people in the trenches who are doing the hard work. Let's keep it up. Let's be a better partner. Let's continue to provide support through the Comprehensive Addiction and Recovery Act, through the Opioid

Response grants, through the STOP Act, and through other things to be able to give folks back home the tools they need to push back against this scourge, against this addiction that is devastating our families, our communities. Now we see, with the opioid progress having been made, other drugs coming in—particularly, crystal meth—directly from Mexico. So it is not just about this; it is about being flexible enough to be able to approach that as well. We have new legislation on meth that we should also be working on to provide that flexibility.

In the meantime, again, the Appropriations Committee is doing its work, sending the funding that is making a difference to save lives in our communities.

I yield back my time.

**THE PRESIDING OFFICER.** The Senator from Missouri.

**MR. BLUNT.** Mr. President, I want to thank Senator PORTMAN for his comments about what we have tried to do to provide the money, but let me tell you, having been involved in that part of it, really, before we began to pass legislation, nobody was more vigorously active than Senator PORTMAN to try to continue to point out the size of this problem and that something had to be done. He was out there talking about how big a problem this was for the country before other people were.

Thanks to Senator ERNST for bringing this group together today to talk about this critical issue as we figure out better ways to deal with this terrible scourge of addiction and activity that preys on people who have become addicted.

More than 47,000 lives were lost due to opioids in the United States in 2017—47,000 people. More people died of opioid overdoses than died in car accidents. The No. 1 cause of accidental deaths changed dramatically in the last handful of years. For everybody who died, there were hundreds of others who were risking their lives by misusing prescription drugs or illegal drugs or, even worse, illegal drugs that they had no idea what was in them.

The fentanyl challenge is so big and so dangerous. It seems to me it would be a pretty poor business model to try to have a drug so powerful, a product so powerful, that there is a good chance the person you are selling it to will never be a customer again because they are going to die from taking this drug, often knowing it is an incredibly dangerous moment to try to get on a drug-induced high that defies anything that has happened to them before. Of course, once you cross that line, there is no other line to cross because you are no longer a customer. Your life is gone. Your dependency on these drugs, no matter how it began, whether it was a high school cheerleading accident or a car accident or a running accident or a dental appointment—all kinds of ways—and in past decades, people believed prescribing these opioids had no danger of addiction and, boy, did we find out that was wrong.

Now, 3.4 percent of our entire gross domestic product—almost \$700 billion—was impacted and lost by the ongoing opioid crisis in 2018. Every State has a problem. Our State, Missouri, has a problem. We have seen a steady increase in synthetic opioid use over the last several years. This seemed to be moving from east to west, and I was hoping that by the time it got to us we would have more information, more thinking about it. I think that actually may have happened, but it is still bad. We had a 40-percent increase in fentanyl-related overdoses from 2016 to 2017.

Health and Human Services Secretary Azar and I were in Kansas City together at the Truman Medical Center to talk about this epidemic—Truman Medical, the No. 1 provider of uncompensated care in our State. We went to the neonatal area and saw babies who had neonatal abstinence syndrome, which is affecting a number of newborns now, and looked at how they were dealing with newborns who were born addicted.

Truman doctors and leaders there, as well as leaders in other area health centers in Kansas City, talked to us about how they were dealing with this. We have learned, even in the context of one urban area, that there is not necessarily a one-size-fits-all way to deal with this, which is why we have tried to focus our money at the Federal level on giving States the maximum flexibility they could have, within their State and in their State, to come up with what worked in the communities they were trying to work with.

We have provided the money. We haven't found every solution yet, but we are on the way, I think, to doing that. We have included flexibility for the States to use in funding for treatment, funding for prevention, funding for recovery from opioids, and other stimulants.

In Missouri, Federal funding in the last year has treated 4,000 people who wouldn't have been treated otherwise. Narcan is more and more available at workplaces and other places.

There is simply more work to do. We need to continue our focus on targeting resources toward opioid addiction but also toward behavioral health issues. I have said a number of times as we have dealt with this that if you don't have a behavioral health problem before you are addicted, you absolutely will have one after you are addicted.

One of the things we have found to be a big advantage in our State is that we had the good fortune to be part of this eight-State pilot program in which, in a number of locations in our State, regarding excellence in mental health, we are treating behavioral health, mental health, as we would treat any other health problem. That means you would treat it as long as it needs to be treated. There is no 14-day limit or 28-day limit. You can be treated just as you would for a kidney problem or another cancer problem or any other

problem, as long as you need it. We are finding great success in combining not only the medicated assisted therapy with getting off opioids but also the ability to have that mental health component as long as it needs to be there.

