

Carolina. He gave his life protecting and serving his community. His name will never be forgotten, nor his sacrifice or the example he set.

Mr. Speaker, I ask my colleagues and the Nation to remember his family in your thoughts and prayers.

CO₂ IN THE ATMOSPHERE

(Mr. LAMALFA asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. LAMALFA. Mr. Speaker, in the futile chase to try to reduce the amount of CO₂, carbon dioxide, in our atmosphere, many trillions of dollars around the U.S. and other western countries, the enlightened countries, are going to be wasted chasing this endeavor.

When I ask the average person how much CO₂ do they believe there is in the atmosphere, with all the hype, with all the fear that has been put on for the last couple of decades by the left, by the environmental groups, I get numbers like 20 percent, 50 percent, 70 percent. Even people I ask in committee that are supposed to know, that are supposed to be experts, give me numbers that are way out of line with the actual number.

My graph right here shows what really is in the atmosphere: Nitrogen, 78 percent; oxygen, 21 percent. It doesn't leave a whole lot left for the CO₂ threat to mankind, does it? You actually find that skinny one right there, 0.04 percent. We are going to ruin our economy in order to sequester carbon, to spend all of this money and not run power plants, like in California, for example, because they have to have permission to operate only if they capture CO₂ out of the atmosphere or out of their exhaust and shove it underground and store it for who knows how long and to what effect.

The CO₂ thing is a scam. This climate change talk is harmful to our country and other Western countries that have bought into it.

Meanwhile, the rest of the world is going to develop and use more oil and gas than ever. The trends are going to skyrocket up in developing countries. China builds more coal-fired power plants than you can shake a stick at. Only the U.S. is going to be the ones suffering from chasing the CO₂ thing, to reduce it from 0.04 percent to 0.035 percent.

RECESS

The SPEAKER pro tempore (Mr. WILSON of South Carolina.) Pursuant to clause 12(a) of rule I, the Chair declares the House in recess subject to the call of the Chair.

Accordingly (at 12 o'clock and 12 minutes p.m.), the House stood in recess.

□ 1331

AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Mr. DESJARLAIS) at 1 o'clock and 31 minutes p.m.

MESSAGE FROM THE SENATE

A message from the Senate by Ms. Lasky, one of its clerks, announced that the Senate has passed a bill of the following title in which the concurrence of the House is requested:

S. 1136. An act to authorize sentencing enhancements for certain criminal offenses directed by or coordinated with foreign governments.

HALT ALL LETHAL TRAFFICKING OF FENTANYL ACT

Mr. GRIFFITH. Mr. Speaker, pursuant to House Resolution 489, I call up the bill (S. 331) to amend the Controlled Substances Act with respect to the scheduling of fentanyl-related substances, and for other purposes, and ask for its immediate consideration in the House.

The Clerk read the title of the bill.

The SPEAKER pro tempore. Pursuant to House Resolution 489, the bill is considered read.

The text of the bill is as follows:

S. 331

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "Halt All Lethal Trafficking of Fentanyl Act" or the "HALT Fentanyl Act".

SEC. 2. CLASS SCHEDULING OF FENTANYL-RELATED SUBSTANCES.

Section 202(c) of the Controlled Substances Act (21 U.S.C. 812(c)) is amended by adding at the end of schedule I the following:

"(e)(1) Unless specifically exempted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of a fentanyl-related substance, or which contains the salts, isomers, and salts of isomers of a fentanyl-related substance whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation.

"(2) For purposes of paragraph (1), except as provided in paragraph (3), the term 'fentanyl-related substance' means any substance that is structurally related to fentanyl by 1 or more of the following modifications:

"(A) By replacement of the phenyl portion of the phenethyl group by any monocycle, whether or not further substituted in or on the monocycle.

"(B) By substitution in or on the phenethyl group with alkyl, alkenyl, alkoxy, hydroxyl, halo, haloalkyl, amino, or nitro groups.

"(C) By substitution in or on the piperidine ring with alkyl, alkenyl, alkoxy, ester, ether, hydroxyl, halo, haloalkyl, amino, or nitro groups.

"(D) By replacement of the aniline ring with any aromatic monocycle whether or not further substituted in or on the aromatic monocycle.

"(E) By replacement of the N-propionyl group with another acyl group.

"(3) A substance that satisfies the definition of the term 'fentanyl-related substance' in paragraph (2) shall nonetheless not be treated as a fentanyl-related substance subject to this schedule if the substance—

"(A) is controlled by action of the Attorney General under section 201; or

"(B) is otherwise expressly listed in a schedule other than this schedule.

"(4)(A) The Attorney General may by order publish in the Federal Register a list of substances that satisfy the definition of the term 'fentanyl-related substance' in paragraph (2).

"(B) The absence of a substance from a list published under subparagraph (A) does not negate the control status of the substance under this schedule if the substance satisfies the definition of the term 'fentanyl-related substance' in paragraph (2)."

SEC. 3. REGISTRATION REQUIREMENTS RELATED TO RESEARCH.

(a) ALTERNATIVE REGISTRATION PROCESS FOR SCHEDULE I RESEARCH.—Section 303 of the Controlled Substances Act (21 U.S.C. 823) is amended—

(1) by redesignating the second subsection (1) (relating to required training for prescribers) as subsection (m); and

(2) by adding at the end the following:

"(n) SPECIAL PROVISIONS FOR PRACTITIONERS CONDUCTING CERTAIN RESEARCH WITH SCHEDULE I CONTROLLED SUBSTANCES.—

"(1) IN GENERAL.—Notwithstanding subsection (g), a practitioner may conduct research described in paragraph (2) of this subsection with 1 or more schedule I substances in accordance with subparagraph (A) or (B) of paragraph (3) of this subsection.

"(2) RESEARCH SUBJECT TO EXPEDITED PROCEDURES.—Research described in this paragraph is research that—

"(A) is with respect to a drug that is the subject of an investigational use exemption under section 505(i) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355(i)); or

"(B) is—

"(i) conducted by the Department of Health and Human Services, the Department of Defense, or the Department of Veterans Affairs; or

"(ii) funded partly or entirely by a grant, contract, cooperative agreement, or other transaction from the Department of Health and Human Services, the Department of Defense, or the Department of Veterans Affairs.

"(3) EXPEDITED PROCEDURES.—

"(A) RESEARCHER WITH A CURRENT SCHEDULE I OR II RESEARCH REGISTRATION.—

"(i) IN GENERAL.—If a practitioner is registered to conduct research with a controlled substance in schedule I or II, the practitioner may conduct research under this subsection on and after the date that is 30 days after the date on which the practitioner sends a notice to the Attorney General containing the following information, with respect to each substance with which the practitioner will conduct the research:

"(I) The chemical name of the substance.

"(II) The quantity of the substance to be used in the research.

"(III) Demonstration that the research is in the category described in paragraph (2), which demonstration may be satisfied—

"(aa) in the case of a grant, contract, cooperative agreement, or other transaction, or intramural research project, by identifying the sponsoring agency and supplying the number of the grant, contract, cooperative agreement, other transaction, or project; or

"(bb) in the case of an application under section 505(i) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355(i)), by supplying the application number and the sponsor of record on the application.

"(IV) Demonstration that the researcher is authorized to conduct research with respect

to the substance under the laws of the State in which the research will take place.

“(ii) VERIFICATION OF INFORMATION BY HHS OR VA.—Upon request from the Attorney General, the Secretary of Health and Human Services, the Department of Defense, or the Secretary of Veterans Affairs, as appropriate, shall verify information submitted by an applicant under clause (i)(III).

“(B) RESEARCHER WITHOUT A CURRENT SCHEDULE I OR II RESEARCH REGISTRATION.—

“(i) IN GENERAL.—If a practitioner is not registered to conduct research with a controlled substance in schedule I or II, the practitioner may send a notice to the Attorney General containing the information listed in subparagraph (A)(i), with respect to each substance with which the practitioner will conduct the research.

