

fair and equal treatment. I wanted to nominate people who worked hard. I wanted to nominate people who had good judgment. I sought to nominate people who were able to make a decision. Sometimes people can have a lot of those qualities but have a hard time making a decision. I didn't want to do that. I wanted to have people who could do all those things.

My hope is that this President will look at Democrats, Republicans, and Independents and find among them the man or woman who meets all that criteria and more. That is the President's job.

I was up at the Detroit Auto Show. I know the Presiding Officer has a lot of assembly and supply operations in his State. Delaware used to, until fairly recently, build more cars and trucks per capita than any other State. So I care a lot about who is running GM and Chrysler. We lost both plants a few years ago when they went into bankruptcy. But I still go back to the Detroit Auto Show most years to keep in touch with the industry.

This last January, a month ago, I was in Detroit. It was the opening day of the Detroit Auto Show, with tens of thousands of people converging on the Detroit Auto Show, going this way and that way to see the different reviews and different vehicles, concept cars or new production vehicles that are going to be launched maybe later this year.

During the afternoon, I was looking for a restroom. I found one and so did hundreds of other people—in and out of this one restroom. I noticed an older gentleman who was a custodian standing with his cart, his mop and bucket, and his broom, outside of the mass of humanity. I walked in. In spite of all of those people, the place was remarkably clean.

I figured he was the janitor who had responsibility for this restroom. When I came out, I said to him: I just want to say, sir, that this is a really clean restroom. With all the different kinds of people you have coming in and out of here, I don't know how you do it. I just want to say thank you for doing your job really well.

He looked me in the eye and said: That is my job. He said: This is my job. And he said: I try to do my job well. He said: Everybody has a job, and everybody should try to do their job well.

I thought to myself: Wow, wow, what insight, what a message.

Under the Constitution, the President has a job. Apparently he is moving—not with haste, but I think with dispatch—to try to meet his responsibilities. I know we have had any number of times when Presidents have nominated Supreme Court Justices in a Presidential election year. I know a dozen or more times it has happened. I think every single time we had hearings for that nominee. There has been the opportunity to debate the nominee, question the nominee, meet with the nominee, debate here on the floor, and vote on the nomination up or down. I

don't know of any time when we have not done that, even when a nominee came to us during a Presidential election year.

I know we are in a crazy election season. It is still 8 months, 9 months before the election. But I hope that, at the end of the day, just like that janitor at the Detroit Auto Show intent on doing his job, the rest of us have the feeling that we have a job to do and that we should be in town doing our job. We have that need. We have that responsibility. I hope we will fulfill it. (Mr. COATS assumed the Chair.)

Mr. President, the other thing I want to say is "baseball." When the Presiding Officer and I were House Members together, we used to play baseball. We played in the congressional baseball game maybe 10 years ago—me on the Democratic side, him on the Republican side. For a year or two, I was almost selected as the most valuable Republican player—and I am a Democrat. So I wasn't always a great player, but I gave it my best.

I was in Florida for an event over the weekend, and last week in Florida and Arizona something wonderful happened. What happened was that spring training camps opened. Pitchers and catchers reported, and then the full teams started to report. When they start the spring training games in a day or two—maybe tomorrow—teams will take the field and they will take the field with nine players.

When Justice Roberts was going through his confirmation hearing before the Judiciary Committee, he was asked: What is the job of the Supreme Court? How would you describe it, in a simple way?

He said: Our job basically is to call balls and strikes.

When baseball teams take the field, they have nine players in nine positions. When the Supreme Court is in session, they have nine justices—or at least they did until the death of Justice Scalia. Just like you can't have a baseball team take the field without the shortstop or without the catcher or even without the second baseman or the center fielder and play well and do their job, at the end of the day, the Supreme Court is a team. They need nine—not players but nine justices—to be able to do their job well. Let's keep that in mind.

The last thing I would say is that the American people are frustrated with us and our inability to get things done. Sometimes I can understand why they would feel that way. We have a great opportunity to get something done. I hope the President will nominate a terrific candidate, and I hope our Republican friends will at least have the courtesy of meeting with that man or woman, give him or her a chance to present themselves and explain what they are about, have a hearing on that person, and then give them the honor of a vote. I think they deserve that.

Mr. President, I yield the floor for my friend from Vermont, the senior

Democrat on the Senate Judiciary Committee, Mr. LEAHY.

CONCLUSION OF MORNING BUSINESS

The PRESIDING OFFICER. Morning business is closed.

COMPREHENSIVE ADDICTION AND RECOVERY ACT OF 2015—MOTION TO PROCEED

The PRESIDING OFFICER. Under the previous order, the Senate will resume consideration of the motion to proceed to S. 524, which the clerk will report.

The bill clerk read as follows:

Motion to proceed to Calendar No. 369, S. 524, a bill to authorize the Attorney General to award grants to address the national epidemics of prescription opioid abuse and heroin use.

The PRESIDING OFFICER. Under the previous order, the time until 5:30 p.m. will be equally divided between the two managers or their designees.

The Senator from Vermont.

FILLING THE SUPREME COURT VACANCY

Mr. LEAHY. Mr. President, I appreciate the comments of the senior Senator from Delaware. We have plenty of time to get a nomination to the Supreme Court from the President and to confirm a Justice, just as this body has done 12 times in Presidential election years. I think probably the most recent, of course, was when Democrats controlled the Senate and we confirmed unanimously President Reagan's nomination in an election year, his final year in office. So it can easily be done. Besides, let us just do our job. We get paid to be here and to do our job. We ought to do it.

We also have the matter that each one of us has taken a very solemn oath before God to uphold the Constitution. The Constitution says the President shall nominate and the Senate shall advise and consent. We ought to do just what we all have solemnly sworn to do. I take my oath very seriously. I hope other Senators do too.