We are hoping to continue to work on the facts we have put together to determine what happens when you treat behavioral health issues like all other health issues, to determine other healthcare costs that people have. We are hoping to extend that pilot another 2 years, not to make it a permanent Federal responsibility but to be sure that States and communities in the future will have the level of evidence they need to look at, that there will be enough evidence compiled to show what really happens because everybody understands that treating mental health like all other health is the right thing to do.

I think these pilot projects are compiling the evidence to show you that not only is it the right thing to do, but actually it is the financially responsible thing to do as well.

Attacking this problem from all levels is critical. We are way beyond where we were 5 years ago. We are not where we need to be yet. States are trying things, sharing things that work and sharing things that don't work and why they didn't work in the communities that tried them. So we are going to continue to move forward with this.

I know Senator CAPITO is going to speak after me. She is also one of the early advocates for doing something about what she saw were significant problems that had developed in her State. I was grateful to have her advice and her driving this discussion in the way she did.

I yield the floor.

The PRESIDING OFFICER. The Senator from West Virginia.

Mrs. CAPITO. Mr. President, I think it is very impactful for us to be discussing today a problem that has hit all of our States.

Senator BLUNT, in his great work not just on the Appropriations Committee but in his State of Missouri, has been very active. I think we all have. It is a problem that knows no political boundaries.

Certainly, my State of West Virginia has one of the deepest, strongest, and toughest problem. We have the highest rate of opioid-related deaths per capita. It is not something we wear proudly, but it is something that has really forced us to try many innovative things and to try to be the leader in the solutions.

That is a lot of what I am going to talk about today because a lot of what we have seen in the SUPPORT Act, from all of our individual States, has been incorporated into a national response to what is an epidemic around our country that is frightening, scary, and, in my view, could almost lead us to losing a generation. This powerful reaction we have had to the three

pieces of legislation is absolutely critical.

We passed the SUPPORT Act. It was signed into law a little bit over a year ago. That was really as an add-on to the Comprehensive Addiction and Recovery Act that we passed several years before that, but as my part of this discussion today, I want to share the successes that have worked in our State and how I think they have been able to be incorporated around the country.

After CARA, we realized that while we did great with money for rehab facilities and helping our first responders with Narcan and other more immediate problems, there were other things we didn't focus on that we really needed to focus on in order to have a comprehensive solution, and that is the children—the children who are impacted in a home of addiction or exposure to addiction and also the jobs that are being lost because of it. So we went back to the drawing board, and we came up with the SUPPORT Act, which is landmark legislation where we are seeing real results.

For instance, in my State of West Virginia, the State opioid response grants are the grants that really go to every State in a formula fashion, where you are supporting treatment centers, drug courts, and other responses to the addiction issue, but under the old rule, the money was divided up according to your population size. So I started talking with Senator SHAHEEN from New Hampshire—a small State impacted more critically, like our State of West Virginia—and saying: Wait a minute. Our smaller States are really not getting enough in the State opioid response grants to make an impact and to be part of the solution. So we pushed hard to change this funding so States that are more acutely affected, that have smaller populations, like Montana, West Virginia, and New Hampshire, are able to get more funding so we can attack the problem where it is the deepest and the most acute.

It helps with our WVU Comprehensive Opioid Addiction Treatment, the COAT, Program, the model they have put together at WVU for medication-assisted treatment made. It helps with our peer recovery coaches, and it has also had a lot of impact on our children and our families.

What we have also found, like every State here, I am sure—in the State of Arkansas, you probably have more kids in foster care than you have had in the past because of this issue. According to our West Virginia Bureau of Children and Families, approximately 82 percent of the children who are in foster care are there because of parents with substance abuse-related issues. That is 82 percent of our children, and we have thousands more in foster care. It is directly attributable to this issue. It doesn't even mention all the grandparents and great-grandparents, in some cases, who are raising children.

How do we tackle the ripple effects of this issue? Well, you can create some-

thing that was also created in West Virginia called the Martinsburg Initiative. It is spearheaded by the Martinsburg Police Department—a small city very close to DC, the West Virginia part that is close to DC—the Berkeley County Schools, and Shepherd University. It is a partnership with the Boys & Girls Club of the Eastern Panhandle.

This is based on a CDC study that shows that when children have adverse childhood experiences—called ACES—if you can categorize children who have adverse childhood experiences, if you can identify those children and pay special attention to them through things like the Martinsburg Initiative, you can maybe head off issues that could come into their future.

