

Post, and Associated Press, as well as the major television networks—ABC, NBC, and CBS—failed to cover this horrific report.

The American people deserve to know the truth about our immigration policies and the damaging consequences of the Obama administration's actions. When the national media intentionally fail to report the facts, the American people are the ones who literally suffer the consequences.

TITAN ROBOTICS FROM TRINITY SCHOOL AT GREENLAWN

(Mrs. WALORSKI asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Mrs. WALORSKI. Mr. Speaker, I rise today to recognize the Titan Robotics team from Trinity School at Greenlawn in South Bend. Next week, they will travel to California to compete in the Legoland North American Open Invitational Championship.

I recently had the opportunity to speak with these students about their project, in which they were challenged to find new ways to help the environment.

They discovered that recycling labels on plastic wrappers were often hidden or unclear, making consumers less likely to recycle. After hours of research, they proposed a solution: a new label with the recycle symbol that would wrap around the plastic wrappers on the outside, making it easier to see if the product is recyclable. And they proposed a different label to inform consumers if the product is not recyclable.

Mr. Speaker, I commend these kids for their hard work and wish them the best of luck at their competition.

I also want to thank the parents, coaches, teachers, principals, and everyone in the community who supported them.

PRESCRIPTION DRUG ABUSE

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

Mr. HARDY. Mr. Speaker, drug overdose is now the leading cause of accidental death in America, and prescription painkillers account for 40 percent of those 47,000 deaths.

No one debates that these powerful medications can serve an important role in pain management, but we cannot ignore the ability to entrap innocent and unintended victims. That is why we are taking steps to protect those endangered by this epidemic.

With bills passed this week, we are improving training and providing resources for medical providers and pharmacists, making sure that Federal agencies work better together, and reducing excess amounts of unused meds in the homes of patients with short-term needs so that excess medicine can

be available for those still in need instead of falling into the hands of children and family members.

There is always more we can do and will do in the future, but today is the day that America has started on the road to recovery.

HONORING MAYOR JOHN G. WARNER

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

Mr. POLIS. Mr. Speaker, it is with great honor that I rise before this body of Congress to recognize Dr. John Warner of Breckenridge, Colorado. John has served on the town council of Breckenridge for 14 years and the last 8 years as mayor.

Being mayor of one of the country's premier resort communities has its challenges, but John has guided his community through both growth and uncertainty with integrity and passion. His steadfast commitment to making the place that residents call home a better place is an inspiration to us all.

The hallmark of John's tenure was sustainability, and many important projects resulted from his efforts, like the new recycling facility, three solar projects, hybrid vehicles in the town's fleet, and a sustainability certification program for businesses.

Despite many complicated issues, John took each one with a calm assuredness and a balanced approach.

Mr. Speaker, it is with great pride that I rise to pay tribute to Dr. John G. Warner on behalf of the residents of the Second Congressional District and myself. His contributions to the town of Breckenridge will remain his legacy for many years to come.

HONORING SERGEANT JOHN SCHULTZ

(Mr. MCKINLEY asked and was given permission to address the House for 1 minute.)

Mr. MCKINLEY. Mr. Speaker, this week is indeed National Police Week, a time to honor and commemorate the sacrifices of the courageous men and women who serve in law enforcement. They keep our communities strong and our neighborhoods safe.

Today, I want to particularly recognize Sergeant John Schultz of the Wheeling Police Department for his 20 years of service and for always putting others first.

Sergeant Schultz has not only been a proud police officer, but he has also served abroad in Desert Storm and Desert Shield. For the last 5 years, he has mentored local kids as a PRO at Wheeling Middle School.

His selfless service was evident last year when on June 2, he dove into a public pool fully clothed in boots, shoes, and weapons to successfully rescue a student who was unconscious at the bottom of the pool.

For this courageous deed and his admirable and respected career, he has been recognized by the National Association of Police Organizations for honorable mention for the prestigious TOP COPS Award.

Let's congratulate him for this honor and thank all of his law enforcement colleagues who dedicate their lives every day to the well-being of all of our fellow citizens.

PROVIDING FOR CONSIDERATION OF S. 524, COMPREHENSIVE ADDICTION AND RECOVERY ACT OF 2016

Mr. COLLINS of Georgia. Mr. Speaker, by direction of the Committee on Rules, I call up House Resolution 725 and ask for its immediate consideration.

The Clerk read the resolution, as follows:

H. RES. 725

Resolved, That upon adoption of this resolution it shall be in order to consider in the House the bill (S. 524) to authorize the Attorney General to award grants to address the national epidemics of prescription opioid abuse and heroin use. All points of order against consideration of the bill are waived. An amendment in the nature of a substitute consisting of the respective texts of the bills specified in section 2(a) of this resolution shall be considered as adopted. The bill, as amended, shall be considered as read. All points of order against provisions in the bill, as amended, are waived. The previous question shall be considered as ordered on the bill, as amended, to final passage without intervening motion except: (1) one hour of debate equally divided among and controlled by the chair and ranking minority member of the Committee on Energy and Commerce and the chair and ranking minority member of the Committee on the Judiciary; and (2) one motion to commit with or without instructions.

SEC. 2. (a) The bills referred to in the first section of this resolution are as follows: H.R. 4641, H.R. 5046, H.R. 4063, H.R. 4985, H.R. 5048, H.R. 5052, H.R. 4843, H.R. 4978, H.R. 3680, H.R. 3691, H.R. 1818, H.R. 4969, H.R. 4586, H.R. 4599, H.R. 4976, H.R. 4982, H.R. 4981, and H.R. 1725, in each case as passed by the House.

(b) In forming the amendment in the nature of a substitute referred to in the first section of this resolution, the Clerk—

(1) shall assign appropriate designations to provisions within the amendment in the nature of a substitute;

(2) shall conform cross-references and provisions for short titles within the amendment in the nature of a substitute; and

(3) is authorized to make technical corrections within the amendment in the nature of a substitute, to include corrections in spelling, punctuation, page and line numbering, section numbering, and insertion of appropriate headings.

SEC. 3. Upon passage of S. 524 the title of such bill is amended to read as follows: "To authorize the Attorney General and Secretary of Health and Human Services to award grants to address the national epidemics of prescription opioid abuse and heroin use, and to provide for the establishment of an inter-agency task force to review, modify, and update best practices for pain management and prescribing pain medication, and for other purposes."

SEC. 4. If S. 524, as amended, is passed, then it shall be in order for the chair of the Committee on Energy and Commerce or his designee to move that the House insist on its

amendments to S. 524 and request a conference with the Senate thereon.

The SPEAKER pro tempore (Mr. HARDY). The gentleman from Georgia is recognized for 1 hour.

Mr. COLLINS of Georgia. Mr. Speaker, for the purpose of debate only, I yield the customary 30 minutes to the gentleman from Colorado (Mr. POLIS), pending which I yield myself such time as I may consume. During consideration of this resolution, all time yielded is for the purpose of debate only.

GENERAL LEAVE

Mr. COLLINS of Georgia. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days to revise and extend their remarks and include extraneous material on House Resolution 725, currently under consideration.

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

There was no objection.

Mr. COLLINS of Georgia. Mr. Speaker, I am pleased to bring this rule forward on behalf of the Rules Committee. The rule provides for consideration of S. 524, the Comprehensive Addiction and Recovery Act.

The rule provides for 1 hour of debate equally divided among and controlled by the chairs and ranking minority members of the Energy and Commerce Committee and the Judiciary Committee.

□ 0915

The rule also provides for an amendment in the nature of a substitute that consists of the 18 bills passed by the House this week to combat the opioid epidemic. Under the rule, if S. 524 is passed, it will be in order for the chairman of the Energy and Commerce Committee to request a conference with the Senate on the House-passed package of bills.