Now, Mr. President, today the full Senate is going to begin a discussion about one of the most challenging public health crises of our time—addiction to prescription painkillers and other opioids. In my home State of Vermont, there are few issues more pressing than opioid addiction. It is tearing apart families and communities—families and communities I have known all my life.

In March 2008, nearly 8 years ago, when I was chairman of the Judiciary Committee, I first held a hearing in Rutland, VT, about the challenges this epidemic presents in rural parts of our country. In subsequent field hearings, we learned about how communities like Rutland, VT—a beautiful community—were constructively seeking ways to get ahead of addiction. But we also learned—and I think we knew

this—that there are no easy answers, and we need a comprehensive approach. Education, prevention, and treatment are essential if we are to reverse the tide in this fight.

Vermont's all-hands-on-deck example serves as a model for other States and communities across the Nation. In fact, just last week an article in the *Christian Science Monitor* detailed how Vermont's pioneering approach has been embraced well beyond Vermont's borders.

So, Mr. President, I ask unanimous consent that the *Christian Science Monitor* article entitled "How one state turned its 'heroin crisis' into a national lesson" be printed in the *RECORD* at the conclusion of my remarks.

Opioid addiction is not a new issue. It is not new to me, and it is not new to Vermont. But it is about time that the full Congress gave this public health crisis the attention it deserves. The bill we begin to consider today, the Comprehensive Addiction and Recovery Act, or CARA, represents a positive step forward, and I am proud to be a cosponsor of it.

For decades, the knee-jerk response in Congress to those who struggled with addiction was misguided. We embraced harsh and arbitrary mandatory minimums, we ignored effective treatment options, and we pushed addicts further underground and away from recovery. Such policies reflect a complete misunderstanding of the problem of addiction.

At my hearings and everywhere I went, we saw police officers, faith communities, educators, medical professionals, parents, and addicts coming together, saying that no one group had the answer but the community had to come together. Because we know addiction is a disease, we know our tools for combating addiction must be the same as other disease—a commitment to evidence-based education and proven techniques for prevention, treatment, and recovery programs.

As one who has served in law enforcement, I know that law enforcement is an important element in a comprehensive approach. That is why I worked to include in this bill an authorization for funding to expand State-led anti-heroin task forces. But this legislation is important because it treats addiction as the public health crisis that it is. The bill authorizes a crucial program that I helped create that expands access to medication-assisted treatment programs—programs that have been plagued by massive waiting lists. The clinic in Chittenden County, VT—that is the largest of our 14 counties—has seen its wait list lengthened to nearly a year. What happens when that wait list is long? Several people have overdosed and died while waiting for treatment. Those deaths were probably preventable. We shouldn't die waiting for treatment. We have to do better.

The bill also recognizes the devastating impact that opioid abuse has

on rural communities. Just as in your State and every other State, we have rural communities. Vermont is predominantly rural communities. My home where my wife and I have lived since we got married is on a dirt road. We know rural America. We know it has been hit hard by addiction. Emergency medical services in rural communities are often limited. I am glad that the bill we reported out of committee includes my provision to support our rural communities for the overdose reversal drug naloxone.

Over the last decade, death rates from opioid overdoses have steadily climbed across the country. But there is a real disparity between rural communities and major cities. We found the more rural a location, the higher the death rate. Getting lifesaving drugs into more hands will save lives across the country, especially in our rural communities that are among the hardest hit.

This is not a partisan issue. I thank Senator WHITEHOUSE and Senator GRASSLEY for working with me on this legislation in our Judiciary Committee. I hope we will soon see its passage here in the Senate. But one authorization bill by itself is not going to end addiction. It is not going to end the deaths that we are seeing in rural America and in urban America.

We need a significant commitment of targeted funding to implement this bill. Senator SHAHEEN's \$600 million emergency supplemental appropriations bill provides those resources, and I am proud to be a cosponsor of that legislation, as well.

In your State, my State, and the other 48 States right now, we passed larger emergency supplemental bills that addressed swine flu and Ebola. We do not have Ebola in our country, but we passed an emergency supplemental bill to address that. We need to address what we have right here within our country today. Swine flu and Ebola presented far, far fewer dramatic health risks to our communities. We need to take this challenge just as seriously.

The bill we are considering today has received strong bipartisan support and deservedly so. But I hope all the Senators supporting CARA today will also support Senator SHAHEEN's legislation. One goes hand in hand with the other. We need to authorize these advances in dealing with the opioid crisis, but then we actually need to fund them.

We cannot pretend that solving a problem as large as opioid addiction costs nothing. We have an opportunity to equip our communities with the support and resources they need to finally get ahead of addiction. Programs will save lives. That is a worthy investment.

It is very easy to say we will pass a law to stop opioid addiction. We can all feel good about voting for that. Who is going to vote for legislation to say "let us continue opioid addiction"? But if we do not put the money in it, then,

basically, we are saying we want to feel good but we are not going to do anything for you.

We spend money worldwide. Some of it is for good causes, and some of it is totally wasted. Here we have a problem in the United States of America, where our priorities are first and foremost to our country. If you saw some of the people I heard in these hearings all over our beautiful State, some of the families with whom I have talked across their kitchen tables, and a young woman who had been addicted and is now helping to counsel others and the story she told, or if you saw a movie or TV program, you would say it couldn't be that grim. Well, it was. It is.

These people go across all income brackets, all brackets of education. It is tearing apart parts of our communities across the country. Fortunately, we have had some very brave people stand up. I hope Senator SHAHEEN's appropriation goes through because, if it does not, we are saying all the right things, as we should, except for one thing: We are not going to pay for it. This is too important to say the check is in the mail; just wait and wait. We can do better. We can do better.

There being no objection, the material was ordered to be printed in the *RECORD*, as follows:

[From The *Christian Science Monitor*, Feb. 23, 2016]

HOW ONE STATE TURNED ITS 'HEROIN CRISIS' INTO A NATIONAL LESSON
(By Gail Russell Chaddock)

Paths to Progress: Vermont's pioneering focus on treatment amid an opioid crisis is being embraced by politicians of both parties—well beyond the state.