So police officers come to the schools. They mentor the children. I met them at the Boys & Girls Club of the Eastern Panhandle and talked about the positive influence a police officer, combined with the schools, combined with a college student, can have on a young person's life—and, in some cases, the most trusted person in their life—if they are subject to a home that is filled with drug and opioid addiction. We saw the success of this.

I joined with Senator DURBIN—again, across the aisle—to ensure that the SUPPORT Act created some of this. We are now taking it the next step forward to address these issues in the RISE from Trauma Act, which would help us to build the trauma-informed workforce—we don't have enough people working in this area—and increase those resources in our communities.

Senator BLUNT talked about how important it is to work with babies who are born with exposure to drugs. This is also a part of the solution that has come from West Virginia, where the baby is taken out of the hospital setting to try to address the issues of that first trauma in the first days of their life, to try to wean them off of not just the exposure to drugs but also to incorporate the family into this so they can see what kind of pediatric recovery is needed and what the long-term effects might be.

Senator PORTMAN has been an incredible leader, trying to get rid of the fentanyl that comes in that is killing people. Over half of the people who die, die of a fentanyl overdose. He is trying to work with China and to work with the post office to get the tools to prevent illegal fentanyl from entering this country. We have had some success, but it is still frustrating. There is too much getting in.

I chair the Homeland Security Subcommittee on Appropriations. This is a big issue for our Border Patrol and our ICE agents to be able to make sure we are giving our post office the tools.

Another thing we did was we passed the INTERDICT Act, which the President signed, which will help the CBP and also the post office be able to detect fentanyl. It comes in these little packages because it is so very lethal.

A lot of what we have done is Federal funding, but a lot of what we have done

is listen to what our local communities are doing and listen to how they are solving problem in States that are highly affected.

One of our communities of Huntington has really been a leader in this. One of the most effective strategies that Huntington has had—and Huntington had the highest overdose rate in our State—was to create these quick response teams. This is when a person comes into the emergency room with an overdose and is discharged, they are then contacted within 72 hours by a quick response team from the community. A plainclothes police officer, with a health officer or a social worker, and, in some cases, a faith-based respondent comes in and says: Are you ready for recovery? When you are ready for recovery, this is where you go. We are your community. We want to help you. We understand where you are. We understand your issues. We are your neighbors, and we want to help you.

This has really already had a very good effect in the city of Huntington, in Cabell County, because the overdose rate in that area has gone down 26 percent since they instituted the quick response team concept. So it is going across the country, and part of that is because it is in the SUPPORT Act.

I have hope for what we have done in West Virginia, but there are way too many people and families who are affected by this. There are too many lost lives, too much lost time, and too much lost love, quite frankly. There are parents of children who can't sleep at night. The only night they sleep is when they know their child is incarcerated because they don't know if they are going to wake up the next morning. There is story after story of just tragedies.

We are all working together. I think we have a long way to go. I think we have hit on some good solutions. We need to keep the ones that are working, and the ones that don't work, send them on down the road because we know there is no one solution to this very difficult problem.

I am going to continue to fight with my colleagues here today for every single person and all those folks whose lives are touched by this crisis.

Do you know what? We are all touched by it. If I ask for a show of hands in a townhall meeting and say: Who knows somebody who has been touched by this crisis, it is almost unanimous. Everybody raises their hands.

We are going to emerge stronger. I am optimistic, but this is a long fight. I am really pleased to join with so many of my colleagues in this fight.

I think my colleague from Arkansas, who has worked hard on this as well, is the next one up.

Thank you.

The PRESIDING OFFICER. The Senator from Arkansas.

Mr. BOOZMAN. Thank you, Mr. President.

I say a special thanks to Senator CAPITO and all she has done, not only

in this area but in so many things that affect rural America, certainly, being the cochair of the Rural Broadband Caucus. The list goes on and on. We do appreciate her leadership.

Our Nation's opioid epidemic is, unfortunately, a subject we have spoken about all too often here and in so many other places. It does feel, however, that the tone and tenor of our remarks reflect a much more hopeful outlook than many of our previous discussions have had. That is because we are making progress in the fight.

Around this time last year, we came together to overwhelmingly pass a comprehensive legislative package that was signed into law by President Trump, Democrats and Republicans working together.

There has been a noticeable difference as a result of this comprehensive reform. Law enforcement is now better equipped to stop illegal opioids from reaching our communities, and efforts are being stepped up at the border to cut off the influx of fentanyl from China. More first responders have been trained to administer naloxone, which has prevented opioid overdoses from claiming more lives in our communities.