“(ii) ATTORNEY GENERAL ACTION.—The Attorney General shall—

“(I) treat notice received under clause (i) as a sufficient application for a research registration; and

“(II) not later than 45 days of receiving such a notice that contains all information required under subparagraph (A)(i)—

“(aa) register the applicant; or

“(bb) serve an order to show cause upon the applicant in accordance with section 304(c).

“(4) ELECTRONIC SUBMISSIONS.—The Attorney General shall provide a means to permit a practitioner to submit a notification under paragraph (3) electronically.

“(5) LIMITATION ON AMOUNTS.—A practitioner conducting research with a schedule I substance under this subsection may only possess the amounts of schedule I substance identified in—

“(A) the notification to the Attorney General under paragraph (3); or

“(B) a supplemental notification that the practitioner may send if the practitioner needs additional amounts for the research, which supplemental notification shall include—

“(i) the name of the practitioner;

“(ii) the additional quantity needed of the substance; and

“(iii) an attestation that the research to be conducted with the substance is consistent with the scope of the research that was the subject of the notification under paragraph (3).

“(6) IMPORTATION AND EXPORTATION REQUIREMENTS NOT AFFECTED.—Nothing in this subsection alters the requirements of part A of title III, regarding the importation and exportation of controlled substances.

“(7) INSPECTOR GENERAL REPORT.—Not later than 1 year after the date of enactment of the Halt All Lethal Trafficking of Fentanyl Act, the Inspector General of the Department of Justice shall complete a study, and submit to Congress a report thereon, about research described in paragraph (2) of this subsection with fentanyl.”

(b) SEPARATE REGISTRATIONS NOT REQUIRED FOR ADDITIONAL RESEARCHER IN SAME INSTITUTION.—

(1) IN GENERAL.—Section 302(c) of the Controlled Substances Act (21 U.S.C. 822(c)) is amended by adding at the end the following:

“(4) An agent or employee of a research institution that is conducting research with a controlled substance if—

“(A) the agent or employee is acting within the scope of the professional practice of the agent or employee;

“(B) another agent or employee of the institution is registered to conduct research with a controlled substance in the same schedule;

“(C) the researcher who is so registered—

“(i) informs the Attorney General of the name, position title, and employing institu-

tion of the agent or employee who is not separately registered;

“(ii) authorizes that agent or employee to perform research under the registration of the registered researcher; and

“(iii) affirms that any act taken by that agent or employee involving a controlled substance shall be attributable to the registered researcher, as if the researcher had directly committed the act, for purposes of any proceeding under section 304(a) to suspend or revoke the registration of the registered researcher; and

“(D) the Attorney General does not, within 30 days of receiving the information, authorization, and affirmation described in subparagraph (C), refuse, for a reason listed in section 304(a), to allow the agent or employee to possess the substance without a separate registration.”

(2) TECHNICAL CORRECTION.—Section 302(c)(3) of the Controlled Substances Act (21 U.S.C. 822(c)(3)) is amended by striking “(25)” and inserting “(27)”.

(c) SINGLE REGISTRATION FOR RELATED RESEARCH SITES.—Section 302(e) of the Controlled Substances Act (21 U.S.C. 822(e)) is amended by adding at the end the following:

“(4)(A) Notwithstanding paragraph (1), a person registered to conduct research with a controlled substance under section 303(g) may conduct the research under a single registration if—

“(i) the research occurs exclusively on sites all of which are—

“(I) within the same city or county; and

“(II) under the control of the same institution, organization, or agency; and

“(ii) before commencing the research, the researcher notifies the Attorney General of each site where—

“(I) the research will be conducted; or

“(II) the controlled substance will be stored or administered.

“(B) A site described in subparagraph (A) shall be included in a registration described in that subparagraph only if the researcher has notified the Attorney General of the site—

“(i) in the application for the registration; or

“(ii) before the research is conducted, or before the controlled substance is stored or administered, at the site.

“(C) The Attorney General may, in consultation with the Secretary, issue regulations addressing, with respect to research sites described in subparagraph (A)—

“(i) the manner in which controlled substances may be delivered to the research sites;

“(ii) the storage and security of controlled substances at the research sites;

“(iii) the maintenance of records for the research sites; and

“(iv) any other matters necessary to ensure effective controls against diversion at the research sites.”

(d) NEW INSPECTION NOT REQUIRED IN CERTAIN SITUATIONS.—Section 302(f) of the Controlled Substances Act (21 U.S.C. 822(f)) is amended—

(1) by striking “(f) The” and inserting “(f)(1) The”; and

(2) by adding at the end the following:

“(2)(A) If a person is registered to conduct research with a controlled substance and applies for a registration, or for a modification of a registration, to conduct research with a second controlled substance that is in the same schedule as the first controlled substance, or is in a schedule with a higher numerical designation than the schedule of the first controlled substance, a new inspection by the Attorney General of the registered location is not required.

“(B) Nothing in subparagraph (A) shall prohibit the Attorney General from con-

ducting an inspection that the Attorney General determines necessary to ensure that a registrant maintains effective controls against diversion.”

(e) CONTINUATION OF RESEARCH ON SUBSTANCES NEWLY ADDED TO SCHEDULE I.—Section 302 of the Controlled Substances Act (21 U.S.C. 822) is amended by adding at the end the following:

“(h) CONTINUATION OF RESEARCH ON SUBSTANCES NEWLY ADDED TO SCHEDULE I.—If a person is conducting research on a substance when the substance is added to schedule I, and the person is already registered to conduct research with a controlled substance in schedule I—

“(1) not later than 90 days after the scheduling of the newly scheduled substance, the person shall submit a completed application for registration or modification of existing registration, to conduct research on the substance, in accordance with regulations issued by the Attorney General for purposes of this paragraph;

“(2) the person may, notwithstanding subsections (a) and (b), continue to conduct the research on the substance until—

“(A) the person withdraws the application described in paragraph (1) of this subsection; or

“(B) the Attorney General serves on the person an order to show cause proposing the denial of the application under section 304(c);

“(3) if the Attorney General serves an order to show cause as described in paragraph (2)(B) and the person requests a hearing, the hearing shall be held on an expedited basis and not later than 45 days after the request is made, except that the hearing may be held at a later time if so requested by the person; and

“(4) if the person sends a copy of the application described in paragraph (1) to a manufacturer or distributor of the substance, receipt of the copy by the manufacturer or distributor shall constitute sufficient evidence that the person is authorized to receive the substance.”

(f) TREATMENT OF CERTAIN MANUFACTURING ACTIVITIES AS COINCIDENT TO RESEARCH.—Section 302 of the Controlled Substances Act (21 U.S.C. 822), as amended by subsection (e), is amended by adding at the end the following:

“(i) TREATMENT OF CERTAIN MANUFACTURING ACTIVITIES AS COINCIDENT TO RESEARCH.—

“(1) IN GENERAL.—Except as provided in paragraph (3), a person who is registered to perform research on a controlled substance may perform manufacturing activities with small quantities of that substance, including activities described in paragraph (2), without being required to obtain a manufacturing registration, if—

“(A) the activities are performed for the purpose of the research; and

“(B) the activities and the quantities of the substance involved in the activities are stated in—

“(i) a notification submitted to the Attorney General under section 303(n);

“(ii) a research protocol filed with an application for registration approval under section 303(g); or

“(iii) a notification to the Attorney General that includes—

“(I) the name of the registrant; and

“(II) an attestation that the research to be conducted with the small quantities of manufactured substance is consistent with the scope of the research that is the basis for the registration.

“(2) ACTIVITIES INCLUDED.—Activities permitted under paragraph (1) include—

“(A) processing the substance to create extracts, tinctures, oils, solutions, derivatives,

or other forms of the substance consistent with—

“(i) the information provided as part of a notification submitted to the Attorney General under section 303(n); or

“(ii) a research protocol filed with an application for registration approval under section 303(g); and

“(B) dosage form development studies performed for the purpose of requesting an investigational new drug exemption under section 505(i) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355(i)).

“(3) EXCEPTION REGARDING MARIHUANA.—The authority under paragraph (1) to manufacture substances does not include the authority to grow marihuana.”.