America's opioid addiction crisis, now claiming 78 lives a day, is sweeping aside party lines both at the state level and even in famously gridlocked Washington.

The nation's governors, from deep-red Alabama to bluest-of-the-blue Vermont, are moving rapidly to a strategy of treating illegal drug users rather than jailing them.

It's a shift that runs deep in public opinion, as well. Some two-thirds of Americans now typically say that they prefer providing treatment to long prison sentences.

"This is an area where I can get agreement from Bernie Sanders and Mitch McConnell," President Obama said at a White House meeting with governors on Monday. "That doesn't happen that often, but this is one. And it indicates the severity of the issue."

But the governors are, in fact, well ahead of Washington on this issue—as they were on welfare reform in the 1990s and, more recently, sentencing reform.

Gov. Peter Shumlin (D) of Vermont, a leader in the pivot from prisons to treatment, says he got into the addiction fight after talking to people in his state.

"I found we were doing almost everything wrong," he told a forum on opioid and heroin addiction at The Pew Charitable Trusts in Washington on Friday.

The best hope is to get more people into treatment, he said. And the best time to do that is "when the blue lights are flashing and the handcuffs are on."

Vermont, like other states in the Northeast, is facing severe opioid challenges. In 2014, Governor Shumlin devoted his annual State of the State address entirely to

Vermont's "full-blown heroin crisis." Annual overdose deaths from opioids had nearly doubled since 2004. The number of people seeking treatment for opioid addiction had spiked 770 percent since 2000.

WHAT VERMONT HAS DONE

And so Vermont has taken a hard look at its approach. Instead of jail, nonviolent offenders are given the option of going into treatment. They start in one of the state's new central clinics (hubs) and move on to a family doctor, counselor, or therapist closer to home (spokes).

Vermont law also shields people seeking medical help for an overdose from prosecution for manufacturing or selling drugs, not just for minor crimes. It also was the first state to legalize the sale of naloxone over the counter in pharmacies—a drug aimed at reversing overdoses and saving lives.

Other states have moved toward treatment instead of incarceration, but Vermont has done it on a grander scale, experts say.

"You've seen some elected officials support legalizing marijuana, some want to reform sentencing, some talk about overdoses, but very few have tied all these together in a comprehensive narrative," says Bill Piper, senior director of national affairs for the Drug Policy Alliance in Washington.

"Vermont's governor is at the forefront, and what makes him unique is that he's one of the few elected officials that has connected the dots on the various issues," he adds.

As a pioneer state, Vermont has also identified some of the limits of a treatment-centric strategy.

"As you build out treatment, and particularly in rural America, we can't get enough docs who are able to meet the demand of our waiting lists," Shumlin told the president at the White House meeting Monday.

But the most important issue, he told Mr. Obama, is to "come up with a more rational approach to prescribing prescription drugs."

A BID TO REIN IN PRESCRIPTIONS

Governors see legal prescriptions for drugs like OxyContin as the gateway to heroin. "Overprescribing of opioid painkillers has fueled the nation's addiction crisis," according to a report from the National Governors Association's Health and Human Services Committee. In a bid to rein in prescriptions, governors on that committee plan to develop a list of protocols to present to the full membership at the next NGA meeting in August.

"The United States represents 5 percent of the world's population and consumes 80 percent of the world's opioids," said Gov. Charlie Baker (R) of Massachusetts, who chairs the NGA's Health and Human Services Committee, on Saturday. That's "fundamentally flawed."

When prescriptions are too hard to get—or too expensive—addicts switch to heroin. "Most of the heroin addicts we treat started by using prescription opiates," says Brian McAlister, author of "Full Recovery" and CEO of the Full Recovery Wellness Center in Fairfield, N.J.

"Some were prescribed by a doctor or dentist, others were stolen from family or friends' medicine cabinets, and others were purchased illegally just to party—but the party ends very quickly. These drugs are highly addictive, and when the supply runs out, the problems get worse."

AT THE NATIONAL LEVEL

The prospect of politicians reining in pharmaceutical sales is a stretch in the halls of Congress. In 1993, the GOP-controlled Congress explicitly barred government from negotiating lower drug prices with drug companies. Last year, Big Pharma spent more than \$235 million to influence policy outcomes in

Washington—the largest budget of any lobby group in Washington.

Governors could set protocols on prescribing practices for painkillers on their own, Shumlin told the president. "But it takes time," and "it doesn't apply to all 50 states." Instead, he asked Obama to "consider a national approach which simply says, for minor procedures, we're going to limit this to 10 pills and after that you've got to come back for more."

"To be candid, the docs, the AMA [American Medical Association] are resistant to listening to politicians like us talking about how many pills to prescribe. But is there something you could do on a national level that would help us get out of this tragic mess?" he added. Obama answered, at length, but in the end deferred to the states. "A very specific approach to working with the docs, the hospitals, the providers so that they are not overprescribing" can be done at the national level, he said. "But it is most profitably done, I think, if we have bipartisan support from the governors so that by the time it gets to the national level, there is consensus and there's not a lot of politics involved in it."

In a recent blog, AMA president Steven Stack called the opioid epidemic a "defining moment" for the profession. "Our nation is needlessly losing thousands of people to a preventable epidemic, and we must take action for our patients."

Mr. LEAHY. I see nobody else seeking recognition, so I suggest the absence of a quorum, and I ask the time be equally divided.

The PRESIDING OFFICER. The clerk will call the roll.

The bill clerk proceeded to call the roll.

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

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

CLOTURE MOTION

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

The legislative clerk read as follows:

CLOTURE MOTION

We, the undersigned Senators, in accordance with the provisions of rule XXII of the Standing Rules of the Senate, do hereby move to bring to a close debate on the motion to proceed to Calendar No. 369, S. 524, a bill to authorize the Attorney General to award grants to address the national epidemics of prescription opioid abuse and heroin use.