Let me just emphasize this again for Members so they will understand the process. What we will do under the rule, if S. 524 is passed, it will then be made in order for the chairman of the Energy and Commerce Committee to request a conference with the Senate on the House-passed package of bills.

Each of these 18 bills included in the House package passed the House with strong bipartisan support. The level of support for these bills is a sign of the recognition that something must be done about the opioid epidemic.

You have seen Members who represent urban areas, Members who represent suburban areas, and Members like me who represent more rural areas support these bills. This problem does not discriminate. It is a nationwide issue, and it is taking a toll on communities all over our country. We need to act. With the passage of these bills, we are taking decisive action.

The Senate bill, the Comprehensive Addiction and Recovery Act, received unanimous support in that Chamber. I want to thank Senators PORTMAN and WHITEHOUSE for their leadership on that bill.

The House bills include elements of the Senate bill as well as additional measures. It is my hope that the conference provided for by these bills will yield the strongest possible measure. We need strong, swift, and decisive action to address the growing crisis of the opioid epidemic.

In the United States, more people die every year from drug overdoses than car accidents. As the debate has taken place here on the floor this week, I think the numbers have just been amazingly stark.

When you realize that a statistic like that, when the deaths from drug overdoses surpass car accidents, then we are dealing with something that begins to put it in perspective.

My home State of Georgia has 159 counties. In 2012, prescription drug overdoses led to deaths in 152 of those 159 counties, totaling 592 deaths. The opioid bills in the House package before us today help implement measures to prevent these tragedies.

Addiction is happening far too often with devastating consequences. Further, it is shown that prescription opioid abuse often leads to heroin abuse, compounding the problem. In fact, according to the Centers for Disease Control, 45 percent of people who used heroin were addicted to prescription opioid painkillers.

I mentioned this earlier in the week, but it is worth mentioning again now. I have had many conversations with sheriffs in my area in the Ninth District, which really runs on the I-85 corridor out of Atlanta and up into the northeast, and I keep in contact with them regularly.

My background with my father being in State Patrol, I know the law enforcement community very well. One of the first questions I always ask them—and in my 10 years, I was in the State House for over 6 years, and I have been up here now into my second term—I always ask: What is the biggest thing that you are seeing? What is the epidemic or what is the issue you most see?

Early on, it was methamphetamine. Especially in my rural area, my mountain area, methamphetamine still is very prevalent. But due to many of the restraints that were put in in Georgia—and I notice my friend here from Georgia as well—we worked in the State legislature to control the methamphetamine problem, and then the prescription opioid problem has developed.

Now what my sheriffs will tell me and my law enforcement community and my city police and others will tell me is that heroin is by far their fastest growing issue that they are seeing. It is hitting not just urban areas, it is hitting suburban areas, it is hitting very rural areas, and it is hitting across the income gap. Those who have been addicted to prescription opioids now find that heroin is cheaper to purchase and is cheaper to access.

The problem is, unlike many of the prescription opioid painkillers, the her-

oin issue is one in which they can take the first dose and it would be their last. This is something we cannot continue to look away from.

In Georgia, heroin deaths have increased 300 percent. That statistic alone should be a call to action. Nationwide, the number of people it affects is staggering. CDC statistics on opioid abuse show 18,893 overdose deaths related to prescription painkillers, and 10,574 overdose deaths related to heroin in 2014.

The opioid epidemic affects everyone. I believe that most people could tell you of a family member or friend who has suffered in some way because of this problem. And these problems aren't only affecting adults. They are affecting college-age students, high schoolers, children, and even the tiniest among us, babies.

Every 25 minutes in our country babies are born with a dependency. This is tragic. Babies born addicted to opioids often struggle to survive, have dangerous health complications, and suffer from serious withdrawals.

These innocent children don't deserve this. They deserve a life full of promise. Instead, they face life-threatening challenges from the moment they are born. We can do better, and should do better. In fact, they suffer not only from the moment they are born, they are also suffering in the womb as well. This is an epidemic we have got to address.

Importantly, several of these bills in the House-passed package will help address this problem. For example, Congressman LOU BARLETTA introduced H.R. 4843, the Infant Plan of Safe Care Improvement Act.

This bill requires the Department of Health and Human Services to distribute information to States on best practices to develop safe care plans for infants affected by substance abuse and withdrawal symptoms.

H.R. 4978, the NAS Healthy Babies Act, introduced by Congressman EVAN JENKINS, requires a report on neonatal abstinence syndrome.

Another bill in this package deals with the problems that youth athletes may face if they are prescribed opiates for a sports-related injury. H.R. 4969, the John Thomas Decker Act of 2016, introduced by Congressman PAT MEEHAN from Pennsylvania, requires the CDC to study information and resources available to youth and families regarding the dangers of opioid use and abuse.

Still other bills relate to veterans and how we can help them. For example, the Comprehensive Opioid Abuse Reduction Act, introduced by Mr. SENBRENNER from Wisconsin, authorizes investments in veterans courts.

I believe there is another conversation that is going on in Congress right now concerning our criminal justice and criminal justice reform and things that we need to do to make sure that not only are we not using our jails as mental health facilities, but we are getting people the help that they need.

Some of the ways that you do that is found in treatment courts. Many of those are found in newer treatment courts, not just simply the substance abuse, but in veterans courts as well. We are going to continue to look at that.

In doing so, H.R. 4063, the Jason Simcakoski PROMISE Act, introduced by Congressman GUS BILIRAKIS, directs the Department of Defense and the Department of Veterans Affairs to jointly update the VA/DOD Clinical Practice Guideline, Management of Opioid Therapy for Chronic Pain. The bill also requires the VA to expand opioid safety initiatives.

I am a chaplain still in the Air Force Reserve. I served in Iraq. I saw firsthand the scars that the battlefield can leave, both physical and mental. We need support systems for our veterans like the ones provided for in H.R. 5046 and H.R. 4063.

We need to address their pain, and we need to ensure they have an avenue to get the help they need. I believe the bills this rule provides for will take steps to make that happen. Our veterans deserve our very best.

We cannot discuss this package without mentioning the resources that this bill provides for law enforcement. As the son of a Georgia State Trooper, this component is critically important to me.

The bill provides for law enforcement training. These measures also provide for the expanded use of naloxone by law enforcement. Naloxone can effectively reverse opioid overdoses, so it is a valuable tool to have on hand.

Through the establishment of a comprehensive grant program that will provide resources to law enforcement, communities, and States, and combined with other bills, we have a real chance to make a difference here today.

Mr. Speaker, addiction issues are often related to other co-occurring disorders, including mental health issues. Addiction claims victims, and addiction is a disease. We must not turn a blind eye to those in need.

We must work to halt the opioid epidemic. We must act to prevent more deaths and to stop the growth and spread of this problem. The Senate bill, the House-passed bill, and the motion to go to conference are steps towards doing that.

These bills were brought forward due to the hard work of many Members. Over the course of this week, we have seen Members from every walk of life, representing people from every walk of life, come to the floor to speak on the opioid epidemic.

Each and every one of these Members have made statements to show the depth and breadth of this problem to the real people that we are sent here to represent. Through the 18 House-passed bills and the conference with the Senate, we have a chance to ease that problem, to actually combat it.

These bills call for further studies to examine the response of the opioid cri-

sis, provide support for doctors' treatment of abusers, and also to help law enforcement efforts to combat drug trafficking.

Neighborhoods and families are being torn apart by heroin addiction and opioid abuse. Communities like my home in northeast Georgia need help to address this problem.

Through these bills, we are helping to provide that. Importantly, we are also providing enough flexibility so that States can determine what will work best for their specific populations and communities.

Many communities, many Members, and many staffers have worked hard to bring together these important reforms. I want to thank them for their dedication and hard work. These reforms are a step in the right direction.