(g) TRANSPARENCY REGARDING SPECIAL PROCEDURES.—Section 303 of the Controlled Substances Act (21 U.S.C. 823), as amended by subsection (a), is amended by adding at the end the following:

“(o) TRANSPARENCY REGARDING SPECIAL PROCEDURES.—

“(1) IN GENERAL.—If the Attorney General determines, with respect to a controlled substance, that an application by a practitioner to conduct research with the substance should be considered under a process, or subject to criteria, different from the process or criteria applicable to applications to conduct research with other controlled substances in the same schedule, the Attorney General shall make public, including by posting on the website of the Drug Enforcement Administration—

“(A) the identities of all substances for which such determinations have been made;

“(B) the process and criteria that shall be applied to applications to conduct research with those substances; and

“(C) how the process and criteria described in subparagraph (B) differ from the process and criteria applicable to applications to conduct research with other controlled substances in the same schedule.

“(2) TIMING OF POSTING.—The Attorney General shall make information described in paragraph (1) public upon making a determination described in that paragraph, regardless of whether a practitioner has submitted such an application at that time.”.

SEC. 4. TECHNICAL CORRECTION ON CONTROLLED SUBSTANCES DISPENSING.

Effective as if included in the enactment of Public Law 117–328—

(1) section 1252(a) of division FF of Public Law 117–328 (136 Stat. 5681) is amended, in the matter being inserted into section 302(e) of the Controlled Substances Act, by striking “303(g)” and inserting “303(h)”;

(2) section 1262 of division FF of Public Law 117–328 (136 Stat. 5681) is amended—

(A) in subsection (a)—

(i) in the matter preceding paragraph (1), by striking “303(g)” and inserting “303(h)”;

(ii) in the matter being stricken by subsection (a)(2), by striking “(g)(1)” and inserting “(h)(1)”;

(iii) in the matter being inserted by subsection (a)(2), by striking “(g) Practitioners” and inserting “(h) Practitioners”;

(B) in subsection (b)—

(i) in the matter being stricken by paragraph (1), by striking “303(g)(1)” and inserting “303(h)(1)”;

(ii) in the matter being inserted by paragraph (1), by striking “303(g)” and inserting “303(h)”;

(iii) in the matter being stricken by paragraph (2)(A), by striking “303(g)(2)” and inserting “303(h)(2)”;

(iv) in the matter being stricken by paragraph (3), by striking “303(g)(2)(B)” and inserting “303(h)(2)(B)”;

(v) in the matter being stricken by paragraph (5), by striking “303(g)” and inserting “303(h)”;

(vi) in the matter being stricken by paragraph (6), by striking “303(g)” and inserting “303(h)”;

(3) section 1263(b) of division FF of Public Law 117–328 (136 Stat. 5685) is amended—

(A) by striking “303(g)(2)” and inserting “303(h)(2)”;

(B) by striking “(21 U.S.C. 823(g)(2))” and inserting “(21 U.S.C. 823(h)(2))”.

SEC. 5. RULEMAKING.

(a) INTERIM FINAL RULES.—The Attorney General—

(1) shall, not later than 6 months after the date of enactment of this Act, issue rules to implement this Act and the amendments made by this Act; and

(2) may issue the rules under paragraph (1) as interim final rules.

(b) PROCEDURE FOR FINAL RULE.—

(1) EFFECTIVENESS OF INTERIM FINAL RULES.—A rule issued by the Attorney General as an interim final rule under subsection (a) shall become immediately effective as an interim final rule without requiring the Attorney General to demonstrate good cause therefor, notwithstanding subparagraph (B) of the undesignated matter following paragraph (4) of section 553(b) of title 5, United States Code.

(2) OPPORTUNITY FOR COMMENT AND HEARING.—An interim final rule issued under subsection (a) shall give interested persons the opportunity to comment and to request a hearing.

(3) FINAL RULE.—After the conclusion of such proceedings, the Attorney General shall issue a final rule to implement this Act and the amendments made by this Act in accordance with section 553 of title 5, United States Code.

SEC. 6. PENALTIES.

(a) IN GENERAL.—Section 401(b)(1) of the Controlled Substances Act (21 U.S.C. 841(b)(1)) is amended—

(1) in subparagraph (A)(vi), by inserting “or a fentanyl-related substance” after “any analogue of N-phenyl-N-[1-(2-phenylethyl)-4-piperidinyl] propanamide”; and

(2) in subparagraph (B)(vi), by inserting “or a fentanyl-related substance” after “any analogue of N-phenyl-N-[1-(2-phenylethyl)-4-piperidinyl] propanamide”.

(b) IMPORTATION AND EXPORTATION.—Section 1010(b) of the Controlled Substances Import and Export Act (21 U.S.C. 960(b)) is amended—

(1) in paragraph (1)(F), by inserting “or a fentanyl-related substance” after “any analogue of N-phenyl-N-[1-(2-phenylethyl)-4-piperidinyl] propanamide”; and

(2) in paragraph (2)(F), by inserting “or a fentanyl-related substance” after “any analogue of N-phenyl-N-[1-(2-phenylethyl)-4-piperidinyl] propanamide”.

(c) DEFINITION OF FENTANYL-RELATED SUBSTANCE.—Section 102 of the Controlled Substances Act (21 U.S.C. 802) is amended by adding at the end the following:

“(60) The term ‘fentanyl-related substance’ has the meaning given the term in subsection (e)(2) of schedule I of section 202(c).”.

SEC. 7. APPLICABILITY; OTHER MATTERS.

(a) IN GENERAL.—Irrespective of the date on which the rules required by section 5 are finalized, the amendments made by this Act apply beginning as of the date of enactment of this Act.

(b) RULE OF CONSTRUCTION.—Nothing in the amendments made by this Act may be construed as evidence that, in applying sections 401(b)(1) of the Controlled Substances Act (21 U.S.C. 841(b)(1)) and 1010(b) of the Controlled Substances Import and Export Act (21 U.S.C. 960(b)) with respect to conduct occurring before the date of the enactment of this Act, a fentanyl-related substance (as defined by such amendments) is not an analogue of N-

phenyl-N-[1-(2-phenylethyl)-4-piperidinyl] propanamide.

(c) SENSE OF CONGRESS.—Congress agrees with the interpretation of the Controlled Substances Act (21 U.S.C. 801 et seq.) in *United States v. McCray*, 346 F. Supp. 3d 363 (W.D.N.Y. 2018).

The SPEAKER pro tempore. The bill shall be debatable for 1 hour, equally divided and controlled by the chair and ranking minority member of the Committee on Energy and Commerce or their respective designees.

The gentleman from Virginia (Mr. GRIFFITH) and the gentleman from New Jersey (Mr. PALLONE) each will control 30 minutes.

The Chair recognizes the gentleman from Virginia.

GENERAL LEAVE

Mr. GRIFFITH. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days to revise and extend their remarks on the legislation and to insert extraneous materials on S. 331.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Virginia?

There was no objection.

Mr. GRIFFITH. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, unfortunately, most Members in this Chamber know someone who has been affected by the drug overdose epidemic plaguing our country. According to the Centers for Disease Control and Prevention, in 2023, there were more than 107,000 overdose deaths that occurred in the United States. These staggering numbers are due in large part to the increasing presence of fentanyl and fentanyl analogues which are approximately 100 times more potent than morphine and 50 times more potent than heroin. The lethal dose of fentanyl is just 2 milligrams or about four grains of sand.

A loophole that the cartels have tried to use to traffic their illicit fentanyl into our country is by changing one part of fentanyl's chemical structure to create fentanyl analogues. The cartels did this in an attempt to evade our criminal laws.

Right now, fentanyl analogues are considered schedule I substances, but only because of a series of temporary scheduling orders, and that order is now set to expire on September 30 of this year.

That is why the HALT Fentanyl Act, led by myself and my friend, the gentleman from Ohio (Mr. LATTA) in this House and then Senators CASSIDY and HEINRICH in the Senate, is critically needed.

This bill aims to curb overdose deaths by permanently scheduling fentanyl analogues as schedule I substances, Mr. Speaker. This will strengthen law enforcement's ability to prosecute fentanyl traffickers and act as a deterrent.