Mitch McConnell, Daniel Coats, Dan Sullivan, Orrin G. Hatch, Shelley Moore Capito, John Cornyn, Lindsey Graham, Roy Blunt, Ron Johnson, Chuck Grassley, Rob Portman, Susan M. Collins, Jeff Flake, Cory Gardner, Lamar Alexander, John Barrasso, John McCain.

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

The question is, Is it the sense of the Senate that debate on the motion to proceed to S. 524, a bill to authorize the Attorney General to award grants to address the national epidemics of prescription opioid abuse and heroin use, shall be brought to a close?

The yeas and nays are mandatory under the rule.

The clerk will call the roll.

The legislative clerk called the roll.

Mr. CORNYN. The following Senators are necessarily absent: the Senator from Tennessee (Mr. ALEXANDER), the Senator from Missouri (Mr. BLUNT), the Senator from Arkansas (Mr. BOOZMAN), the Senator from Texas (Mr. CRUZ), the Senator from Florida (Mr. RUBIO), the Senator from Alabama (Mr. SHELBY), the Senator from Alaska (Mr. SULLIVAN), the Senator from Pennsylvania (Mr. TOOMEY), and the Senator from Louisiana (Mr. VITTER).

Further, if present and voting, the Senator from Tennessee (Mr. ALEXANDER) would have voted "yea", the Senator from Alaska (Mr. SULLIVAN) would have voted "yea", and the Senator from Pennsylvania (Mr. TOOMEY) would have voted "yea."

Mr. DURBIN. I announce that the Senator from Missouri (Mrs. McCASKILL) and the Senator from Vermont (Mr. SANDERS) are necessarily absent.

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

The yeas and nays resulted—yeas 89, nays 0, as follows:

[Rollcall Vote No. 27 Leg.]

YEAS—89

Ayotte	Flake	Murkowski
Baldwin	Franken	Murphy
Barrasso	Gardner	Murray
Bennet	Gillibrand	Nelson
Blumenthal	Graham	Paul
Booker	Grassley	Perdue
Boxer	Hatch	Peters
Brown	Heinrich	Portman
Burr	Heitkamp	Reed
Cantwell	Heller	Reid
Capito	Hirono	Risch
Cardin	Hoeben	Roberts
Carper	Inhofe	Rounds
Casey	Isakson	Sasse
Cassidy	Johnson	Schatz
Coats	Kaine	Schumer
Cochran	King	Scott
Collins	Kirk	Sessions
Coons	Klobuchar	Shaheen
Corker	Lankford	Stabenow
Cornyn	Leahy	Tester
Cotton	Lee	Thune
Crapo	Manchin	Tillis
Daines	Markey	Udall
Donnelly	McCain	Warner
Durbin	McConnell	Warren
Enzi	Menendez	Whitehouse
Ernst	Merkley	Wicker
Feinstein	Mikulski	Wyden
Fischer	Moran	

NOT VOTING—11

Alexander	McCaskill	Sullivan
Blunt	Rubio	Toomey
Boozman	Sanders	Vitter
Cruz	Shelby	

The PRESIDING OFFICER. On this vote, the yeas are 89, the nays are 0.

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

The Senator from Iowa.

Mr. GRASSLEY. Mr. President, an historic epidemic of drug overdose deaths is gripping our country. Over 47,000 Americans died from overdoses in 2014, an alltime high. Incredibly, that is more deaths than resulted from either car crashes or gun violence.

Addiction to opioids, primarily prescription painkillers and heroin, is driving this epidemic. It is destroying lives, families, and communities. It is a crisis. And it demands action.

Thankfully, the Senate can act this week, when we consider S. 524, the Comprehensive Addiction and Recovery Act, or CARA.

CARA is a bipartisan bill authored by two Democrats and two Republicans—Senators WHITEHOUSE, PORTMAN, KLOBUCHAR, and AYOTTE.

These Senators have shown extraordinary leadership on this issue. They deserve credit for crafting a bill that addresses many of the different aspects of this epidemic, through evidence-based solutions and best practices. This is a complex crisis that requires a multifaceted solution.

Over the past few months, I have worked hard with the bill's authors to refine it and move it through the Judiciary Committee. I am proud to say that a few weeks ago it passed the committee on a voice vote, with no opposition.

CARA is only the latest bipartisan legislative accomplishment by the Judiciary Committee this Congress. We have had 21 bills pass the Committee this Congress, all with bipartisan support. But there are a few major bills that stand out.

Last April, the committee passed the Justice for Victims of Trafficking Act unanimously, 19-0. The bill enhances penalties for human trafficking and equips law enforcement with new tools to target predators who traffic innocent young people. The bill passed the Senate 99-0 and was signed into law by the President.

In October, the committee passed the landmark Sentencing Reform and Corrections Act with a strong 15-5 bipartisan vote. My bill would recalibrate prison sentences for certain drug offenders, target violent criminals, and grant judges greater discretion at sentencing for lower-level drug crimes. I am working hard to build additional support for the bill so that it can be taken up by the full Senate soon.

Then in December, the committee passed my Juvenile Justice and Delinquency Prevention Reauthorization Act, again without opposition. The bill will ensure that at-risk youth are fairly and effectively served by juvenile justice grant programs. Again, we are working hard to move this bill through the full Senate.

The bipartisan reforms enacted by each of these bills address real problems that affect the lives of many people across the nation and in my home state of Iowa. I am proud of the work we have done so far—but there is a lot more to do.

And that brings me back to the heroin and prescription drug epidemic. It isn't as bad in Iowa as it is in many areas of the country, but the eastern part of my State has been hit hard recently.

The human cost of what is happening across so many of these communities is incalculable. Every life that is lost or changed forever by this epidemic is precious. Especially for many young people who fall victim to addiction

early in their lives, there is so much human potential at stake.