Most importantly, we have saved lives by increasing access to mental health and addiction treatment services for those struggling to overcome opioid dependence.

The treatment and recovery aspect of our strategy is the key. Federal resources are being deployed nationwide to break the cycle of addiction.

These grants are invaluable for the facilities that give those struggling with addiction and their families new hope in the fight against opioid abuse. From what I have seen firsthand at treatment facilities in Arkansas, these efforts are indeed making a difference. They are helping tremendously.

The impact of this national epidemic has been felt acutely in the Natural State. According to the CDC, Arkansas had the second-highest prescribing rate over recent years, enough for each Arkansan to have one opioid prescription in his or her name.

It has taken a conscious effort by the State's medical community to drive those numbers down by 12 percent over a 4-year period. Limiting the amount of dangerous pain pills in circulation is a very positive and much needed step, but what about all the expired, unused, and unnecessary medications already in circulation?

That is where Arkansas Take Back comes in. Arkansas Prescription Drug Take Back Day events happen twice a year at locations across the State. These events are an opportunity for Arkansans to safely dispose of unused or expired medications with no questions asked. They also serve as an opportunity to further educate the public on the opioid epidemic and the importance of proper disposal of medications.

The 18th Arkansas Take Back this past weekend was another in a long

line of successful events. According to Arkansas drug director Kirk Lane, over 27,000 pounds of pills were collected at the nearly 200 event day locations and the 200-plus permanent drop boxes across the State.

These events are a heavy lift on the part of many Arkansans. We greatly appreciate the efforts of law enforcement agencies across the State, as well as their partners—Rotary clubs, prevention resource centers, Arkansas Department of Health, and so many others that carry out Take Back Day events.

The hard work to organize these opportunities to properly dispose of prescription medications is certainly worthwhile. Research has found that the majority of opioid abusers get their drugs from friends and family, often lifting pills from a familiar medicine cabinet. When you tally the results from the previous events in the State, Arkansas ranks third nationally in pounds collected per capita through Take Back. That means there are fewer homes in Arkansas where unsecured medications can get in the wrong hands.

I thank my colleagues for sharing similar success stories from events in their States. It is important that we highlight these programs. Anything we can do to get these dangerous drugs out of circulation certainly can help save lives. It is also a valuable reminder that we will all have a role to play in the fight to end the opioid crisis. Prescription Drug Take Back Day is an easy way each one of us can certainly do our part.

I yield the floor to my good friend Senator HOEVEN, whose leadership is also very important.

The PRESIDING OFFICER. The Senator from North Dakota.

Mr. HOEVEN. Mr. President, I thank the Senator from Arkansas for his work and also my other colleagues, those who have already spoken and the good Senator from Montana, who is going to speak right after. This really has been a bipartisan effort to make a difference, and I appreciate all my colleagues who are here today and who have done so much to advance this work, as well as the Senator from Kansas, who I believe will be speaking here in just a minute.

I join my colleagues today to discuss our Nation's effort to battle the opioid abuse epidemic that has taken far too many lives and has affected communities both large and small. Our first responders, law enforcement officers, healthcare professionals, and medical facilities are fighting this crisis on the frontlines. That is why we worked to advance a comprehensive approach that assists these key players and empowers States and localities to combat this public health emergency.

Last year, Congress passed and the President signed into law bipartisan legislation—the SUPPORT Act—to help families and communities impacted by addiction. This law supports

prevention, treatment, recovery, and law enforcement efforts.

Additionally, the SUPPORT Act contains language that I was able to co-sponsor to prevent the sale and shipment of illicit and dangerous drugs. This aligns with the goals of my Illegal Synthetic Drug Safety Act, which closes a loophole that has enabled bad actors to circumvent the law to distribute synthetic variations of drugs, like the powerful drug fentanyl, by labeling the products as “not for human consumption.” While these variations are technically different, they hold the same dangerous risks as the original drug.

The law also includes the Synthetic Tracking and Overdose Prevention Act, or STOP Act—another measure I co-sponsored that requires shipments from foreign countries sent through the U.S. Postal Service to provide electronic data. This enables CBP to better target illegal substances like fentanyl and prevent them from being shipped into our country from places like China and other countries.

These measures are important steps in keeping deadly drugs like fentanyl out of our communities; nevertheless, there is more to do, and we continue working to combat the opioid abuse epidemic from all sides. Just this week, I co-led a letter with Senator SHAHEEN encouraging the FAA to work with airlines to get opioid overdose reversal drugs like Naloxone included in the airlines’ emergency medical kits.