The HALT Fentanyl Act promotes research by improving the registration process so eligible individuals can conduct studies on schedule I substances

with the appropriate safeguards. In the Energy and Commerce Committee, we have heard there may be as many as 4,800 analogues. My understanding is that experts at NIH and FDA and other agencies have studied roughly 30 of those 4,800 analogues.

By encouraging research of schedule I substances like fentanyl analogues, we can better understand how these substances work and how we can prevent potentially harmful impacts in the future. The temporary bans, Mr. Speaker, did not deal with the research component. So without this bill, we cannot legally do the research on the analogues that may, someday, be found to have medical benefits.

Because fentanyl itself has a proven medical use, it is considered a schedule II drug, but illicit derivatives of fentanyl, also called fentanyl analogues, currently have no demonstrated medical value.

Let me be clear. This bill will have no impact whatsoever on a physician's ability to administer fentanyl in medical settings. The HALT Fentanyl Act deals specifically with analogues, not medicinal fentanyl.

We must address this bipartisan issue immediately and not allow this temporary extension to expire in September.

Once fentanyl analogues are permanently placed into schedule I, Congress will continue to build off this work to continue to address the illicit fentanyl crisis in our country.

According to a 2021 GAO report, there was a 90 percent decrease in these analogues coming into our country the year they were placed temporarily into schedule I.

This bill is a critical step in combating the opioid crisis in our country because China and Mexico are heavily involved in this business. China sends the precursors of fentanyl and fentanyl analogues, the API, or active pharmaceutical ingredients, to the cartels in Mexico who are then making the drugs and bringing them across our borders.

By making these analogues permanently schedule I, it removes the incentive to traffic these drugs into our country due to the penalties if they are caught.

China has even realized the risk of analogues themselves and has permanently scheduled these analogues on their strictest schedule. Other countries have followed suit and done the same.

This bill received bipartisan support on the House floor with a vote of 312-108 in February. The bill has the support of many law enforcement agencies and other entities calling for the need to pass the bill.

With passage of this version of the bill, it will be sent to the President's desk. I am hopeful the President will sign this bill into law quickly so that we can continue to combat this crisis and begin research in earnest to see if there is any benefit from any of the analogues that may help people who

are afflicted having been addicted by accident or on purpose to fentanyl.

Mr. Speaker, I urge all my colleagues to support S. 331, the HALT Fentanyl Act, and I reserve the balance of my time.

Mr. PALLONE. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise in opposition to S. 331, the HALT Fentanyl Act. The House approved this bill in February, and since that time, the Trump administration has set its sights on dismantling our Nation's public health infrastructure, including the agency directly responsible for addressing mental health and substance abuse disorders.

Republicans are going to claim today that they are addressing the opioid overdose crisis with this bill, but this is nothing but a distraction from the fact that Republicans continue to silently stand by and allow the Trump administration to gut our public health agencies.

Republicans are also attempting to distract from the fact that last month they passed the largest cuts to healthcare in American history as part of their big, ugly bill. Republicans are stripping healthcare away from 16 million Americans so they can give giant tax breaks to billionaires and big corporations, two groups that don't need any help right now.

Now, Mr. Speaker, over the last couple of years, we have made significant progress in addressing the opioid overdose crisis. Last year, the Centers for Disease Control and Prevention announced a 24 percent decline in drug overdose deaths for the 12 months ending in September of 2024, compared to the previous year. This is encouraging news, but I am deeply concerned that the Trump administration's attacks on public health, coupled with the Republicans' attacks on Americans' healthcare will seriously threaten the improvements we have made.

The bill before us today permanently schedules fentanyl-related substances on schedule I of the Controlled Substances Act. This is based on a class definition disputed by scientists. I oppose this bill because it is a permanent extension instead of a temporary one that we agreed on for 2 years in the end-of-the-year appropriations package.

Now, that bipartisan package was pushed aside by Speaker JOHNSON after Elon Musk voiced his opposition to the overall package. The temporary option would have left the door open for an off-ramp to substances found to have potential medical applications. However, this Republican bill would also exacerbate inequities in our criminal justice system because drugs placed on schedule I include mandatory minimum sentencing. S. 331 also does not provide additional resources for prevention, treatment, recovery, or harm reduction.

So this bill is essentially recycling an incarceration first response to what

I consider mainly a public health challenge. That is because Republicans don't want to talk about this as a public health challenge. Instead, President Trump and House Republicans want to focus on piecemeal policies in the hopes it will distract from their efforts to gut Medicaid and drug treatment programs.

Now Republicans are sabotaging Medicaid, which will be devastating to people who struggle with mental health and substance use issues. Medicaid is the single largest payer in the country for behavioral health services, covering 40 percent of all Americans with opioid use disorder.

Americans with substance use and mental health issues will face new barriers and red tape in signing up for and staying enrolled in their health insurance. House Republicans are setting up new barriers and roadblocks to care that will, unfortunately, result in our mental health and substance abuse crises only worsening.

Republicans are silently standing by as the Trump administration is moving forward with an unauthorized and illegal plan to eliminate the Substance Abuse and Mental Health Services Administration, better known as SAMHSA. SAMHSA is the very agency responsible for preventing substance use disorder, increasing access to treatment, and promoting recovery.

It will be combined with other agencies that the Trump administration doesn't care about under the banner of a larger make America healthy again office. Now, these critical programs to treat mental health and substance abuse will be deprioritized or eliminated in favor of Secretary RFK, Jr.'s, pet projects, like destroying Americans' access to vaccines. He is going to prioritize that, and not SAMHSA and substance abuse treatment.

Congress has received zero information from the Trump administration about how this new office will work and how the work of SAMHSA to address the mental health and substance use treatment needs of our community will be prioritized.

Mr. Speaker, I include in the RECORD a letter from the Nation's leading mental health and substance use treatment organizations. It is called the Mental Health Liaison Group.

MHLG,

Washington, DC, June 10, 2025.

Hon. BRETT GUTHRIE,
Chairman, House Energy & Commerce Committee,
Washington, DC.

Hon. FRANK PALLONE,
Ranking Member, House Energy & Commerce Committee, Washington, DC.

DEAR CHAIRMAN GUTHRIE AND RANKING MEMBER PALLONE: The Mental Health Liaison Group (MHLG), a coalition of national organizations representing people with mental health conditions and substance use disorders, family members, mental health and addiction providers, advocates and other stakeholders is committed to strengthening Americans' access to mental health and substance use disorder care. We are incredibly disheartened by the proposal from the U.S.

Department of Health and Human Services (HHS) to eliminate the Substance Abuse and Mental Health Services Administration (SAMHSA) as we know it, as well as drastically reduce spending or eliminate critical SAMHSA programs. Such a move would have devastating consequences for the 84.5 million Americans with a mental health and/or a substance use disorder, many of whom rely on SAMHSA's programs, research, oversight, and leadership to address critical mental health and substance use disorder needs.

Since SAMHSA was established by Congress more than two decades ago, the agency has built an infrastructure to coordinate and lead public health efforts to advance the behavioral health of the nation. SAMHSA and most of its programs and activities are authorized under Title V of the Public Health Service Act (PHSA), of which the Energy and Commerce Committee has sole jurisdiction. Yet, contrary to the statute, the HHS FY 2026 Budget in Brief proposes to eliminate SAMHSA and move some of its functions to a new Administration for a Healthy America (AHA). If this becomes reality, there will no longer be a federal agency whose specific purpose, function, and expertise is to address mental health and substance use disorders. Given the current opioid public health emergency, and our nation's ongoing mental health crisis, we are confused and troubled by this proposal. SAMHSA's work is life-saving, helping ensure communities have access to mental health and substance use treatment services—along with suicide prevention strategies—with enough providers to deliver the care that every American deserves.

SAMHSA's effectiveness is due to its position as a federal agency with its specific focus on supporting community-based mental health and substance abuse treatment and prevention services. Through the development of education, training, toolkits and resources; administering grants; and providing technical assistance informed by specialized expertise and data, SAMHSA is able to identify trends, implement efficiencies informed by current needs, and support states in providing community-based services for mental health conditions and substance use disorders.