Many Iowans have heard the story of Kim Brown, a nurse from Davenport, and her son Andy. Andy was prescribed pain pills when he had surgery at age 14. Whether it was connected to abuse of those pain pills or not, he developed a drug problem as a teenager that he couldn't shake. He overdosed on heroin a few times but survived. And finally, at age 33, he died of an overdose, tragically leaving behind two young sons. Ms. Brown now speaks out around the State about the heroin epidemic.

Her story reflects a larger pattern. Over the last 20 years or so, doctors have increasingly prescribed opioids to help their patients manage pain. For many, these medicines have been the answer to their prayers. But for others, they have led to a nightmare of addiction.

According to numerous studies, prescription opioid addiction is a strong risk factor for heroin addiction. In some cases, those addicted to painkillers turn to heroin to get a similar high, because recently, it has become cheaper and more easily available.

And as Ms. Brown's story reflects, this epidemic is a matter of life and death. In fact, nationally, heroin overdose deaths more than tripled from 2010 to 2014.

But Iowans are fighting back. Last year, with the assistance of a new Federal grant, the U.S. Attorney's office and the Cedar Rapids Police Department formed the Eastern Iowa Heroin Initiative.

This partnership is focused on stemming the tide of heroin abuse through enforcement, prevention and treatment. I have been invited to participate in a townhall with them to discuss the epidemic, and I plan to do so soon.

When I do, I want to tell them that the Senate has acted on this crisis by passing CARA. CARA supports so many of the efforts to help stem the tide of addiction that are underway in Iowa and across the country.

As its name reflects, the bill addresses the epidemic comprehensively, supporting prevention, education, treatment, recovery, and law enforcement.

CARA starts with prevention and education. It authorizes awareness and education campaigns, so that the public understands the dangers of becoming addicted to prescription painkillers.

It creates a national task force to develop best prescribing practices, so that doctors don't expose their patients to unnecessary risks of addiction.

The bill encourages the use of prescription drug monitoring programs like Iowa's, which helps detect and deter "doctor shopping" behavior by addicts.

And the bill authorizes an expansion of the Federal initiative that allows patients to safely dispose of old or unused medications, so that these drugs don't fall into the hands of young people, potentially leading to addiction.

In fact, along with a few other committee members, I helped start this "take back" program in 2010 through the Secure and Responsible Drug Disposal Act. It has been a highly successful effort. Since 2010, over 2,700 tons of drugs have been collected from medicine cabinets and disposed of safely. Iowa also has a similar "take back" program that's expanding rapidly.

CARA also focuses on treatment and recovery. The bill authorizes programs to provide first responders with training to use Naloxone, a drug that can reverse the effects of an opioid overdose and directly save lives. Naloxone was used hundreds of times by first responders in Iowa in 2014.

Importantly, the bill provides that a set portion of Naloxone funding go to rural areas, like much of Iowa that is being affected most acutely. This is critical when someone overdoses and isn't near a hospital.

The bill also authorizes an expansion of Drug Free Communities Act grants to those areas that are most dramatically affected by the opioid epidemic. And it also authorizes funds for programs that encourage the use of medication assisted treatment, provide community-based support for those in recovery, and address the unique needs of pregnant and postpartum women who are addicted to opioids.

Finally, the bill also bolsters law enforcement efforts as well. Amazingly, in 2007, only 8 percent of State and local law enforcement officials across the country identified heroin as the greatest drug threat in their area. But by 2015, that number rose to 38 percent, more than any other drug.

So the bill reauthorizes Federal funding for State task forces that specifically address heroin trafficking.

I am also pleased that I was able to include in the bill a reauthorization of the funding for the methamphetamine law enforcement task forces as well.

I held a Judiciary Committee field hearing in Des Moines last fall about the ongoing meth problem across Iowa. And one thing the hearing made clear is that our friends in State law enforcement need all the help we can give them on that front, too.

All in all, the bill authorizes about \$78 million per year to address this crisis.

It is no wonder that the bill is supported by a diverse range of stakeholders, including the Community Anti-Drug Coalitions of America, the Partnership for Drug-Free Kids, the National District Attorneys Association, the Major County Sheriffs' Association, the National Association of Attorneys General, and so many organizations in the treatment and recovery communities.

I urge my colleagues to support it this week, when the Senate has the opportunity to act to address this epidemic. We owe it to those, like Kim Brown, who have lost sons and daughters, brothers and sisters, coworkers and friends to act now.

I yield the floor.

The PRESIDING OFFICER. The Senator from Ohio.

Mr. PORTMAN. Mr. President, first I thank my colleague and chairman of the Judiciary Committee, CHUCK GRASSLEY.

Many years ago I went to Iowa with Senator GRASSLEY to set up an anti-drug coalition. We had done one in Ohio. I was the chair of that, and CHUCK GRASSLEY asked if I would come. This was probably 20 years ago that Senator GRASSLEY—and I was in the House.

We had a great visit. We had a couple of townhall meetings. CHUCK GRASSLEY is a guy who understands the issue, cares about it, and has devoted a lot of time and resources to it in Iowa. The people of Iowa know he is sincere about it because he has been on the ground setting up these coalitions and dealing with this issue.

Frankly, it is a little disappointing—probably to him and to me—to see that some 20 years later we are still facing this issue now and even different issues. He mentioned methamphetamines. He mentioned, of course, the heroin and opiate addiction problems with prescription drugs.

Twenty years ago it was more marijuana and cocaine, but I think the lesson we have all learned is these drugs will come and go in terms of their severity and their impact on our communities and our families, but it is always going to be there, and we need to keep up the fight.

Right now we have an urgent problem. That urgent problem was outlined by Senator GRASSLEY, but it is this growing use of opiates that leads to a horrible addiction. It has a grip on so many of our constituents, so many of our loved ones.