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

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

I thank the gentleman for yielding me 30 minutes.

Mr. Speaker, I rise in opposition to this rule today that provides for consideration of S. 524.

As has been discussed on the floor this week, Mr. Speaker, our Nation is in the midst of an epidemic. While opioid abuse is nothing new, the numbers are getting more and more alarming. Addiction claimed over 28,000 lives in 2014 and drastically altered many more for the worst.

All week we have heard stories from both sides of the aisle speaking to how addiction is breaking apart families and communities. Today we are considering a package of bills that will hopefully take some meaningful steps towards addressing this crisis.

Prescription drug addiction is a very complex issue. There is no simple solution. It is a subject that deserves comprehensive debate and full consideration of ideas that Democratic and Republican Members have to be able to address: this public health crisis.

While I and many of my Democratic colleagues are supportive of the underlying legislation, there are problems with the process that have locked out ideas that can save lives that are being prevented from coming to the floor under this rule.

Of the 18 bills included under this rule, all but 2 were brought to the floor on suspension. What does that mean? It means no Members—Democratic or Republican—were allowed to amend or improve 16 of these 18 bills.

The scope of the two bills that were brought forward in a manner that allowed amendments was so narrow that it closed out many of the amendments that we considered in the Rules Committee because they weren't germane to these two particular bills. I find that very frustrating. It limits discussion on a major public health crisis, something that is an issue that is not at all partisan.

Many bipartisan amendments that I will talk about in a moment, many

ideas from Republicans and Democrats, were simply not even allowed to be considered in this process. Amendments that would save lives, amendments that families would be grateful for, and amendments that would reduce opioid abuse in our country are not even allowed to be considered here on the floor of the House.

These were not amendments with an ideological agenda. Sometimes we are down here on a bill that is highly ideological and there are amendments that are locked out that would change it drastically or gut it. No, these are good faith efforts and ideas from the experiences that many of us have had back in our own districts as to how we can address this opioid abuse crisis that we are facing nationally.

Among the amendments that should have been allowed this week and why I am urging my colleagues to vote "no" on the rule—one amendment that was locked out was a bipartisan amendment by Representatives ANN KUSTER and FRANK GUINTA, my colleagues from New Hampshire, which is really one of the ground zero areas for this crisis, offered a bipartisan amendment to H.R. 4641 that would have allowed HHS to award grants to recovery community organizations.

Their amendment acknowledges that recovery is a long road. For any of us, including myself, who have known people who have been in recovery from drug addiction, they know it is difficult. It is a real test of internal fortitude for them. Of course, their community and family need to rally around and support their sobriety.

We need to be supporting not only prevention and initial treatment, but also lifetime support for the lifetime struggle to pull people out of the vicious cycle of addiction. This amendment that was blocked under this rule took the long view that, to address this crisis, we need the long-term support of recovery community organizations.

□ 0930

Now, we know how pressing this issue is for our New Hampshire colleagues, Republican and Democratic. So why not open up this process to allow their idea to be debated on its merits?

If Members of Congress found it lacking merit, of course, it would be the prerogative of Members of this body to vote it down; but at least have that debate, and I honestly think that it likely would have passed.

Representatives KATHERINE CLARK and EVAN JENKINS offered a bipartisan amendment to H.R. 4641—again, locked out under this rule. We are not allowed to debate it, and we are not allowed to vote on it.

Their proposal, very simply, would have authorized grants for the creation of comprehensive systems to provide support for prescribers with regard to patient pain and substance abuse. According to a study in the *Journal of Opioid Management*, fewer than half of primary care providers felt sufficiently

trained in prescribing opioids. This would have helped address that training gap of prescribers so that they would less often use opioids and more frequently use alternative pain reduction prescriptions. It is our doctors and nurse practitioners and nurses who are on the front lines. They need to be adequately prepared to deal with patients in pain and with patients who are in the throes of addiction.

Again, unfortunately, under this rule, KATHERINE CLARK and EVAN JENKINS' amendment is not allowed to be considered by this body.

I, personally, offered a bipartisan amendment with Mr. ROHRBACHER of California that would have required the Pain Management Task Force, created in H.R. 4641, to take into consideration the potential for marijuana to serve as an alternative to opioids for pain management.

Several private studies have yielded promising results. In 2014, the Journal of Pain found that those who suffer from chronic pain reduced their use of opioids by a significant margin when using marijuana for medicinal purposes. Marijuana likely won't work in every instance where somebody has chronic pain, but, where it does, you have a far less harmful, less addictive option with much more limited side effects than opioids and painkillers. We shouldn't be taking an option with limited side effects off the table when it could help free millions of Americans from excruciating pain and crippling addiction.

Unfortunately, that amendment—simply an amendment to take into consideration and study the issue—was also blocked under this rule.

Those are some of the many examples. As I mentioned, none of the amendments made it out of the Rules Committee, and our colleagues will not have the opportunity to weigh in on the House floor. A wide variety of amendments were blocked.

From a process perspective, this is really irresponsible of this body, when responding to an epidemic of this complexity, to not debate and solicit ideas—bipartisan ideas, Republican ideas, and Democratic ideas—from Members of this body and to find creative solutions that can actually save lives and would be of great comfort to families who are affected.

My other concern is that the majority has authorized, but has not funded or appropriated any of the programs under these bills. In February, the President submitted a proposal that would have provided \$1.1 billion in new funding to address this epidemic in enforcement and treatment. Despite that, this bill has no funding for these efforts.

Combating addiction is truly a bipartisan effort. When close to 100 Americans are dying from drug overdoses every day, we have to work together to change that. I think that, unfortunately, under this rule, while this might be some baby steps forward, we

are falling short of the mark of really being able to put our very best thinking and very best solutions forward.

According to the CDC, since 1999, the number of prescription opioids sold in the United States has quadrupled despite no discernible change in the pain that Americans are reporting. So in a 15-year period, opioids are used four times as much. That is the precursor to this opioid addiction problem, and we need to do more to address that over-prescription of opioids.

In my home State of Colorado, the statewide rate of drug overdose deaths increased from 9.7 percent per 100,000 residents to 16.3 percent per 100,000 residents. Opioids were a major component of that.

Nationally, there have been even larger increases. Since 1999, deaths from prescription opioids, like oxycodone, hydrocodone, and methadone, have quadrupled. So it is no surprise the number of prescription opioids sold in the United States have quadrupled and deaths have quadrupled. It is no coincidence that those numbers are similar.

In 2014, almost 2 million Americans had some level of dependence on prescription pain relievers. This trend has especially dire consequences during pregnancy, which one of our bills addresses. In the last decade alone, over 130,000 infants were born with newborn drug withdrawal symptoms.

Given the extremity of circumstances surrounding opioid abuse in this country, I am glad that this body is devoting some effort towards casting a critical eye on what we can do; and I am saddened that this body didn't have a more open process to include many of the ideas, which I mentioned earlier, from bipartisan Members of this body and others that are simply locked out under this rule.

The Committee on Energy and Commerce reported out 12 bills. The Committee on Foreign Affairs considered a bill to allow the Treasury Department to block international drug traffickers from using the U.S. financial system. The Committee on Veterans' Affairs passed out a bill. I was also pleased that the committee that I serve on, the Committee on Education and the Workforce, took up a bill that I coauthored along with Representatives BARLETTA and CLARK and Chairman KLINE and Ranking Member SCOTT and Representative WALBERG—the Infant Plan of Safe Care Improvement Act—which directs child protective service agencies to develop a safe care plan to closely monitor the health outcomes for infants who are born with this syndrome.

The scourge of opioid addiction has touched families in my district and across the country. No State has managed to avoid it. I stand in opposition to this rule because, truly, we need to do everything we can to address this emergency, including debating good ideas, creative ideas from both sides of the aisle, and letting the Members de-

cide, based on their own experiences, their own creative solutions as to what we can do to help combat this scourge that has affected our country.