Additionally, the proposed HHS budget would eliminate scores of mental health programs, including some that your committee explicitly established in the landmark Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act of 2018. Programs slated for elimination include Comprehensive Opioid Recovery Centers and the Youth Prevention and Recovery Initiative. These are just two examples of programs that your committee authorized in 2018 and voted to reauthorize on a bipartisan basis earlier this year, in addition to other concerning eliminations within the Programs of Regional and National Significance and those related to combatting overdose-related deaths. These proposed eliminations come at the same time that HHS extended the public health emergency declaration for our nation's opioid crisis—targeting the same programs aimed at addressing this crisis.

As leading voices working on mental health and substance use disorders, we believe it is paramount that the federal government retain a standalone agency explicitly focused on mental health and substance use disorders. In 2016, this committee recognized the importance of SAMHSA and the public health threats of mental health and addiction by elevating the leader of the agency from an Administrator to an Assistant Secretary of Mental Health and Substance Use, directly reporting to the Sec-

retary. Within another agency, SAMHSA—and a focus on mental illness and addiction—will not have the same direct impact on HHS proposals and will not be elevated as a resource and partner for other components of HHS. SAMHSA has partnered with HRSA on workforce, CDC on the impact of infectious diseases on people with mental illness, NIH on early psychosis programs and CMS on health homes and demonstration programs in behavioral health. As with previous federal agency reorganizations, any efforts to change or reorganize SAMHSA should be directed by the Committee.

Through your leadership of the Committee, our nation has made thoughtful progress to address our mental health and substance use crisis. We urge you to continue your bipartisan focus on proven programs that address severe, chronic, and, far too often, life-threatening mental illnesses that impact our families, friends, and neighbors in every corner of our nation. Please ensure that any changes to SAMHSA programs do not disrupt, delay, or reverse our nation's great progress and commitment to addressing our mental health, suicide, and substance use crises.

Sincerely,

American Association for Marriage and Family Therapy, American Association for Psychoanalysis in Clinical Social Work, American Association of Child and Adolescent Psychiatry, American Association of Psychiatric Pharmacists, American Association on Health and Disability, American Foundation for Suicide Prevention, American Mental Health Counselors Association, American Occupational Therapy Association, American Psychiatric Association, American Psychiatric Nurses Association, American Psychoanalytic Association, American Psychological Association Services, Anxiety and Depression Association of America, Association for Ambulatory Behavioral Healthcare (AABH), Bazelon Center for Mental Health Law, Center for Law and Social Policy (CLASP).

Children and Adults with Attention-Deficit/Hyperactivity Disorder, Clinical Social Work Association, Committee for Children, Depression and Bipolar Support Alliance (DBSA), Fountain House, Global Alliance for Behavioral Health & Social Justice, Huntington's Disease Society of America, Inseparable, International OCD Foundation, International Society of Psychiatric-Mental Health Nurses, Legal Action Center, Maternal Mental Health Leadership Alliance, Mental Health America, National Alliance on Mental Illness (NAMI), National Association of Pediatric Nurse Practitioners, National Board for Certified Counselors.

National Council for Mental Wellbeing, National Eating Disorders Association, National Federation of Families, National Health Law Program, National League for Nursing, National Register of Health Service Psychologists, National Women's Shelter Network, Inc., Network of Jewish Human Service Agencies, Psychotherapy Action Network (PsiAN), SMART Recovery, The National Alliance to Advance Adolescent Health, The National Association for Rural Mental Health, The National Association of County Behavioral Health and Developmental Disability Directors (NACBHDD), The Trevor Project, Tourette Association of America, Trust for America's Health.

Mr. PALLONE. Mr. Speaker, this letter is in strong opposition to the Trump administration's efforts to eliminate SAMHSA, as well as their reference to drastically cut funding and eliminate critical SAMHSA programs.

As they write in this letter: These proposals “would have devastating con-

sequences for the 84.5 million Americans with a mental health and/or a substance use disorder, many of whom rely on SAMHSA's programs, research, oversight, and leadership to address critical mental health and substance use disorder needs.”

Mr. Speaker, the Trump administration is also rescinding more than \$1 billion in essential funding that States rely on through block grants. This rescission is wreaking havoc on States' efforts to support prevention, treatment, and recovery. That is because States, counties, and towns are the main places where these treatment programs are.

My Republican colleagues refuse to hold this administration to account for these devastating and illegal cuts. Instead, they are trying to distract with this bill. This bill is opposed by nearly 190 national, State, and local public health, criminal justice, and civil rights organizations.

So, Mr. Speaker, I oppose the bill, and I encourage my colleagues to oppose it as well.

I don't want anyone to misunderstand. What I am saying is that if we don't treat mental health and substance abuse as a public health crisis and, instead, we just say that we are going to have mandatory sentences and throw everybody in jail, lock the door, and throw away the key, then I don't think that is going to solve the problem.

□ 1345

I will continue to highlight that while Republicans propose these mandatory sentences and want to put fentanyl permanently on the schedule, that is not the answer to this mental health crisis. It is not the answer. The answer is to provide adequate treatment, and education. It is also to prevent the drugs from coming into the country but not just to put people in jail and throw away the key.

Mr. Speaker, I reserve the balance of my time.

Mr. GRIFFITH. Mr. Speaker, I yield 3 minutes to the gentleman from Ohio (Mr. LATTA) who has helped lead the charge on this legislation for many years now.

Mr. LATTA. Mr. Speaker, I thank my good friend for yielding me time.

Mr. Speaker, for 4 years I have worked tirelessly with my colleague from Virginia's Ninth District to pass the HALT Fentanyl Act. In 2023, we saw over 107,000 overdose deaths, 75,000 of those attributed to synthetic opioids, especially fentanyl-related substances.

Currently, fentanyl and fentanyl analogues temporarily fall under schedule I of the Controlled Substances Act, the CSA, due to a temporary scheduling order that runs through September 30 of this year.

This bill would permanently place fentanyl analogues into schedule I of the CSA. A schedule I controlled substance is a drug, substance, or chemical that has a high potential for abuse,

has no currently accepted medical value, and is subject to regulatory controls and administrative civil and criminal penalties.

Today, this Chamber is permanently scheduling fentanyl-related substances as schedule I.

We owe it to our communities, our constituents, the families, and to the victims. Cartels are quite literally killing Americans for ten cents. Among teens, fentanyl poisoning accounted for an average of 22 deaths per week in 2022.

Fentanyl is the number one cause of death among adults 18 to 49, more than cancer, heart disease, and car accidents. This isn't about criminal justice reform. This is about victims getting justice.

Currently, to trigger a 10-year mandatory minimum, an offense must involve 100 or more grams of a mixture containing a fentanyl analogue. Two milligrams of fentanyl will kill. This means 100 grams of fentanyl analogue can kill roughly 50,000 people.

Mr. Speaker, I thank our Senate colleagues for passing this critical legislation, and I encourage all of my House colleagues to support the HALT Fentanyl Act so we can get this to the President's desk and stop the greatest poisoning in American history.

Mr. GRIFFITH. Mr. Speaker, I reserve the balance of my time.

Mr. PALLONE. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I think House Republicans know that we can't simply schedule our way out of this crisis, but they have refused to pass bipartisan solutions that address prevention, treatment, and recovery to help stop overdose deaths.

I know that they passed reauthorizing the SUPPORT for Patients and Communities Act last week, but the bottom line is that all of the programs under the SUPPORT for Patients and Communities Act that have helped with treatment, helped with education, caused the number of overdose deaths to decline are being gutted. The staff that administer them and SAMHSA, the program that they are under, all of these things are being either eliminated, gutted, or the funding frozen by the Trump administration.

My point today is this is not just a criminal justice issue. We must combat this opioid crisis through a multipronged public health approach.

Nearly half of all people in Federal prison today have been convicted of a drug-related offense, with a racial and ethnic disparity among those convictions.

Access to treatment remains a challenge today. In 2023, according to SAMHSA, approximately one-quarter of the people who are classified as needing substance use treatment received it in the last year. People with a substance use disorder who are untreated are eight times more likely to die of an overdose compared to those who receive medication treatment.