Over the weekend I had a townhall meeting. I asked—after we had talked about taxes, trade, energy, and other issues—if people would just raise their hands if they had been affected by the heroin and prescription drug addiction problem. I said: Has anybody in your family and friends been affected? Half of the hands in the room went up.

Unfortunately, that is the reality of this situation. In Ohio last year we lost almost 2,400 just to overdose deaths. That doesn't account for the fact that so many people are being saved now by naloxone—which is something that is encouraged by our legislation and we will talk about it in a second. Narcan is being used, but even those who survive the overdoses, of course, are seeing their families broken apart, their communities devastated.

I talked to a prosecutor over the weekend in one of our more rural counties, and he said: ROB, over 80 percent of our crime is directly related to this issue now, heroin and prescription drugs. Often it is people committing crimes to pay for their habit.

The people who are the purveyors of these drugs have a business plan; that is, to get you hooked with a relatively

low cost at first and then you need more and more to be able to feel the same high. It gets more expensive to the point that it might go from \$50 to \$100 the first time to \$1,000 or \$1,500 a day by the end of your addiction. This is how horrible it is and it leads to so many collateral consequences.

I am very pleased the Senate voted tonight to proceed to this legislation called CARA, the Comprehensive Addiction and Recovery Act. CARA is a Federal response to this issue. It is attempting to make the Federal Government a better partner with State and local governments, with nonprofits, to be able to help to reverse this tide to deal with this urgent problem in our communities. I would call it an epidemic. It certainly is at epidemic levels in my State of Ohio. Sadly, we are the top five in the country in terms of overdose deaths, but again it goes well beyond just those deaths. There are so many people who are affected by it negatively and so many who have not been able to fulfill their God-given purpose because of this horrible addiction.

This legislation called CARA is bipartisan. It is comprehensive. As Senator GRASSLEY said, he got it through the Judiciary Committee. I appreciate that. He got it through with something very extraordinary around here, which is a unanimous vote—meaning nobody objected. That never happens around here. It just means that every Senator is addressing this issue back home, understands it, and wants to do something about it. This legislation is built on common sense, research, and experts from around the country who have come in.

I thank Senator SHELDON WHITEHOUSE, who is the lead Democrat on this legislation and my lead cosponsor. He and I are the coauthors of this legislation. I also thank Senators KELLY AYOTTE and AMY KLOBUCHAR, who have been terrific partners. Then there are 34 other bipartisan cosponsors. I thank them all for their support.

I am excited that if this bill can pass, it will pass in the House as well because there is companion legislation. In fact, the House bill has 88 cosponsors right now—also bipartisan. So the idea is to get this bill passed, get it through the House, and have it signed into law by the President of the United States. It is urgent we do it.

This is a bill that not only has a lot of support on both sides of the aisle, but—much more importantly to me—it has the support of people all over the country who are experts in this field: doctors; those in recovery; experts in prevention, treatment, and recovery; and law enforcement.

The legislation actually comes—I hope you can see on this chart, the words are kind of small—but it comes from the last few years, putting together these experts from all around the country. We had five different summit meetings in Washington, DC.

One was with the criminal justice system. We brought in experts from all

around the country to talk about treatment and alternatives to incarceration. As you will see in this legislation, we have ways to divert people from incarceration into treatment programs, which we think is part of the way to solve this problem.

We then had one that focused on women, the special interests and needs of women who are facing addiction and how to ensure they get into treatment. As we will talk about later, this has a lot to do with one of the problems that is out there right now, which is more and more babies who are born with addiction and having to take those babies through withdrawal. The care and compassion involved in that is truly impressive, but that was a good forum for us. We had one on the science of addiction and addressing the consequences of addiction. There are a lot of good people around the country who understand the science of this and what medication might work and what future medication might be better to deal with it.

We talked about youth drug prevention and developing communities of recovery. This is a very important aspect of our legislation. We don't just talk about treatment, as important as that is, we talked about how you divert people from getting into it in the first place through better prevention and education.

Finally, we had a forum on veterans focusing on substance abuse and PTSD and other issues. I recently visited one of our veterans courts in Columbus, OH, and saw the good work they are doing. Most people going through that court have mental health issues. Most also now have, sadly, opioid addiction issues, usually starting with prescription drugs and moving to heroin.

As I said, there is strong bipartisan support for this legislation in the House and the Senate. It is endorsed by more than 130 groups nationwide. By the way, those groups include some groups you might not expect normally to be together on something such as this—the Fraternal Order of Police, the American Society of Addiction Medicine, the Faces and Voices of Recovery, the Coalition for a Drug Free America, the Children's Hospital Association, the National Association of Addiction Treatment Providers, the Partnership for Drug Free Kids, the American Society of Addiction Medicine, the National Association of State Alcohol and Drug Abuse Directors, groups who are in all of our States, the National Council for Behavioral Health, and, of course, the Major County Sheriffs' Association. So law enforcement, treatment, recovery, education—everybody is coming together on this because we realize this is going to take that kind of comprehensive approach with all sectors of our community being involved and engaged.

CARA now has support not only of a lot of these groups from around the country, but because of these groups—they helped us write a better bill.

What does the bill do? Here are the basic elements of CARA:

First, with regard to prevention and education, it does establish new task forces to develop better practices for prescribers simply because there has been overprescribing, particularly of prescription drugs. These narcotics have been overprescribed to the point that many people end up on heroin as a less expensive alternative to the prescription drugs to which they have become addicted. The task force is an interagency task force that is reporting back to the Congress on how to develop these best practices for the medical community.

The bill also establishes a national awareness campaign with regard to prevention and education. That is critical for us to get the word out. It has grants to local coalitions. This is in the Drug-Free Communities Act area. The Drug-Free Communities Act goes back to the 1990s. Since 1998 there has been \$1.3 billion spent under the Drug-Free Communities Act. I was the author of that in the House. It is good legislation that helped create over 2,000 community coalitions around America. I chaired ours in Cincinnati, OH, for 9 years and am still very involved with it, and they do great work. But, again, we now have this new issue, this new threat we must address. This helps with regard to specific grants where there is a high degree of opioid addiction and the negative consequences of it, to be able to blend with the drug-free community program.