As chairman of the Senate Ag-FDA Appropriations Subcommittee, I worked to secure \$20 million in our fiscal 2020 funding legislation to support telemedicine grants that will help rural communities to combat opioid abuse as well.

Additionally, as a member of the Senate Appropriations Committee, I have supported the good work of Senator BLUNT, the chair of the Labor-HHS-Education Appropriations Subcommittee, to provide strong support for opioid abuse prevention, treatment, and recovery initiatives through the Department of Health and Human Services. The Labor-HHS-Education bill provides \$3.9 billion for such efforts, including \$800 million for the National Institutes of Health to develop pain management alternatives to opioids, as well as to study opioid addiction, and \$200 million to support the great work done by our community health centers, to enable them to expand prevention and treatment services and provide access to opioid overdose-reversal drugs.

Also, these bills include language I helped author that places a focus on addressing the challenges facing rural communities struggling with this ongoing crisis. The bill gives States greater flexibility in how they can use opioid abuse funds, including allowing some resources to be used to address stimulants like meth, which remains a substance of high concern in many of our rural States, including my own.

We need to move forward with the Labor-HHS appropriations bill and the other full-year funding bills, including the Defense appropriations bill, which I believe we will be voting on this week, because they are vital to our national security and provide certainty for our military and our servicemembers.

Passing these full-year appropriations bills will ensure that we fund important priorities, from national security to vital support for our ag producers, to combatting the opioid abuse epidemic we are talking about here today.

We worked hard to pass the SUPPORT Act to provide our healthcare providers, first responders, and law enforcement with the tools to prevent drug abuse, treat those suffering from addiction, and assist those in recovery.

While progress is being made, we need to continue working together to advance full-year funding bills to keep moving the ball forward in the fight against opioid abuse. We can combat the epidemic, stem its tide, and save lives.

I again want to commend my colleagues and will defer to my colleagues from Montana and Kansas.

I yield the floor.

The PRESIDING OFFICER. The Senator from Montana.

Mr. DAINES. Mr. President, just over a year ago, President Trump signed into law a major bipartisan bill, the SUPPORT Act, to help combat the opioid and drug epidemic that is devastating this country. I call that a very good first step in this long fight, and now we must continue working to do even more.

Drug overdoses are now the leading cause of death for those under age 50 in the United States. Our country is in the middle of a major opioid and meth crisis, and the sad reality is, this epidemic isn’t slowing down anytime soon. It has been said that meth is the next wave of the opioid crisis.

Sadly, in my home State of Montana, that wave is already reality. Meth is destroying Montana families and communities. As I travel across Montana, I hear far too many heartbreaking stories of addiction and tragedy. From Great Falls to Wibaux, to the Flathead and across Indian Country, the stories are all too real.

We need to do more to put an end to the tragic stories we are seeing in the news—no more stories of babies being born addicted to meth; no more stories of meth breaking up families; no more stories of babies being left in the forest—literally left in the forest—because their parents were high on meth. These stories are real, and their impacts are real.

Montana’s meth crisis is claiming lives, breaking up families, and leaving our foster care systems overcrowded and sometimes overloaded. It is leading to a significant rise in violent crime. In fact, from 2011 to 2017, there was a 415-percent increase in meth cases in Montana, with meth-related deaths rising 375 percent during those same years.

In Montana, the meth crisis is disproportionately impacting Native American Tribes. Enough is enough. That is why I fought to include my legislation, the Mitigating METH Act, which strengthens Indian Tribes’ ability to combat drug use, in the SUPPORT Act that was signed into law just last year.

That historic and comprehensive legislation was a great first step, but there is a lot more work that needs to be done, and tangible things can be done.

In Montana—we are a northern border State, but we have a southern border crisis. I say that for a very clear reason. There is no denying the fact that the meth that is invading Montana and that is devastating Montana is Mexican cartel meth. It is not home-grown meth anymore; it is Mexican cartel meth that is smuggled across the southern border.

Mexican meth is cheaper and more potent. In fact, several years ago, the meth we saw in Montana was home-grown meth. It had potency levels around 25 percent. Today, the Mexican cartel meth has a potency level of over 90 percent. That results in a much more dangerous form of meth. It is much more widespread, and the price has dropped.

I have met with Montanans across our State—whether it is law enforcement, doctors, nurses, treatment facility professionals—to come together, to work together, and to help combat the meth crisis we see in Montana. I am committed to fighting for more resources that give law enforcement and Border Patrol the tools they need to fight this epidemic. I will also continue to advocate for stronger support for treatment and care for our most vulnerable. Those who are addicted to meth need help, and they need compassion.