I reserve the balance of my time.

Mr. COLLINS of Georgia. Mr. Speaker, I yield such time as he may consume to the gentleman from Georgia (Mr. CARTER), our only pharmacist in Congress, who, I think, has a very good insight into this.

Mr. CARTER of Georgia. I thank the gentleman for yielding, and I thank him for his long-time support of these types of issues, both as a member of the Georgia State legislature and as a Member of this august body. Representative COLLINS has consistently and very diligently worked on these issues. As the son of a law enforcement officer, he understands all too well the importance of making sure that our communities are safe, and I thank him for his support of this.

Mr. Speaker, I rise in support of this rule and of the House amendment to S. 524. This week, the House has worked hard to pass 18 bills that address almost every facet of the opioid abuse epidemic.

We called for the creation of a task force to develop best practices for pain management and prescribing pain medication. We have authorized grants for local and State agencies to better fight this epidemic through better resources. We have expanded care for newborn infants who are affected by illegal substance abuse. We have improved comprehensive opioid abuse treatment to pregnant and postpartum women. We have also created safety measures for the use of opioids when treating veterans who have chronic pain.

I am proud of the measures this body has passed that make up the House amendment to S. 524.

Mr. Speaker, our Nation is facing an opioid epidemic, and no community is safe. It affects all communities across the Nation whether they be urban, suburban, or rural.

Serving more than 30 years as a community pharmacist, I have witnessed and participated in some of the greatest advances in the history of medicine. I have seen diseases that once required hospitalization become illnesses that are treated from home with medication. I have seen an antibiotic regimen that once required four tablets each day for 10 days replaced with six tablets over 5 days. I have seen a deadly disease, like hepatitis C, cured by medication in just 90 days. The advances that I have witnessed in medicine can truly be called nothing more than miraculous, and that is important.

We need to recognize that this fight against the opioid epidemic is going to have to be a team effort. We are going to have to have everyone—all healthcare professionals—involved in this. Whether they be doctors, nurses, pharmacists, PAs, APRNs—whoever—they have to be involved. Families

have to be involved. Our communities have to be involved. Our legislature has to be involved. This week, our Congress has taken the lead. I am very proud of that. I am very proud of the work that it has done.

It is also going to take tools like the Prescription Drug Monitoring Programs. While a member of the Georgia State legislature, I had the honor of sponsoring the legislation that led to the creation of the Georgia Prescription Drug Monitoring Program. That program has been a great tool in our toolbox to fight the opioid epidemic. Since that time, we have tweaked that program and have made it even better, and it continues to get better. It continues to help us in our fight against the opioids.

I mentioned the advances that I have witnessed in medicine. I am a big fan of the pharmaceutical industry—a big fan, perhaps its biggest fan. What I have witnessed, again, has been miraculous. I call on the pharmaceutical companies because right now there exists a gap, a gap in treating pain. Right now we have available to us medication such as ibuprofen and acetaminophen, and then we go to the opioids. There are very few alternatives in between there in that gap—in that void, if you will. Very few. Once you get past tramadol and a couple of others, there is nothing else for us to use, there is nothing else for us to prescribe. I have confidence in the pharmaceutical manufacturers, and I call on them to fill in that gap, to fill in that void. We need more alternatives, more choices.

Whether it is true or untrue, I can tell you that many patients don't believe that ibuprofen or acetaminophen, which you can buy without a prescription, will work as well as something that you can buy with a prescription. That is something we have to overcome, but there is definitely a void there that needs to be filled. Again, I am very, very confident that the drug manufacturers and that the pharmaceutical companies can help us fill this void, and I call on them to do just that.

Mr. Speaker, as a lifelong pharmacist, I have seen the struggles firsthand that Americans face with opioid addiction. I have witnessed my colleagues in the pharmacy profession, some who just could not overcome that weakness and who succumbed to prescription drug abuse. I have witnessed that. I have witnessed it with patients. I have witnessed it with customers who have ruined their careers, who have ruined their families, and who have ruined their lives because of opioid abuse. This is an epidemic. Certainly it is something that has to be addressed in our country.

I encourage all of my colleagues to support this measure so we can improve our efforts to raise awareness while working towards solutions to solve this health crisis. I encourage my colleagues to support this bill, and I applaud my colleagues.

This has been a very, very proud week for me to be a Member of the

United States Congress. To see what my colleagues in this House have done this week—as a pharmacist, as a healthcare professional—has made me very, very proud. We did good this week, and I am very proud to be a Member of this House.

Mr. POLIS. Mr. Speaker, I yield 3 minutes to the gentlewoman from Oregon (Ms. BONAMICI), a member of the Committee on Education and the Workforce.

Ms. BONAMICI. I thank the gentleman for yielding.

Mr. Speaker, I rise in support of the critical legislative efforts on the House floor this week to begin fighting the opioid crisis—an addiction crisis that has swept our country. There is much more work to be done to combat this epidemic. This is an encouraging start, but we must do more.

Too many communities in Oregon and across the Nation have seen the destruction that is caused by addiction, and too many have experienced the heartbreak of losing a child, a neighbor, a friend, or other loved one to overdose. Last year, just in Portland, Oregon, there were an average of two opioid deaths per week.

I think about Kerri, who is a mom from Knappa, in northwest Oregon. She lost her son, Jordan, after a 7-year struggle. Jordan's addiction began when he had a football injury in high school, and his doctor prescribed Vicodin. My own family has not been immune to this devastation. My brilliant and talented sister-in-law, Valerie, struggled with chronic pain and struggled in her life with the many, many opioids that were way too available. She relied on them to dull that pain until she lost her life a few years ago.

Countless families and doctors and nurses and public safety officers have all pleaded with us here in Congress to please act, to please save families from this loss and heartbreak.

I am glad we have come together today to answer this call, but these are only the first steps. Healthcare and treatment providers must have the resources they need to effectively curtail opioid abuse and addiction, and that means robust funding and better research and better education. We have all stood on this floor today and called this an epidemic. Let's treat it as such. Let's continue building on this progress.

I thank the chairman and the ranking member for their leadership.

□ 0945

Mr. COLLINS of Georgia. Mr. Speaker, some of the things also we have talked about today are education and prevention. It is also looking at things that we can be a part of and do.

As I have said earlier today, the things that have stuck out to me are some of the statistics that have jumped out. I mentioned the one earlier that more are dying from prescription overdoses than in car wrecks.

Also, there are other practical ways that we can be a part. If you are suffering out there—and, Mr. Speaker, if there is someone who is going through this with either prescription opioid abuse or through heroin abuse and addiction—there are toolkits available.

In fact, we have posted on our social media a place where people can go. It is from the Bipartisan Task Force to Combat the Heroin Epidemic. There are places where they can go to find a parent toolkit, where they can help their young children, also the young adults in their house, from middle school up through their 20s, on how we can best address some of these real issues.

It was very disturbing to me recently in a magazine article that I read that someone who was addicted, not only to heroin but was going through it, made the statement—and this just shows you the concern that is here—made the general statement that they were—there was this adrenaline rush when they were getting ready to shoot the heroin—is that this may be the last time I shoot up. That was almost driving them to do that.

To think about how that plays out, think about a young person who is so addicted and who is so wrapped to a drug that they really, when they go to put it in their body, knowing full well it could be the very last time they do anything, and yet that was part of the reason that they were doing it, that is just disturbing as we look at this.

There are also many other things that have come out. I think, as we go through this—we had a constituent who, knowing what we are doing here today, had looked to the pharmaceutical industry and who found ideas that are out there, such as this one from a pharmaceutical company that is looking at abuse-resistant opioids that don't have the same problems as we see in some of the others, such as OxyContin and some of the others that we have out there.