Just putting people away and throwing away the key is not the answer. Cutting back on the treatment programs, and the education programs under SAMHSA, is certainly going to make things worse.

Mr. Speaker, I reserve the balance of my time.

Mr. GRIFFITH. Mr. Speaker, I yield 2 minutes to the gentleman from Kentucky (Mr. GUTHRIE), the chairman of the Energy and Commerce Committee.

Mr. GUTHRIE. Mr. Speaker, I thank the gentleman for yielding me the time.

Mr. Speaker, this is not the answer to the problem. This problem is not going to be solved by only putting people in jail and throwing away the key. I will tell you there are people who are purveyors of this illicit fentanyl that deserve to be put in jail and throw away the key. That is what we have to do to people that are selling this poison to children.

Congress has people that testify before our committee that their child took Adderall before a test, and it was laced with fentanyl. They were poisoned. It is not that they had addiction issues. It is that they are poisoning our communities.

There are people selling this. They are purveying it, creating it, growing it, and creating it chemically.

What the Energy and Commerce Committee is doing, today we are doing the HALT Fentanyl Act to address the criminal justice side of it. However, my friend from New Jersey is correct, what also has to be addressed are the issues affecting people that are suffering from substance use disorder. We did that in the SUPPORT for Patients and Communities Reauthorization Act of 2025 where we had over, I think, 350 votes on the floor. It was broadly bipartisan on the floor of the House. We are committed to ensuring that people have access to treatment. We are equally committed to ensuring that people that are purveying this poison on our communities, our cities, bringing it across the border, deserve to have their day in court, and deserve to answer to justice. If it be the case that these are the people poisoning our children, they should be put in jail and the key thrown away. Our committee will not apologize for that.

It takes an all-of-the-above approach for this issue, and we are willing to do an all-of-the-above approach. I ask my colleagues to support this bill. It is extremely important. The DEA alone has said that they support this, and it is time we do it.

Mr. Speaker, I ask this body to support it.

Mr. PALLONE. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, the chairman of our committee knows I have great respect for him, but the bottom line is that this bill does not consider individual circumstances. It is not just people that are selling drugs.

Look, I totally agree that if someone is selling fentanyl, it is a totally dif-

ferent situation from someone who is arrested for possessing it. The fact of the matter is this bill covers both those who possess it, using it for themselves, and those who are selling it—maybe those who have a huge ring of selling it.

My point is that when there are mandatory minimums, all those people come under the same rubric. The legislation, because it now makes permanent fentanyl on the schedule I, the mandatory minimums apply, and the harsh penalties do not consider individual circumstances.

I don't want to keep repeating, but I will, about how the legislation has no resources for prevention or treatment and just simply locks people up. The point is that there are going to be families and communities, because of the minimum mandatory sentencing and the inability of the judge to look at the individual circumstances, that we are going to repeat the same mistakes that were made for many years responding to other drugs.

Right now we know that people of color have been disproportionately incarcerated and sentenced to mandatory minimum sentences. The trend of racial disparity also can be seen in prosecutions for offenses involving fentanyl and fentanyl analogues.

The Sentencing Commission data from fiscal years 2021 to 2023 provides strong evidence that these prosecutions disproportionately target people of color.

I would like to get beyond the point here when we debate these bills of saying that mandatory sentencing is a good thing, regardless of whether they are charged with possession or selling or how much they are selling, but that is not what this bill does. They get locked up. There are no individual circumstances considered. We know the consequences of that for people in many cases who, in my opinion, if I was the judge, would not impose these harsh mandatory penalties.

Mr. Speaker, I reserve the balance of my time.

Mr. GRIFFITH. Mr. Speaker, I yield 2 minutes to the gentleman from Florida (Mr. BILIRAKIS).

Mr. BILIRAKIS. Mr. Speaker, I thank the gentleman from Virginia, who is the original sponsor, along with Representative LATTA from the great State of Ohio. This is a very important bill, and I strongly urge that the House pass this particular bill.

For far too long, our communities have been plagued by poisonings from fentanyl and fentanyl-related substances. Every one of our congressional districts have been affected by this crisis. Kids are dying. They are dying, and Congress has got to make this permanent.

Illicit drugs have poured across the border, made it onto the streets, and affected our communities, every one of our communities. They are often mixed with other illicit drugs, and users are

often unaware of the presence and potent effects, which makes the danger even harder to stop.

People hear stories on a regular basis where kids go out and party. They shouldn't be using recreational drugs, but they don't deserve to die. I heard the example just today by our chairman with regard to some of these drugs, say marijuana, what have you, and other drugs. The kids should not be using these drugs, but they don't deserve to die. They are laced with fentanyl, and it is just awful. It is awful for the kids, but also for the families and the friends of the kids.

We must ensure that law enforcement has the tools it needs to address these threats, and that is what we are doing today. The HALT Fentanyl Act will permanently schedule fentanyl-related substances as a class I drug. This is long overdue.

I know my good friend, Mr. GRIFFITH, and also Mr. LATTI, have been working on this for years. This must pass the United States Senate after we get it out of the House today. We need to save lives. That is the bottom line.

Mr. PALLONE. Mr. Speaker, I continue to reserve the balance of my time.

Mr. GRIFFITH. Mr. Speaker, I now yield 2 minutes to the gentleman from Georgia (Mr. CARTER), the chairman of the Health Subcommittee.

Mr. CARTER of Georgia. Mr. Speaker, I thank the gentleman for yielding.

Mr. Speaker, I rise today in strong support of the HALT Fentanyl Act, which permanently extends President Trump's 2018 schedule I classification of fentanyl-related substances.

Mr. Speaker, the United States is facing a poisoning epidemic, and it is caused by illicit fentanyl and its related substances that are pouring over our borders and into our communities.

In 2023, under the Biden-Harris administration, more than 107,000 people died of drug overdoses, roughly 75,000 of whom died from synthetic opioids, largely illicit fentanyl, or fentanyl-related substances.

Included in that number is a family from Georgia who lost their two sons, 22-year-old Gannon and 19-year-old Max, to fentanyl poisoning.

We cannot allow this lawlessness and tragedy to continue to tear our communities apart. That is why we must stop deadly fentanyl from flooding across our borders and crack down on traffickers.

President Trump has already made progress by securing our borders, and Congress must support him in this critical effort. That is why Congress must pass the HALT Fentanyl Act that is before us today.

Mr. Speaker, let's pass this bill, secure our borders, stem the tide of the growing fentanyl crisis, and save lives.

Again, Mr. Speaker, this is fentanyl poisoning. We are not talking about addiction here. We are talking about one pill, one pill that poisons, and that kills people. That is what my colleagues are trying to prevent here.

□ 1400

Mr. PALLONE. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I listened to what the chairman of our Health Subcommittee said, and I am not arguing with him that we have to look at the fentanyl crisis in many ways, particularly at the border, and prevent it from coming into the country from China and other places that flood this country with it. Yet, my point is that what we are hearing from the Trump administration and from the Secretary of HHS, Robert Kennedy, Jr., is that we are going to defend substance use disorder programs, mental health programs, and treatment.

The fact of the matter is that about 58 percent of the people in prison right now have a substance use disorder. People with these disorders have challenges in getting appropriate treatment, and incarceration often exacerbates their symptoms. By having these mandatory penalties and putting more people in prison, who are, in many cases, only there because of mandatory sentences for possession of fentanyl and analogues, it only exacerbates their condition. It leads to individuals staying incarcerated longer, and they don't get treatment.

In the congressional justification for the Trump administration for a healthy America, the HHS agency proposes to cut various substance use and mental health programs that are helping State and local health departments combat the opioid crisis.

For fiscal year 2026, the Department of Health and Human Services proposes to zero out State opioid response grants, the Community Mental Health Services Block Grant, first responder training, youth prevention and recovery programs, and many, many more. I talked about this recently.

The bottom line is that if you zero out all of these programs—I think it is over \$1 billion that has already been frozen—you are going to have no opportunity locally to actually help people with treatment and education. All you are going to do now is just throw them in prison, which only exacerbates the problem.