Law enforcement. The bill provides for training for Narcan—what is known as naloxone—for first responders to prevent overdoses. I think everybody in this Chamber has run into this back home. I went to a firehouse recently because we had lost a brave firefighter in a house fire, and I went to talk to his shift about him and to thank them for their service. After talking to them about their fallen comrade, they wanted to talk about this issue. They told me: ROB, we are spending more time administering Narcan than we are fighting fires these days. In other words, they are going out and helping people who are having overdoses and are saving their lives.

A friend of mine who is a firefighter in Cincinnati told me just a couple of weeks ago that he was responding to an overdose, saving someone in front of a house, when, in an entirely different group in the back of the house, an overdose occurred.

In Toledo last week, there was a response by emergency medical services to somebody who had hit a telephone pole. They found him with a syringe in his arm. He had overdosed. While they were responding to him, there were two other overdose calls in Toledo—one city in Ohio. There were three at the same time. Two of the three were saved by Narcan. The third died.

Our folks in law enforcement and our first responders, our firefighters, are doing a terrific job. They need help.

They need more Narcan and more training to be sure they can continue to do what they are doing to prevent these overdoses. It is not the answer. Of course, the answer is prevention, education, and better treatment. But in the meantime, we have to provide them the help they need.

The law enforcement side also expands these drug prescription take-back programs. They work very well, as Senator GRASSLEY said, in some of our States. We need to do more to expand those, and that is usually done through our law enforcement communities.

It also authorizes a task force to combat heroin and methamphetamines. These are the law enforcement task forces we talked about earlier, which will help to coordinate Federal, State, and local law enforcement to deal with this issue.

On the treatment and recovery side, it expands medication assisted treatment for opioid and heroin addiction. It creates diversion, education, and treatment programs in the criminal justice system. We talked about that earlier. That is so important.

I have been at roundtable discussions all around my State and at a number of treatment centers talking to recovering addicts about how they got into the situation they are in and what advice they have. A young man told me a classic story. He had an injury. He started using prescription drugs. He got addicted. He needed money to buy these expensive pain pills. He actually stole from a family member, and he ended up in the law enforcement system and in jail. It was in jail that he was told for the first time that it was actually cheaper to buy heroin. He got out and bought heroin and became a heroin addict. He is now in treatment. He hit rock bottom, as he said, and I think it was because he had an overdose.

This is something where we need to figure out a better way to get people diverted and use the criminal justice system to provide the incentive to get them into the right treatment program.

It also supports recovery for youth and building communities of recovery, again focusing on our youth to get them to make the right decisions but also steering our youth who are addicted into the recovery they need. Sadly, this is now necessary in many of our high schools and in our colleges and universities.

It also establishes a task force to review some of the recovery and collateral consequences. This is an interagency task force that is going to report back to us on what is truly working and what is not working in order to do a deeper dive to ensure we are using this money most effectively in order to make a difference.

It has treatment services for women and veterans included. This is a special interest of ours in this legislation—expanding treatment for pregnant women

who are struggling with addiction, again to avoid this horrible situation where babies are born with an addiction.

It also supports care for our veterans. Our veterans right now can enter treatment, of course, following discharge with this legislation. This is important. Our veterans have some special needs and special circumstances—often trauma, PTSD, and other things related to their addiction. We find these veterans courts are incredibly helpful, to be able to have them surrounded by fellow veterans in order to make more progress. That is in here as well.

Finally, the legislation incentivizes the States themselves to enact comprehensive initiatives to address the opioid and heroin abuse problem—the prescription drug monitoring program, for instance. This is very important. The Federal Government has a big role to play here. Think about it. If you are in one State and you are monitoring someone's prescription drug medications, knowing where they are going and how much they are getting to avoid overprescribing, if that person crosses State lines, it is very difficult. So our legislation expands on what can be done there to ensure that, for instance, my State of Ohio knows whether someone has gone to Kentucky, West Virginia, Pennsylvania, Indiana, or Michigan to get prescription drugs. So the prescription drug monitoring program will work better for every State.

Prevention and education on heroin abuses—this is to incentivize States to do a better job on the prevention and education side and, of course, to prevent overdose and to improve drug treatment.

These are all aspects of this legislation. It is comprehensive because the problem is complex and requires a comprehensive approach.

Here are some statistics—we have already talked about some this evening—that are shocking. We know that 28,647 Americans died in the last year for which we had data, which is 2014, from a drug overdose. The 2015 numbers will be higher than that. That is roughly 120 Americans dying every day.

There were 27,000 diagnosed cases of neonatal abstinence syndrome in 2013, the last numbers we have. It is even worse this year. This means babies were born with an addiction. A baby is born dependent on opioids every 19 minutes in America. So while I am speaking today, there will be another baby born who is addicted.

I have gone to hospitals in Cincinnati; in Lima, OH, to St. Rita's; to Rainbow Babies Children's Hospital in Cleveland, OH. They are incredible caregivers. My wife Jane was at Nationwide Children's Hospital today, actually, on this very issue. These are babies who are so tiny, you can almost hold them in the palm of your hand. They need caregivers to take them through a process where they go through withdrawal. And we are not

sure what the long-term consequences are because we don't have the data yet because this is such a new issue. There has been a substantial increase over the last several years. In Ohio, the same thing I said earlier—750 percent increase in the number of babies diagnosed with neonatal abstinence syndrome since 2004. There has been a 750-percent increase in babies born addicted.

These are the issues this legislation gets at. Again, it does so in a way that is not just bipartisan, which is important, and not just House and Senate, which is important—the House has its own companion bill, one the President will be able to sign into law—but most importantly, it is because of the input of people from all over this country, the experts, people who are recovering themselves, and those who are most affected by this, that this legislation makes sense, and not just for my State but for our country.