I think this is about proper management. I appreciate what Mr. CARTER from Georgia said on dealing with this and finding that balance. I think when we have the study, especially on how doctors prescribe how pain medication is used, these are all the kinds of things that get us to a point in which we limit the good uses that they may have, but also of preventing the addiction and the preventative steps that are putting us in the situation that we currently have.

So there are a lot of issues out here, and I think this is why this rule is effective. This rule is a good first step. It is something we move forward on. In doing so, I think we make a statement to the American people that we are looking to the problems that they are experiencing. We are addressing those needs, and we are going to continue to do so.

If there is any indication that this was the last step, I think that is a misperception that is out there. This is

a first step toward continuing this process. It will continue into the appropriations, I am sure, process as well. But these are the tools that we need to get into the toolbox right now and to be a part of that.

I reserve the balance of my time.

Mr. POLIS. Mr. Speaker, this package before us cannot be the final word. Congress needs to approve funding to develop a comprehensive response to this epidemic and save lives.

Mr. Speaker, if we defeat the previous question, I will offer an amendment to the rule to bring up legislation that, in addition to including all of the opioid bills passed this week, which I do support, will also provide \$600 million in funding to address the opioid epidemic.

Mr. Speaker, I ask unanimous consent to insert the text of the amendment in the RECORD, along with extraneous material, immediately prior to the vote on the previous question.

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

There was no objection.

Mr. POLIS. Mr. Speaker, I yield 5 minutes to the distinguished gentleman from New Hampshire (Ms. KUSTER) to discuss our proposal.

Ms. KUSTER. Mr. Speaker, I thank my friend from Colorado for yielding, and I also thank the Representative from Georgia (Mr. COLLINS) for his words.

In New Hampshire, right now, we have a four-times-greater chance of dying from a heroin or opiate overdose than a car accident, as you have pointed out in national statistics.

This morning, I rise to say that I am proud of what the House has been able to accomplish this week in a bipartisan way by working to address this critical challenge of substance use disorder that is devastating communities in my home State of New Hampshire and all across the country.

Last year, I had the honor to cofound with my colleague from New Hampshire (Mr. GUINTA) the Bipartisan Task Force to Combat the Heroin Epidemic to address the critical problems that heroin and opioid addiction are bringing to every corner of my district and most parts of the country. The membership of the task force now includes 83 members, about half Republicans and Democrats, who are dedicated to fighting this problem.

Last month, we unveiled a legislative package of 15 bills to fight this epidemic, and we are pleased that many of these bills and provisions have been included in the package this week.

To mark the start of opioid week, we held a Special Order on Tuesday evening, when over 20 Members from both sides of the aisle came to the floor to share personal stories of friends and family who had been affected by the heroin epidemic.

As part of the Special Order, I told the story of Carl, the son of a constituent and friend of mine, Sue

Messinger. Carl, at 24 years old, was working hard in college. He wanted to become a dentist. He was a recent graduate. He earned good grades, and he had his eye set on applying to dental school.

But it turned out, unbeknownst to his family, Carl had been using heroin. His was another face of addiction.

When he finally spoke to his parents, they began the long journey with him to recovery. They were able to secure a place in a detox program, and they then moved toward his recovery. He was passing every drug test. He remained resolutely committed to avoid drugs and alcohol, and his family was overjoyed to see him get better.

But when Carl came down with an upper respiratory infection shortly thereafter, a fatal error occurred. Unaware of Carl's history of addiction and his recent completion of detox, the doctor who he saw for the upper respiratory infection prescribed a narcotic cough suppressant.

Triggered by the codeine in the cough syrup, Carl's addiction to heroin was instantly reawakened, and he could not resist the craving. He injected heroin and died that day of pure fentanyl, 50 times more powerful than heroin, in his own home.

There were no labels on the bottle that indicated that the cough medicine could trigger drug-seeking behavior. There was no way for Carl or his mother or his parents to know that the cough medicine could pose a fatal danger.

Since his death, his mother, Sue, has spoken out about the need to reform labeling requirements. And I am pleased to be a sponsor of Representative WALBERG's bipartisan bill seeking to ensure that medical professionals have full knowledge of a patient's previous opioid addiction.

Sadly, that bill is not in the package of bills this week, and it is one among many that we will need to address at a later date. So I am hopeful that I can continue to work with the chair of this committee and so many others on the other side of the aisle to bring forward bills such as this that will make a difference in people's lives.

Earlier this week, I introduced the Drug Abuse Crisis Act that will provide \$600 million in critical funding to finally address this heroin epidemic.

I want to close my remarks by talking about hope. So many of the bills that we have passed will finally bring hope for recovery, for treatment, for long-term recovery to the families, to the users, and to our communities. This legislation will build and expand upon the work that we have done this week by dramatically increasing resources for medication-assisted treatments, funding competitive programs for law enforcement and for those hardest hit by this drug crisis.

I am opposing this rule before us today and the previous question so that we can move to consider my Drug Abuse Crisis Act.

Let's bring hope to our families and communities, and please oppose the previous question.

Mr. COLLINS of Georgia. I yield myself such time as I may consume.

Mr. Speaker, as I went through in my opening statement, I mentioned a good many of the bills that were part of the House package this week. I want to go back through just a few more that we went through just to let people know the breadth and scope of what we have been doing.

H.R. 4982, Examining Opioid Treatment Infrastructure Act, is a bill that requires the Comptroller General to report to Congress on the inpatient and outpatient treatment capacity, availability, and needs in the United States. And that was by Mr. FOSTER of Illinois.

We also have H.R. 4599, Reducing Unused Medications Act of 2016, from Representative CLARK of Massachusetts.

We also have H.R. 4586, Lali's Law, sponsored by Representative DOLD of Illinois.

H.R. 3691, Improving Treatment for Pregnant and Postpartum Women Act of 2016, sponsored by Representative BEN RAY LUJÁN of New Mexico.

H.R. 3680, Co-Prescribing to Reduce Overdoses Act of 2016, sponsored by Representative SARBANES of Maryland.

We also have H.R. 1818, Veteran Emergency Medical Technician Support Act of 2016, sponsored by Mr. KINZINGER of Illinois.

Again, as you see the breadth of what we are doing here and why I believe moving forward on this rule is important and going through, many times what we have said is: look, these issues all address specific needs. They all are encompassing of our body, as a whole, all 435 of us, because, as I read here, these were a mix of both Republican and Democrat bills that have been passed on this floor this week.

So, as we look ahead, we look to the serious nature of what we are doing, it also really looks at the breadth and the scope of what we are dealing with here. This is why this needs to move forward today, why this package needs to be approved and also go to conference so we can continue to move forward with these ideals and with the things that have been put before us this week.

We can do that by making a positive step and acknowledging the good work that has gone on here. I appreciate all of the speakers today on both sides of the aisle who have come forward to talk about this issue and talk about the real problems that we see that are occurring, really unfortunately, in kitchens and living rooms all across our country every day. So this is something that so many people can relate to.

I reserve the balance of my time.

Mr. POLIS. Mr. Speaker, I yield myself 2 minutes.

I rise today to honor a constituent of mine, Mr. Timothy J. Gagen of Breckenridge, Colorado. Tim is retiring from 40 years of civil service in municipal government. He has served towns

and cities across Colorado, Illinois, and Indiana and recently received the Colorado City and County Management Association's Lifetime Achievement Award.

During his tenure in Colorado, Tim was instrumental in working with various entities, including the EPA, U.S. Army, Colorado State Health Board, and the U.S. Attorney General on two Superfund sites.

Tim was influential in the formation and success of our Highway 70 Coalition, an organization of governments that works with the Colorado Department of Transportation to improve safety and reduce congestion along our important Highway 70, the main artery to our mountain communities.