One thing we absolutely must do to help combat the drug epidemic is to secure our southern border because without secure borders, these illegal drugs and meth will continue to come across that southern border and have easy access into our country and into States like Montana. I won’t stand by and let this be the norm.

Earlier this summer, I was honored to welcome Vice President PENCE and Karen Pence to Billings. They got to see this crisis firsthand. They got to hear directly from law enforcement and Montana families impacted by the crisis. I saw Vice President PENCE and Mrs. Pence sitting around a table inside a facility that is helping moms who are addicted to meth and who are working with moms and their children to get better. They were telling their stories about how they have gotten better through treatment at the Rimrock Foundation facility there in Billings and starting out a much brighter chapter in their lives because of the help provided from Rimrock.

I stand with President Trump. I stand with his administration as we

work together to secure our borders and protect our communities from illegal drugs and to end this crisis.

I yield the floor.

The PRESIDING OFFICER. The Senator from Kansas.

Mr. ROBERTS. Mr. President, I thank all of my colleagues and especially Senator DAINES for pointing out what is happening in rural and smalltown America. As a matter of fact, most of my colleagues—Senator HOEVEN, Senator CAPITO, Senator DAINES, Senator BOOZMAN, Senator BLACKBURN—all represent large States, and we represent cities, of course, but also rural and smalltown America. I thank them for their concerted efforts. We have all been working together.

I thank Senator HOEVEN more particularly for his work on funding, as he is the distinguished chairman of the Senate Agriculture Appropriations Subcommittee, and I echo his support for getting these appropriations bills done.

I just want to talk and add to their comments about this national issue of immediate concern, substance abuse and opioid addiction. I think it is timely because just 1 year ago, the President of the United States signed the SUPPORT for Patients and Communities Act into law. This was the legislation that was the culmination of months of bipartisan work. I emphasize the word “bipartisan.” We talk about it a lot but seldom see it. This is one effort that we got done. This moved across several committees and both Chambers of Congress. So I think it is something we can take great pride in, showing folks back home that we can actually do something together.

I am proud to be part of this effort on behalf of both the Finance and HELP Committees in the Senate. The legislation included a bill I introduced to encourage the use of electronic prior authorization in Medicare Part D, which would help overcome one of the primary challenges to patients receiving their medications, including treatments for substance abuse disorders and non-opiate alternatives to treating pain.

The SUPPORT Act also included our language that would help shed light on the best practices and the barriers to using telehealth for treating substance abuse disorders in children who are covered under Medicaid. It will also focus on how we can utilize telehealth to help children in rural and underserved areas, including how treatment can be offered in school-based settings. All of us who have spoken on this issue have the same problem.

In last year's farm bill, the Senate Agriculture Committee, of which I am proud to be chairman, also included provisions to help those suffering from substance abuse disorders, primarily in our rural areas. We prioritized funding in the community facilities and distance learning telemedicine programs for projects focused on treating addiction, including opiates.

I am proud of these efforts, but there is so much work left to do to combat addiction. This is a real epidemic as has been stressed by my colleagues.

Real progress starts at the local level. In my home State of Kansas, we continue to need assistance in preventing meth use, as was so eloquently discussed by my colleague from Montana, Senator DAINES.

We still have use and abuse taking a heavy toll on many communities throughout the State. Patients suffering from addiction in rural parts of the country face many challenges in accessing the clinical services they really need. We have heard from many Kansans who have to travel long distances, sometimes across State lines, in order to access substance abuse treatments.

I recently spoke with many Kansas district attorneys for a second year in a row. Last year they came in, and I thought they were going to talk about the criminal justice act that we had just passed. No, they wanted to talk about meth. I said: Well, wait a minute, I thought we made some real progress in eliminating the meth labs in Kansas.

That is the case, but for a second year in a row, they pointed out again the meth coming in from Mexico, which was demonstrated by Senator DAINES. There was a tremendous concern over this kind of meth, which is so much more powerful. Their No. 1 concern was individuals in many parts of the State who were suffering from addiction and constantly cycling through the court system and clogging up the courts. These individuals often do not have access to substance abuse treatments that can help control their addiction and keep them out of the criminal justice system.

That is why I introduced this year the Meth Addiction Act. All of us have individual acts, and we also hope that we can meld them together. This is a bill to extend the reach of these treatments to more people who so desperately need them. Our bill would allow our community mental health and addiction treatment facilities to connect patients via telehealth to physicians who are authorized to prescribe the controlled substances that treat addiction. This would help to empower local and rural providers to use every tool necessary to combat this epidemic.