The Judiciary Committee had a number of good witnesses. One was a woman named Tonda DaRe. Tonda DaRe is from Ohio. She had a daughter named Holly. On her 21st birthday, Holly, who had a bright future ahead of her—she was engaged to be married, and she had been very involved in her high school and active in sports—tried heroin for the first time. She became addicted. She went into recovery, and unfortunately, as in many cases, she had a relapse. At age 23 her young life ended in an overdose.

Her mom, Tonda DaRe, set up an organization called Holly's Song of Hope. She testified before the Judiciary Committee about the importance of her work—talking to other mothers and fathers and sons and daughters about the devastating consequences of this heroin and prescription drug addiction. This legislation needs to be passed so that we can help Tonda. She testified on behalf of this legislation because she has looked at it and knows it will make a difference in her life and her community.

This is an urgent problem, as I said earlier. It is also one we have a lot of bipartisan consensus around. There will be opportunities during this debate to hear from a lot of different people on a lot of different ideas on amendments to the legislation. That is good. It is good to have a debate. But I hope my colleagues on both sides of the aisle will keep focused on the importance of getting this done. It is important to get it done in terms of providing immediate help to our communities and also providing a structure to more effectively spend funds this year—and yes, we have funds to spend this year that have been appropriated consistent with CARA—but also next year and the year after and the year after. Some will support more resources, and that is fine. We need to have that debate. I myself think it is a priority, and we should be providing the resources to be able to deal with this issue.

I would also urge my colleagues to ensure that we get this over the finish

line. It is too important. We can't play politics with it. This is one of those issues, again, like so few around here, that got out of the committee without a single dissenting vote. We have done the right thing on a bipartisan basis to bring in the experts. We have a good solution to an urgent problem we all face.

I am pleased with the vote tonight, and I urge my colleagues to have a good debate on the floor. Let's get this done for the sake of Tonda DaRe and so many other mothers, fathers, and others out there who deserve to have a little help in their fight against opioid addiction.

I yield the floor.

The PRESIDING OFFICER. The Senate majority leader.

Mr. McCONNELL. Mr. President, I just want to congratulate the Senator from Ohio for his extraordinary leadership on this issue. This is an epidemic that affects us all, and he has definitely been at the fore in providing exceptional leadership on this, and I want to commend him for that.

MORNING BUSINESS

BLACK HISTORY MONTH AND THE PULLMAN PORTERS

Mr. DURBIN. Mr. President, this year marks the 90th anniversary of historian and scholar Dr. Carter G. Woodson's launch of Negro History Week—and is the 40th anniversary of the inaugural Black History Month. This year, as Black History Month is coming to a close, I want to celebrate by paying tribute to a Chicago neighborhood that has played a significant part in our country's African-American and labor history—the Pullman Historical District.

One year ago this month, President Obama designated the South Side Chicago's Pullman Historic District as the Nation's 406th national park. The Pullman National Historical Park has a special place in our Nation's history. It has been the site of some major historical events. The men and women of the Pullman community—the birthplace of the Nation's first Black labor union—the Brotherhood of Sleeping Car Porters—helped shape our country as we know it today. By fighting for fair labor conditions in the 19th century, the Pullman workers advanced America's civil rights movement.

In the 1890s, the Pullman community was the catalyst for the first industry-wide strike during one of the worst economic depressions our Nation ever faced—and led to the creation of Labor Day as a national holiday. These railroad workers aren't always mentioned in the history books or picked to join the parades during Black History Month—but they made history and deserve to be honored. One hundred and one years ago, fearing that the history of African Americans was fading into obscurity, Dr. Carter G. Woodson

founded the Association for the Study of Afro-American Life and History. His goal was to raise awareness of African Americans' contributions to civilization. He believed that truth could not be denied—and realized that past contributions by African Americans needed to be documented and taught. He once said, "if a race had no recorded history, its achievements would be forgotten and, in time, claimed by other groups." I agree with Dr. Woodson—and so does the A. Philip Randolph Pullman Porter Museum in Chicago.

Earlier this month, with the help of DePaul University, the A. Philip Randolph Pullman Porter Museum launched a new online registry that gives voice to the stories of Black railroad workers. By capturing stories from scholars and the relatives of these workers, we will preserve oral histories that otherwise might be lost to history. If you listen to the oral histories, you will hear stories from people like Theodore Berrien, who worked as a Pullman porter from 1940 to 1969. Berrien worked on President Franklin Delano Roosevelt's funeral train from Georgia to Washington, DC. On the registry, Berrien's grandson says: "He spoke of how kind Mrs. Roosevelt was and thanked him for his services during the trip."

Or take Blaine McKinley Fitzgerald, who worked as a Pullman porter on the Illinois Central and Louisville and Nashville railroads from 1920 to 1946—his relatives wrote: "Blaine's major route was from Birmingham to New York. He also worked the Rose Bowl trips to California when Alabama was a major contingent." You will hear how Blaine raised a family of six children on his salary as a Pullman porter—all college educated—who became teachers, lawyers, and engineers. Blaine's story is just one of many examples of how the Pullman porters helped build the African-American middle class in Chicago.

But even as the African-American middle class expanded in Chicago and across the country, the struggle for justice, equality, and equal opportunities for African Americans in this country has continued.

And the State of Illinois has played a significant role in that struggle. Springfield, IL native President Abraham Lincoln led our Nation through a war to save the Union, abolished slavery, and began the work we continue today to end discrimination. In 1909, the centennial of Lincoln's birth, 2,000 people gathered at a dazzling gala to honor the centennial of Lincoln's birth. Even though this was an event celebrating the centennial of the President that helped abolish slavery—like most in America at that time, it was segregated.

The Chicago Tribune reported, that it "is to be a lily white affair from start to finish." But across town, the Black community organized its own Lincoln centennial at the African