He spearheaded a crucial land exchange with the U.S. Forest Service that provided for much-needed workforce housing, and we were able to get a bill passed here and signed into law to get it done.

Tim's steadfast focus on the most important elements to our community—the people who live and work in the area—resulted in the Breckenridge Vision, developed by citizens. Tim's accomplishments are highlighted by two early learning centers, a scholarship program to assist parents from the county, and nearly 1,000 workforce affordable housing units in the town with a population of 4,500.

Mr. Speaker, it is with great pride that I rise to pay tribute to Mr. Timothy J. Gagen on behalf of the residents of the Second Congressional District. His contributions to the town of Breckenridge will remain his legacy for many years to come.

I reserve the balance of my time.

Mr. COLLINS of Georgia. Mr. Speaker, I inquire of the Chair how much time remains.

The SPEAKER pro tempore. The gentleman from Georgia has 7½ minutes remaining, and the gentleman from Colorado has 10 minutes remaining.

Mr. COLLINS of Georgia. Mr. Speaker, if the gentleman from Colorado is prepared to close, I am prepared to close as well.

I reserve the balance of my time.

Mr. POLIS. Mr. Speaker, I yield myself the balance of my time to close.

Mr. Speaker, there have been harrowing tales told here on the floor of the House, and there is no doubt opioid addiction is a segment of that. It is a public health crisis in this country that is hurting communities, hurting families, killing people.

In 2012, enough prescriptions were written for opioids to give every single adult in this country their own bottle. Prescriptions for opioids have increased four times in the last 15 years. That is four times as many prescriptions.

□ 1000

We need to do something. It is a start today. It is not enough. It is not enough.

Unfortunately, these rules block out and prevent many creative and effective

ideas from both sides of the aisle from coming to the floor. We also have missed the opportunity to provide funding to address treatment and enforcement.

The fact that both parties in both Chambers have come together to tackle opioid addiction is a testament to how far the reach of this epidemic is. Every district has been affected; every Member of this body has taken note. I and many of us know families and individuals whose lives have been devastated or ended prematurely from the opioid crisis.

It is crucial that we approach the problem from every possible angle: support for providers, training for law enforcement, well-funded treatment centers, thoughtful policies for addicted parents, education for our youth, innovative dispensing technologies, alternative pain management therapies. There are so many ideas to consider.

This rule packages 18 bills that address part of the problem together. Unfortunately, 16 of them don't allow amendments, and the 2 that do, many amendments were ruled out for lack of being germane. Given the rate of deaths from prescription opioid abuse, we should allow a full debate of amendments and ideas on the floor of the House to address this issue.

Yes, we are taking a first step today, but there is a lot more work to do to save lives and help families across our country. We need to fund these programs so they are not just words on a page.

This is a very real issue with real implications for American families, and we owe it to American families across the country to have a more open and thorough process to do more to combat the opioid scourge.

I urge my colleagues to vote "no" on the previous question so we can bring forward Ms. KUSTER's amendment, "no" on the underlying rule, and "yes" on the underlying bills.

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

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

Mr. Speaker, just the other day I had an opportunity to speak to a longtime friend, and there was a general discussion about what was going on up here and the steps that were being taken.

During this time, my friend began to list and talk about folks close to him that either had addiction to prescription pain medications or were dealing with the aftereffects of that problem. This came, frankly, out of nowhere and even to my friend, who basically said, "I had no idea." And yet, within just the matter of a few weeks, he had found out within just his own sphere of influence that there were a number of people in his family and in his friendship connection who were dealing with this abuse.

That tells you that this is something that a lot of times is hidden just below the surface, unfortunately dealt with

in very private, very concerning ways, because so many times they are trapped in a cycle of addiction in which the addiction is found and then treated and it comes back again and it re-expresses itself in many different ways.

As a pastor and as a chaplain, I have dealt with these issues before, and there is nothing more heartbreaking than to see someone who wants to break free from an addiction and break free from the abuse that they are perpetrating basically on their own body and to see progress made and then get a call or not see them for a week or two and then find out that they fell back into their old pattern or they unfortunately found a new addiction that has taken over.

But when we come to the floor of the House—and we have spoken this week on 18 bills and the promise of the Senate bill and the promise of a conference committee going forward—it is saying that we have heard these sometimes silent screams, these sometimes silent tears of those who may not know how to deal with it but yet they are looking for ways.

We have heard the anguish of law enforcement officers and first responders who come to scenes, and if they have the proper medication, if they have the proper treatments, then they can reverse some of these disastrous effects. Now we are making sure that we can get that to them, we can look for better ways of helping them do their job that they so heroically do every day.

We are looking at ways of looking at a task force so that we can look at how we prescribe and how we treat pain and those things in people's lives that are chronic and ongoing, how do we treat them better so that we don't have to deal maybe with this addiction side and we don't have to deal with possible aftereffects of that.

We have to also look at our ways on how we deal with folks who are addicted and how we deal with them in treatment, not only from the veterans' perspective, from the son or daughter perspective, from the mom or dad perspective, the aunt or uncle, even the grandparent perspective. How do we do that? How do we do it effectively?

How do we make sure that when we get to our spending and we get to our appropriations and we make sure that these appropriations are going out that they are done so in appropriate ways? That is the function, I believe, of the Republican majority.

That is why we are bringing this forward today as we are, is to make a difference in the lives of people but do so in a way that is constructive and ongoing. As we have heard today and over the course of the week, the opioid epidemic is out of control, but we have an opportunity to start addressing the problem.

Again, the rule provides for consideration of legislation that will enact measures to address this problem through multiple avenues to ensure that we are taking a comprehensive approach to stopping this scourge. It

takes important steps to address the serious and growing threat of opioid abuse. It keeps a promise that we won't sit idly by while people continue to battle addiction and die.

For that reason, I would urge my colleagues to support this rule, the Comprehensive Addiction and Recovery Act, and the motion to go to conference on the House-passed amendment in the nature of a substitute.

This is something we can do. This is a very positive step in a week in which, for the most part, we have come to the floor to hear bipartisan unity in saying, "We will act."

Do not let this day go by because we may not have gotten everything that everybody wanted. It is the time to vote "yes" on the previous question, it is the time to vote "yes" on the rule, and it is the time to vote "yes" to move forward so that we can conference with the Senate and put together a product that can make not only this body proud but make the American people know that we have heard their voice.

We agonize with them, many of us who have felt it firsthand. And in doing so, we are doing the people's business.

The material previously referred to by Mr. POLIS is as follows:

AN AMENDMENT TO H. RES. 725 OFFERED BY MR. POLIS

On page 2, line 2, strike "the respective text of the bills specified in section 2(a) of this resolution" and insert "the text of H.R. 5189, as introduced."

Strike section 2 and redesignate subsequent sections accordingly.

THE VOTE ON THE PREVIOUS QUESTION: WHAT IT REALLY MEANS

This vote, the vote on whether to order the previous question on a special rule, is not merely a procedural vote. A vote against ordering the previous question is a vote against the Republican majority agenda and a vote to allow the Democratic minority to offer an alternative plan. It is a vote about what the House should be debating.

Mr. Clarence Cannon's Precedents of the House of Representatives (VI, 308-311), describes the vote on the previous question on the rule as "a motion to direct or control the consideration of the subject before the House being made by the Member in charge." To defeat the previous question is to give the opposition a chance to decide the subject before the House. Cannon cites the Speaker's ruling of January 13, 1920, to the effect that "the refusal of the House to sustain the demand for the previous question passes the control of the resolution to the opposition" in order to offer an amendment. On March 15, 1909, a member of the majority party offered a rule resolution. The House defeated the previous question and a member of the opposition rose to a parliamentary inquiry, asking who was entitled to recognition. Speaker Joseph G. Cannon (R-Illinois) said: "The previous question having been refused, the gentleman from New York, Mr. Fitzgerald, who had asked the gentleman to yield to him for an amendment, is entitled to the first recognition."