In the President's budget, they propose to cut SAMHSA programs that assist with harm reduction strategies to help those in need, as well as programs to help prevent Americans from using controlled substances. The President's budget also calls for reducing opioid overdose prevention and surveillance by \$29 million.

I think that every dollar that is cut for prevention, treatment, and education is a life that is left unprotected. Terminating these critical programs and offices just puts millions of lives battling substance abuse in jeopardy.

Mr. Speaker, I wish my colleagues would spend time on these issues of protecting public health and coming up with solutions instead of retreading a bill that prioritizes this criminal justice approach, which I think doesn't work.

Mr. Speaker, I reserve the balance of my time.

Mr. GRIFFITH. Mr. Speaker, I yield 2 minutes to the gentleman from California (Mr. OBERNOLTE).

Mr. OBERNOLTE. Mr. Speaker, I rise in strong support of S. 331, the HALT Fentanyl Act.

Mr. Speaker, opioid overdoses have become an epidemic in this country. Last year, over 100,000 Americans lost their lives to overdose, and fentanyl poisoning is the driving force behind that.

Mr. Speaker, it is not just the country at large that has experienced this problem. In my own district, we have seen an over 1,000 percent increase in the rate of fentanyl poisoning and deaths.

Mr. Speaker, I had the most difficult day in my over 20 years in public office recently when I had to console one of my constituents, a mother who lost both of her sons on the same day to the same fentanyl poisoning event.

We must give our law enforcement the tools to combat this problem. This bill does exactly that. It permanently reschedules fentanyl and its analogues as a schedule I narcotic, and it gives our law enforcement agencies the tools that they need to begin dealing with this problem.

That is why I am proud to be a cosponsor of the House version of this legislation, and I urge my colleagues to vote in support of it.

Mr. PALLONE. Mr. Speaker, I reserve the balance of my time.

Mr. GRIFFITH. Mr. Speaker, I yield 2 minutes to the gentleman from Wisconsin (Mr. FITZGERALD).

Mr. FITZGERALD. Mr. Speaker, I thank Chairman GUTHRIE and Congressman GRIFFITH for their leadership on this issue.

This is a historic moment, Mr. Speaker. House Republicans are delivering on a promise to stop the flow of deadly fentanyl that, for years, has been flooding our communities and, tragically, tearing families apart.

Today, drug overdose is the leading cause of accidental death across the country, and fentanyl-driven overdoses are the leading cause of death for American adults between 18 and 45 years of age. That is because it is cheap to make, easy to transport, and so potent. Just a few milligrams can be lethal.

Addressing the spread of illicit and illegal fentanyl-related substances has been a top priority not only for myself but for many other colleagues in this House. It is hard for me to believe what I am hearing from the minority right now.

One of the first pieces of legislation that we introduced in the 117th Congress was the Stopping Overdoses of Fentanyl Analogues Act. SOFA is the same acronym as an organization started by Lauri Badura of Oconomowoc, Wisconsin, Saving Others For Archie. Archie was her son.

Lauri has worked to raise awareness of the dangers of drug addiction

throughout Wisconsin following the loss of her son Archie to a fentanyl overdose.

Mr. Speaker, I personally recognize the work of Lauri, as well as Dr. Timothy Westlake of Waukesha, Wisconsin, for spearheading legislation in the Wisconsin State Legislature that culminated in the bill being debated before us today.

Since 2017, they have been working on a permanent solution, and that is scheduling fentanyl as a schedule I item. It is the most important thing that this House of Representatives will do in this Congress.

Mr. PALLONE. Mr. Speaker, I yield 3 minutes to the gentleman from Colorado (Mr. NEGUSE), who is our assistant minority leader.

Mr. NEGUSE. Mr. Speaker, I thank the gentleman for yielding me time.

First, I thank the ranking member for his leadership in addressing the scourge of fentanyl overdoses across our country.

I serve as one of the co-chairs of the Bipartisan Fentanyl Prevention Caucus with Representative DARRELL ISSA and Representative MADELEINE DEAN. It is certainly an issue that we have worked tirelessly on. I appreciate the bipartisan cooperation, notwithstanding, obviously, the disagreements with respect to this particular bill. I think the ranking member has spoken very eloquently with respect to his concerns.

I thank the ranking member for indulging me and giving me a few minutes to speak on the floor because, at the conclusion of this debate, I intend to make a unanimous consent request of the Chair. I would hope that it is a consent request that everyone in this House could agree to.

As many of my colleagues, of course, are well aware, there was a terrible, heinous terrorist attack in my district 10 days ago in Boulder, Colorado. We have introduced a resolution, H. Res. 476. It is a bipartisan resolution. Several of my Republican colleagues have joined me on this resolution.

It denounces anti-Semitism, condemns the horrific attack in my community, and lifts up the organization Run for Their Lives, which was heinously targeted by this terrorist. This is an organization that has been working every week to peacefully call for the release of the hostages held by Hamas in Gaza.

Mr. Speaker, I am simply asking for this House to consider my resolution. This terrible attack happened in my district. I have no doubt that if Republican leadership just puts the resolution on the floor, it will pass unanimously in this House. I have no doubt, so I am just asking my colleagues to give us the opportunity to weigh in or at least explain to us and my constituents why my community is being deprived of this resolution that honors law enforcement, the FBI and the Boulder Police Department, which acted so swiftly in response to this terrorist attack.

Mr. Speaker, I know Mr. GRIFFITH, in particular, to be somebody who shares, I believe, my views as I have articulated them with respect to this particular attack, and I just hope that my colleagues would agree to give this resolution its due course.

Mr. GRIFFITH. Mr. Speaker, I yield 2 minutes to the gentleman from Pennsylvania (Mr. JOYCE), the vice chairman of the Committee on Energy and Commerce.

Mr. JOYCE of Pennsylvania. Mr. Speaker, I rise today in strong support of the HALT Fentanyl Act, critical legislation to crack down on the criminals who produce, traffic, and sell fentanyl and fentanyl-related substances.

Earlier this year, we were able to hear powerful testimony from two of my constituents, Ray and Deb Cullen, who tragically lost their son, Zach, to fentanyl poisoning. Unfortunately, they are not alone in this pathway to pain. Last year, one Pennsylvanian died from an overdose every 2 hours, with the overwhelming majority of these resulting from fentanyl poisoning.

We owe it to our future generations to end this plague on our society by passing the HALT Fentanyl Act.

Our courageous Border Patrol and law enforcement officers will be more effective in removing fentanyl and fentanyl-related substances that come across our border, end up in our communities, and poison our children, friends, and neighbors.

Additionally, this legislation will also result in harsher penalties for the criminals and cartel members who are responsible for the spread of this poison. As a nation, we can no longer sit by while future generations of American workers, parents, and community leaders are taken away from us.

Mr. Speaker, I encourage my colleagues on both sides of the aisle to support this legislation today and to save the lives of so many throughout this great country. It is time to halt fentanyl.

Mr. PALLONE. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, we had this bill in the House back in February, and then it went to the Senate. Essentially, what came back today for final approval or final passage is the same bill.

As was mentioned by my Republican colleagues, if it passes today, it goes straight to the President's desk. At the time in February, when we were discussing this bill, I had pointed out that President Trump had just pushed a scheme, really, straight out of Project 2025 to choke off virtually all Federal funding, including halting over \$8.6 billion in grant funding for the Federal programs to combat the opioid crisis. At the time, congressional Republicans just stood by silently as it happened.

Trump halted over \$6.5 billion in funding for the Substance Abuse and Mental Health Services Administration, SAMHSA, which supports treatment programs and prevention efforts.

He also halted nearly \$1.5 billion in funding for the National Institutes of Health drug abuse and addiction research programs, which conduct and support research on substance abuse and addiction, basically to better understand the causes of addiction and identify treatments and interventions that reduce overdoses.

Trump also halted all federally funded programs that provide critical opioid-related services, including federally qualified health centers, which serve a high proportion of patients disproportionately impacted by the opioid crisis.

The Department of Health and Human Services also eliminated the workforce training programs, including the Integrated Substance Use Disorder Training Program, which trains professionals to provide opioid use disorder prevention, treatment, and recovery services.