In addition, last year, I had the privilege of attending a drug take-back event in Kansas, hosted by Walgreens and Blue Cross and Blue Shield of Kansas. This is the kind of local initiative that is especially important, as we have consistently heard about the importance of preventing diversion as one way of combating this epidemic.

At the same time, we must be careful and make sure that efforts to address the problem do not deny patients the controlled substances if they have a legitimate and clinical need for these treatments. That is why safe disposal

of these medications is such an important tool in solving this very complex issue. This initiative offers people year-round options to help to prevent diversion of addictive medications to their friends and loved ones, without limiting access to treatment.

Finally, I would like to recognize that 2 weeks from now, the city of Topeka, KS, the capital of Kansas, is hosting the Kansas Opioid Conference. The people who are truly on the frontlines of the opioid crisis in Kansas will be in attendance to address these issues through all sorts of collaborative efforts at the State level and the local level. They are the ones who will help us find the solution that will help us make real and lasting progress against this epidemic.

#### UNANIMOUS CONSENT AGREEMENT

Mr. President, I have this important message from a very important staff member.

I ask unanimous consent that the Senate now recess from 3 until 4 p.m. today for a briefing.

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

The Senator from Oregon.

#### REMEMBERING KAY HAGAN

Mr. MERKLEY. Mr. President, I am deeply saddened to hear the news on Monday of the death of our former colleague, Kay Hagan.

She is the sister, the wife, and the aunt of Navy veterans; daughter-in-law to a two-star Marine Corps general; daughter of a former Florida mayor; and niece to a former U.S. Senator and Governor. Service was in Kay Hagan's veins.

She spent an early career in financial services, but it was only a matter of time until she decided to get directly engaged in public policy.

In office, she was a fierce and unwavering advocate for our men and women in uniform, a staunch fighter for the right of every American to have healthcare, and a warrior for women and children. The people of North Carolina and the people of the United States are far better off because of her years of service in the North Carolina Senate and the 6 years in the U.S. Senate.

When she was here she worked on so many different issues. She immersed herself in trying to assist our military personnel. She was the founding member of the Military Family Caucus. She championed the program that offers education support for military spouses. She cosponsored the repeal of don't ask, don't tell, and she drove the investigation of the contamination of water at Camp Lejeune and legislation to rectify that.

She introduced the Hire a Hero Act to try to enable our veterans to get jobs and make that transition from military service to civilian life. She led the effort for overdue recognition of African-American marines who were forced to train at a separate camp outside Camp Lejeune, and that led them to being awarded the Congressional Gold Medal.

UNANIMOUS CONSENT REQUEST—S. 949

Mr. UDALL. Madam President, I am very happy to be joined on the floor with Senator MERKLEY, who has worked with me for a long time on the For the People Act, and we will both be speaking here in that order.

The American people sent us here to do the people's business, but under Republican leadership, the Senate is not responding to what the American people need and want. We are not solving the kitchen table issues the American people elected us to face every day.

For example, we are not making sure every American has access to affordable, quality healthcare. We need to lower costs and take on Big Pharma, and we are not doing that. We are not passing commonsense gun safety legislation that 90 percent of the voters support in order to stop shootings in the schools, on our streets, and in our communities. If we can't pass bills that save children's lives, our democracy is not working. We are not even taking on the most pressing issue that faces our planet—climate change. Younger generations are urging us to act, but this body is running away from taking any action.

The number of gravestones in the majority leader's legislative graveyard—where urgent bills are stalled and buried—steadily mounts. Bills keep going into the majority leader's graveyard, but Congress will not and cannot do the people's business when the bills to fix our democracy also rest in that graveyard.

The House of Representatives overwhelmingly passed the For the People Act, H.R. 1. It passed it in March. At the same time, I introduced the Senate companion to the For the People Act, which has the support of all 47 Democrats and Independents in the Senate. Yet, along with a pile of other good and necessary bills, Leader MCCONNELL has buried the For the People Act.

The For the People Act repairs our broken campaign finance system, opens up the ballot box to all Americans, and lays waste to the corruption in Washington. These are all reforms that the American people support. Why will the Senate majority leader not let us vote on them?

There is hardly a day that goes by that we don't see evidence of why it is so important that we pass the For the People Act. Foreign influence in our elections is only growing, and 2016 was just the start. Associates of the President's personal lawyer have been indicted for laundering foreign money into our elections. The President's lawyer is under investigation for the same. Political ads from foreign sources are flooding social media.