The Republican majority may say "the vote on the previous question is simply a vote on whether to proceed to an immediate vote on adopting the resolution . . . [and] has no substantive legislative or policy implications whatsoever." But that is not what

they have always said. Listen to the Republican Leadership Manual on the Legislative Process in the United States House of Representatives, (6th edition, page 135). Here's how the Republicans describe the previous question vote in their own manual: "Although it is generally not possible to amend the rule because the majority Member controlling the time will not yield for the purpose of offering an amendment, the same result may be achieved by voting down the previous question on the rule. . . . When the motion for the previous question is defeated, control of the time passes to the Member who led the opposition to ordering the previous question. That Member, because he then controls the time, may offer an amendment to the rule, or yield for the purpose of amendment."

In Deschler's Procedure in the U.S. House of Representatives, the subchapter titled "Amending Special Rules" states: "a refusal to order the previous question on such a rule [a special rule reported from the Committee on Rules] opens the resolution to amendment and further debate." (Chapter 21, section 21.2) Section 21.3 continues: "Upon rejection of the motion for the previous question on a resolution reported from the Committee on Rules, control shifts to the Member leading the opposition to the previous question, who may offer a proper amendment or motion and who controls the time for debate thereon."

Clearly, the vote on the previous question on a rule does have substantive policy implications. It is one of the only available tools for those who oppose the Republican majority's agenda and allows those with alternative views the opportunity to offer an alternative plan.

Mr. COLLINS of Georgia. Mr. Speaker, I yield back the balance of my time, and I move the previous question on the resolution.

The SPEAKER pro tempore. The question is on ordering the previous question.

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

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

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 and clause 9 of rule XX, this 15-minute vote on ordering the previous question will be followed by 5-minute votes on adopting the resolution, if ordered; and agreeing to the Speaker's approval of the Journal.

The vote was taken by electronic device, and there were—yeas 232, nays 172, not voting 29, as follows:

[Roll No. 190]

YEAS—232

- Abraham Brooks (AL) Cook
Aderholt Brooks (IN) Costa
Allen Buchanan Costello (PA)
Amash Buck Cramer
Amodei Bucshon Crawford
Babin Burgess Crenshaw
Barr Byrne Culberson
Barton Calvert Curbelo (FL)
Benishek Carter (GA) Davis, Rodney
Bilirakis Carter (TX) Denham
Bishop (MI) Chabot Dent
Black Chaffetz DeSantis
Blackburn Clawson (FL) DesJarlais
Blum Coffman Diaz-Balart
Bost Cole Dold
Boustany Collins (GA) Donovan
Brady (TX) Collins (NY) Duffy
Brat Comstock Duncan (SC)
Conaway Conaway Duncan (TN)

- Emmers (NC) Labrador
Emmer (MN) LaHood
Farenthold LaMalfa
Fitzpatrick Lamborn
Fleischmann Lance
Fleming LoBiondo
Flores Long
Fortenberry Loudermilk
Foxy Love
Franks (AZ) Lucas
Frelinghuysen Luetkemeyer
Garrett Lummis
Gibbs MacArthur
Gibson Marchant
Gohmert Marino
Goodlatte Massie
Gosar McCarthy
Gowdy McCaul
Granger McClintock
Graves (GA) McHenry
Graves (LA) McKinley
Graves (MO) McMorris
Griffith Rodgers
Grothman McSally
Guinta Meadows
Guthrie Meehan
Hanna Messer
Hardy Mica
Harper Miller (FL)
Harris Miller (MI)
Hartzler Moonenar
Heck (NV) Mooney (WV)
Hensarling Mullin
Hice, Jody B. Mulvaney
Hill Murphy (PA)
Holding Neugebauer
Hudson Newhouse
Huelskamp Noem
Huizenga (MI) Nugent
Hultgren Nunes
Hunter Olson
Hurd (TX) Palazzo
Hurt (VA) Palmer
Issa Paulsen
Jenkins (KS) Pearce
Jenkins (WV) Perry
Johnson (OH) Pittenger
Johnson, Sam Poe (TX)
Jolly Poliquin
Jones Pompeo
Jordan Price, Tom
Joyce Ratcliffe
Katko Reed
Kelly (MS) Kelly (PA)
Kelly (IA) Renacci
King (NY) Ribble
Kinzinger (IL) Rice (SC)
Kline Rigell

NAYS—172

- Aguilar Cummings
Ashford Davis (CA)
Bass Davis, Danny
Beatty DeFazio
Becerra DeGette
Bera Delaney
Beyer DeLauro
Bishop (GA) DelBene
Blumenauer DeSaulnier
Bonamici Deutch
Boyle, Brendan Dingell
F. Doggett
Brady (PA) Doyle, Michael
Brown (FL) F.
Brownley (CA) Duckworth
Bustos Edwards
Butterfield Ellison
Capps Engel
Capuano Eshoo
Carney Esty
Carson (IN) Farr
Cartwright Foster
Castor (FL) Frankel (FL)
Castro (TX) Fudge
Chu, Judy Gabbard
Cicilline Gallego
Clark (MA) Graham
Clarke (NY) Grayson
Clay Green, Al
Cleaver Green, Gene
Clyburn Grijalva
Cohen Gutiérrez
Connolly Hahn
Conyers Heck (WA)
Cooper Higgins
Courtney Hinojosa
Crowley Honda
Cuellar Hoyer

- Roby
Roe (TN)
Rogers (AL)
Rogers (KY)
Rohrabacher
Rokita
Rooney (FL)
Ros-Lehtinen
Ross
Rothfus
Rouzer
Royce
Scalise
Schweikert
Scott, Austin
Sensenbrenner
Sessions
Shimkus
Shuster
Simpson
Smith (MO)
Smith (NE)
Smith (NJ)
Smith (TX)
Stefanik
Stewart
Stivers
Thompson (PA)
Thornberry
Tiberi
Tipton
Trott
Turner
Upton
Valadao
Wagner
Walberg
Walden
Walker
Walorski
Walters, Mimi
Weber (TX)
Webster (FL)
Westerman
Westmoreland
Williams
Wilson (SC)
Wittman
Womack
Posey
Woodall
Yoder
Yoho
Young (AK)
Young (IA)
Young (IN)
Zeldin
Zinke

- Huffman
Israel
Jackson Lee
Jeffries
Johnson, E. B.
Kaptur
Keating
Kelly (IL)
Kildee
Kilmer
Kind
Kuster
Langevin
Larsen (WA)
Larson (CT)
Lawrence
Lee
Levin
Lewis
Lieu, Ted
Lipinski
Loeb sack
Lofgren
Lowenthal
Lujan
Lujan Grisham (NM)
Luján, Ben Ray (NM)
Lynch
Maloney, Carolyn
Maloney, Sean
Matsui
McCollum
McDermott
McGovern
McNerney

Meeks Rice (NY) Takai
Meng Roybal-Allard Takano
Moore Ruiz Thompson (CA)
Moulton Ruppertsberger Thompson (MS)
Murphy (FL) Ryan (OH) Tonko
Nadler Sanchez, Linda Torres
Napolitano T. Tsongas
Neal Sanchez, Loretta Van Hollen
Nolan Sarbanes Vargus
Norcross Schakowsky Veasey
O'Rourke Schiff Vela
Pallone Schrader Velázquez
Pelosi Scott (VA) Visclosky
Perlmutter Scott, David Walz
Peters Serrano Wasserman
Peterson Sewell (AL) Schultz
Pingree Sherman Waters, Maxine
Pocan Sinema Watson Coleman
Polis Sires Welch
Price (NC) Slaughter Wilson (FL)
Quigley Smith (WA) Yarmuth
Rangel Swallow (CA)

NOT VOTING—29

Adams Himes Roskam
Bishop (UT) Johnson (GA) Rush
Bridenstine Kennedy Russell
Cárdenas Kirkpatrick Salmon
Fattah Knight Sanford
Fincher Latta Speier
Forbes Pascrell Stutzman
Garamendi Payne Titus
Hastings Pitts Whitfield
Herrera Beutler Richmond

□ 1029

Messrs. CICILLINE and DEFAZIO changed their vote from “yea” to “nay.”