Mr. Speaker, we went to court over a lot of these things, and many of them were overturned. Yet, I don't want anyone to think that the President is giving up. He is going to continue his efforts to illegally cut these programs, and I mentioned some of them before. Again, House Republicans are doing nothing to halt any of this.

In addition to that, I have to say that the big, ugly bill passed a couple of weeks ago by the Republicans, I think, altogether, between Medicaid, the ACA, and Medicare, because of sequestration, cuts, I don't know, I would say \$1.7 trillion or so.

Understand that Medicaid is the single largest payer for behavioral health services in the United States and covers nearly 40 percent of all individuals with opioid use disorder. Medicaid covers a full array of services and support for people with behavioral health needs, including services and supports that typically are not covered by other health programs.

This is an assault on every effort for prevention and treatment of opioid disorders, whether it is cutting Medicaid, eliminating SAMHSA's programs, or cutting the money that goes back to States and towns to help people with treatment.

Mr. Speaker, again, this bill is a distraction because it gives the impression that if you lock somebody up with a mandatory penalty, even if it is just for possession, and throw away the key, that is going to solve your problem. It is not.

□ 1415

Everything that the President is doing and the Republicans are doing to support him completely eliminates or significantly cuts back on the treatment and the education that are going to be much more important in terms of trying to save people's lives.

Mr. Speaker, I reserve the balance of my time.

Mr. GRIFFITH. Mr. Speaker, I yield 2 minutes to the gentleman from Ohio (Mr. JOYCE), who I understand is the youngest Mr. JOYCE in the House.

Mr. JOYCE of Ohio. Mr. Speaker, I rise today in strong support of S. 331, the HALT Fentanyl Act.

This bipartisan bill will save lives by providing critical tools for law enforcement to combat the ongoing opioid crisis across our country.

Thousands of Americans continue to die each year from fentanyl overdoses, and Ohio has been particularly hard-hit by the epidemic.

Prior to the temporary rescheduling in 2018, fentanyl-related substances could only be controlled individually, allowing cartel chemists to easily create new uncontrolled compounds. This temporary rescheduling proved to be effective as the number of new compounds since then has significantly declined.

The prevalence of fentanyl-related substances and continued trafficking of dangerous narcotics across our southern border requires strong, decisive action from our Congress.

According to the DEA, there were more than 36 million fentanyl pills and nearly 4,000 pounds of fentanyl powder seized in 2025. This represents over 157 million deadly doses.

As a former prosecutor and a co-chair of the Addiction, Treatment, and Recovery Caucus, I understand the importance of law enforcement aggressively targeting traffickers and making sure that we are addressing societal challenges of addiction.

Each life lost to an overdose is a tragedy. We must declare war on the drugs that are killing our kids in our community.

Mr. Speaker, I encourage my colleagues to support this bill and send it to the President's desk.

Mr. GRIFFITH. Mr. Speaker, may I inquire as to the time remaining.

The SPEAKER pro tempore. The gentleman from Virginia has 10½ minutes remaining. The gentleman from New Jersey has 10 minutes remaining.

Mr. GRIFFITH. Mr. Speaker, I am prepared to close, and I reserve the balance of my time.

Mr. PALLONE. Mr. Speaker, I yield myself the balance of my time.

Mr. Speaker, as I mentioned before, the bill before us today is the Senate companion to H.R. 27, which we voted on here in the House on February 6 of this year. The two bills are identical, other than a couple of minor punctuation differences. This bill would go to the President's desk, and he said he would sign it.

However, since that vote in February here in the House, the Trump administration has seriously threatened our Nation's ability to confront the ongoing opioid overdose crisis by attempting to dismantle the Substance Abuse and Mental Health Services Administration, SAMHSA, as I mentioned, firing hundreds of workers, including senior key officials, and rescinding over \$1 billion from State and local behavioral health programs.

Mr. Speaker, I continue to oppose this bill because it is a permanent ex-

tension of fentanyl-related substances as schedule I drugs instead of the temporary one that we agreed on for 2 years in the end of the year 2024 appropriations package.

The temporary option would have left the door open for an off-ramp to substances found to have potential medical applications. This bill would also exacerbate inequities in our criminal justice system because drugs placed on schedule I include mandatory minimum sentencing. Furthermore, S. 331 also does not provide additional resources, as I have mentioned, for prevention, treatment, recovery, or harm reduction.

For all these reasons, Mr. Speaker, I urge my colleagues to vote "no" on the legislation, and I yield back the balance of my time.

Mr. GRIFFITH. Mr. Speaker, I yield myself the balance of my time.

Mr. Speaker, as the gentleman said, this is an identical bill to the one that passed out of the House with the exception of a few technical changes the Senate made, including sticking their number on it instead of the House number. Other than that, it is essentially the same bill this House passed and, frankly, with bipartisan support.

I understand the gentleman's objections related to mandatory minimum sentences, but that is a different bill and a different day. That is not what this bill is about. This bill is about making fentanyl analogues a schedule I or making all of them schedule I substances.

The gentleman referenced that there is no off-ramp. I would suggest to him that the off-ramp is in the eye of the beholder.

What we did in this bill, and I think it is something that everybody on the floor can be proud of, we put into this bill the capability to do extensive research by universities, the NIH, and the FDA. We created a framework to do research on the 4,800 believed analogues of fentanyl.

I believe it has two advantages. One, if we find one of these analogues that has no harm and even has a positive effect for some issue, that creates your off-ramp. There is already an off-ramp in the law for drugs that show promise and have a medicinal benefit. That opens up other statutes. This one doesn't have that off-ramp, but other statutes do that would allow if somebody comes in and says, wow, look at what this does. It does good things in the X area or the Y area or whatever. This bill has the component parts to make that possible. Unlike our schedule I on marijuana, which never allowed research or realistic research and created some of the dilemmas that we have today with that substance. We fixed that with this bill.

Secondly, that research component, I believe if there is any benefit in the analogues at all, it may be that one of the analogues—I am not saying it will and I think the odds are slim, but it is possible that one of the analogues will

have a blocking effect on the deadly aspects of fentanyl itself, and that would be a huge positive.

When my colleague says that it has nothing on dealing with the problem as far as people who have an addiction, he is right. It does not today, but that research component has great potential for the future.

In the short run, we stop the Chinese from bringing the precursors to Mexico and the Mexican cartels creating new analogues and trying to get around our laws by claiming it is not really fentanyl, it is an analog. We stop those attempts by the bad guys, the illegal people trying to bring this into our country and bringing it in, unfortunately, successfully. We stop it. We stop them using that technique to get around the law. Then we leave the door open for positive future benefits, if any, in the analogues.

Mr. Speaker, I am proud to have helped draft this legislation. I am proud to have drafted the part on the research component. I am proud that, notwithstanding the fact that they made a few tweaks and sent back a Senate bill rather than sending back mine and Mr. LATTA's original House bill, I am proud to stand here today in support of the HALT Fentanyl Act.

Mr. Speaker, I urge all of my colleagues in this House to vote "yes" and let's send it to the President's desk. Let's make this a permanent law in the United States.

As Chairman GUTHRIE said: It is not going to solve every problem, but it makes our kids just a little bit safer.

Mr. Speaker, I yield back the balance of my time.

The SPEAKER pro tempore. All time for debate has expired.

Pursuant to House Resolution 489, the previous question is ordered on the bill.

The question is on the third reading of the bill.

The bill was ordered to be read a third time, and was read the third time.

The SPEAKER pro tempore. The question is on passage of the bill.

The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

Mr. PALLONE. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, further proceedings on this question will be postponed.

REQUEST TO CONSIDER H. RES. 476, CONDEMNING THE VIOLENT ANTISEMITIC ATTACK IN BOULDER, COLORADO, AND EXPRESSING SUPPORT FOR THE SURVIVORS AND THEIR FAMILIES

Mr. NEGUSE. Mr. Speaker, I ask unanimous consent that H. Res. 476, my bipartisan resolution to condemn the terror attack in Boulder and to denounce anti-Semitism, be called for consideration by the full House.