Our bill fights foreign tampering in our democracy. It prohibits domestic corporations with foreign control from spending money in U.S. elections. It cracks down on shell companies that are used in order to launder foreign money into our elections. Our bill makes sure that American elections

When it came to women and children, she was there every day in that fight—the fight for a stronger Violence Against Women Act and the fight for the Lilly Ledbetter Fair Pay Act, so women can be paid commensurate with their male colleagues. She authored the Newborn Screening Saves Lives Act to maintain and continue the support for mandatory screening for newborns.

She fought for workers and middle-class America and manufacturing jobs for Americans and for equal opportunity by sponsoring the Employment Nondiscrimination Act, which passed on the Senate floor 6 years ago.

She proceeded to work on banking and financial issues. She was the lead on the SAFE Act Confidentiality and Privilege Enhancement Act, which had to do with some of the nitty-gritty of mortgage licensing. She worked to ensure that groups like Habitat for Humanity could lend money on a zero-interest loan to their homeowners and be able to do so without violating the legal precepts of American law. It was issue after issue.

When I think of her journey, I think about the parallel structure between her life and mine, in that she ran for the legislature in North Carolina the same year that I ran for the legislature in Oregon. I won a seat in the Oregon House and she won a seat in the North Carolina Senate. We both spent 10 years there. We both then decided that we should attempt to take our philosophy of fighting for the people to the U.S. Senate. We threw our hats into the ring at the same moment, running campaigns against incumbent Senators, and we both won.

I recall how every time I checked on how she was doing, she was always doing 5 to 10 points better than I was, and I just kept thinking: I just have to follow Kay Hagan's example. Then, before the campaign was over, she called me up one day, and we hadn't actually met much or talked much, and she said: I just want to check in on how you are doing.

We connected and bonded over our parallel paths and the fight we were in, which was such an intense effort of campaigning with the desire and determination to make this country a better place.

Of course, as I have noted, when she got here, she threw herself into so many aspects of our national life and our legal structure. I was pleased that we were both assigned by Senator KENNEDY to the Health, Education, Labor, and Pensions Committee. We were able to work on the ACA, or the Affordable Care Act, to try to greatly increase health coverage and make it more affordable and available throughout America—really important for the people of North Carolina, the citizens of my State, and citizens across this country.

Then, we were both assigned to the Banking Committee, and it was Dodd-Frank. We worked on questions such as

how do we end some of the predatory lending practices? Both of us worked on payday-loan predatory actions, where interest rates could be 500 percent. We knew the damage done to our families across the country. We didn't succeed on that particular piece of legislation—the payday loan piece—but we were stemming in this fight from the same place. I so applaud her determination to end predatory practices and lending.

Many of the things that we were fighting for did get into Dodd-Frank in terms of fairness and mortgages so that homeownership would be a dream of homeownership that would result in equity for middle-class Americans rather than a nightmare of homeownership, in which interest rates would double after 2 years, and the family would go bankrupt, and they would be foreclosed on and could lose their house.

Apart from all of that, Kay was such a beautiful voice and spirit in this Chamber—cheerful, determined, thoughtful, gracious. She just made you enjoy being here.

I also think about her, as when she served, she was the healthiest Member of this Chamber. She paid a lot of attention to the diet she ate, the food she ate, how she exercised, how she brought balance to her life. That, too, was an inspiration to us.

Here we find that our journeys on this planet are pretty precarious. We never know what is going to happen on the next day or the next week. I think it is a reminder to all of us to use our moments wisely, to treat each other with the sort of graciousness she exemplified—this sort of spirited fighting for “we the people,” the people of the United States for whom she was determined to deploy and champion on the floor of the Senate.

Her illness and her death are a real loss to all of us. It is important that we carry her in our hearts. She certainly has a place solidly secured in my heart and, I think, the hearts of everyone who served with her.

#### RECESS

The PRESIDING OFFICER (Mr. CORTON). Under the previous order, the Senate stands in recess until 4 p.m.

Thereupon, the Senate, at 3:02 p.m., recessed until 4:03 p.m. and reassembled when called to order by the Presiding Officer (Mrs. BLACKBURN).

COMMERCE, JUSTICE, SCIENCE, AGRICULTURE, RURAL DEVELOPMENT, FOOD AND DRUG ADMINISTRATION, INTERIOR, ENVIRONMENT, MILITARY CONSTRUCTION, VETERANS AFFAIRS, TRANSPORTATION, AND HOUSING AND URBAN DEVELOPMENT APPROPRIATIONS ACT, 2020—Continued

The PRESIDING OFFICER. The Senator from New Mexico.