Mr. POE of Texas changed his vote from “nay” to “yea.”

So the previous question was ordered.

The result of the vote was announced as above recorded.

The SPEAKER pro tempore. The question is on the resolution.

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

RECORDED VOTE

Mr. POLIS. Mr. Speaker, I demand a recorded vote.

A recorded vote was ordered.

The SPEAKER pro tempore. This is a 5-minute vote.

The vote was taken by electronic device, and there were—ayes 240, noes 165, not voting 28, as follows:

[Roll No. 191]

AYES—240

Abraham Chaffetz Farenthold
Aderholt Clawson (FL) Fitzpatrick
Allen Coffman Fleischmann
Amash Cole Fleming
Amodei Collins (GA) Flores
Babin Collins (NY) Fortenberry
Barletta Comstock Foxx
Barr Conaway Franks (AZ)
Barton Cook Frelinghuysen
Benishek Cooper Garrett
Bilirakis Costa Gibbs
Bishop (MI) Costello (PA) Gibson
Bishop (UT) Cramer Gohmert
Black Crawford Goodlatte
Blackburn Crenshaw Gosar
Blum Culberson Gowdy
Bost Curbelo (FL) Granger
Boustany Davis, Rodney Graves (GA)
Brady (TX) Denham Graves (LA)
Brat Dent Graves (MO)
Brooks (AL) DeSantis Griffith
Brooks (IN) DesJarlais Grothman
Buchanan Dold Guinta
Buck Donovan Guthrie
Bucshon Duckworth Hanna
Burgess Duffy Hardy
Byrne Duncan (SC) Harper
Calvert Duncan (TN) Harris
Carter (GA) Ellmers (NC) Hartzler
Carter (TX) Emmer (MN) Heck (NV)
Chabot Eshoo Hensarling

Hice, Jody B. McMorris
Higgins Rodgers
Hill McSally
Holding Meadows
Hudson Meehan
Huelskamp Messer
Huizenga (MI) Mica
Hultgren Miller (FL)
Hunter Miller (MI)
Hurd (TX) Moolenaar
Hurt (VA) Mooney (WV)
Issa Moulton
Jenkins (KS) Mullin
Jenkins (WV) Mulvaney
Johnson (OH) Murphy (PA)
Johnson, Sam Neugebauer
Jolly Newhouse
Jones Noem
Jordan Nugent
Joyce Nunes
Katko Palazzo
Kelly (MS) Palmer
Kelly (PA) Paulsen
King (IA) Pearce
King (NY) Perry
Kinzinger (IL) Peters
Kline Pittenger
Labrador Poe (TX)
LaHood Poliquin
LaMalfa Pompeo
Lamborn Posey
Lance Price, Tom
Lipinski Ratcliffe
LoBiondo Reed
Long Reichert
Loudermilk Renacci
Love Ribble
Lucas Rice (SC)
Luetkemeyer Rigell
Lummis Roby
MacArthur Roe (TN)
Marchant Rogers (AL)
Marino Rogers (KY)
Massie Rohrabacher
McCarthy Rokita
McCaul Rooney (FL)
McClintock Ros-Lehtinen
McHenry Roskam
McKinley Ross
Rothfus

NOES—165

Aguilar Dingell Lofgren
Ashford Doggett Lowenthal
Bass Doyle, Michael Lowey
Beatty F. Lujan Grisham
Becerra Edwards (NM)
Bera Ellison Lujan, Ben Ray
Beyer Engel (NM)
Bishop (GA) Esty Lynch
Blumenauer Farr Maloney,
Bonamici Foster Carolyn
Boyle, Brendan Frankel (FL)
Fudge
Brady (PA) Gabbard
Brown (FL) Gallego
Brownley (CA) Graham
Bustos Grayson
Green, Al Meeks
Green, Gene Meng
Grijalva Moore
Gutiérrez Murphy (FL)
Hahn Nadler
Heck (WA) Napolitano
Hinojosa Neal
Honda Nolan
Hoyer Norcross
Huffman O'Rourke
Israel Pallone
Jackson Lee Pelosi
Jeffries Perlmutter
Johnson (GA) Peterson
Johnson, E. B. Pingree
Kaptur Pocan
Keating Polis
Kelly (IL) Price (NC)
Kildee Quigley
Kilmer Rangel
Kind Rice (NY)
Kuster Roybal-Allard
Langevin Ruiz
Larsen (WA) Ruppertsberger
Larson (CT) Ryan (OH)
Lawrence Sanchez, Linda
Lee T.
Levin Sanchez, Loretta
Lewis Sarbanes
Lieu, Ted Schakowsky
Loeb sack Schiff

Schrader Takano
Scott (VA) Thompson (CA)
Scott, David Thompson (MS)
Serrano Tonko
Sewell (AL) Torres
Sherman Tsongas
Sires Van Hollen
Slaughter Vargus
Smith (WA) Veasey
Swallow (CA) Velázquez

NOT VOTING—28

Adams Himes Rush
Bridenstine Kennedy Russell
Cárdenas Kirkpatrick Salmon
Diaz-Balart Knight Sanford
Fattah Latta Speier
Fincher Olson
Forbes Pascrell Stutzman
Garamendi Payne Titus
Hastings Pitts Whitfield
Herrera Beutler Richmond

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (Mr. HULTGREN)(during the vote). There are 2 minutes remaining.

□ 1037

Mr. CARTWRIGHT changed his vote from “aye” to “no.”

Ms. DUCKWORTH changed her vote from “no” to “aye.”

So the resolution was agreed to.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

THE JOURNAL

The SPEAKER pro tempore. The unfinished business is the question on agreeing to the Speaker's approval of the Journal, on which the yeas and nays were ordered.

The question is on the Speaker's approval of the Journal.

This is a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 235, nays 160, answered “present” 2, not voting 36, as follows:

[Roll No. 192]

YEAS—235

Abraham Chabot Engel
Aderholt Chaffetz Esty
Allen Chu, Judy Farenthold
Amodei Cicilline Fleischmann
Ashford Clay Fortenberry
Barletta Cole
Barr Collins (NY) Frankel (FL)
Barton Comstock Franks (AZ)
Beatty Cook Frelinghuysen
Bilirakis Cooper Gabbard
Bishop (GA) Costa Garrett
Bishop (MI) Cramer Gibbs
Bishop (UT) Crawford Goodlatte
Black Crenshaw Gosar
Blackburn Cuellar Graham
Blum Davis (CA) Granger
Bost Bonamici Davis, Danny Grayson
Boustany Boustany DeGette Griffith
Brady (TX) DeLauro Grothman
Brat DelBene Guthrie
Brooks (AL) Dent Hahn
Brooks (IN) DesJarlais Hardy
Brown (FL) Deuth Harper
Buchanan Diaz-Balart Harris
Bustos Doggett Hartzler
Butterfield Donovan Heck (WA)
Byrne Doyle, Michael Hensarling
Calvert F. Higgins
Capps Duncan (SC) Hinojosa
Carney Duncan (TN) Honda
Carson (IN) Edwards Huelskamp
Carter (TX) Ellmers (NC) Huffman
Cartwright Ellmers (NC) Huizenga (MI)
Castro (TX) Emmer (MN) Hultgren