

In her opinion piece, Dr. Perry pushed back against Republican claims that Presidents have not historically nominated Supreme Court Justices during an election year. According to her, “14 Presidents have appointed 21 justices during presidential election years.” That is 14 out of 44 Presidents have appointed Supreme Court Justices in Presidential election years. That is about one-third of all U.S. Presidents who have appointed nominees during an election year.

Amy Howe, an expert on the Supreme Court and editor at SCOTUSblog—Supreme Court of the United States blog—agrees that past Presidents and Senates have considered election-year nominees. She writes:

The historical record does not reveal any instances since at least 1900 of the president failing to nominate and/or the Senate failing to confirm a nominee in a presidential election year because of the impending election.

Republicans are using one inappropriate statement or excuse after another to explain why they shouldn't have to do their jobs the taxpayers sent them here to Washington to do. Instead of making excuses, wouldn't it be easier just to do the right thing? The right thing would be to give President Obama's Supreme Court nominee a hearing—a meeting before that—and a vote. We are simply saying: They should be doing their jobs.

Some Republicans are already starting to see the light. Last week, the Republican Senator from Maine ripped the Republican leader for politicizing the current Supreme Court vacancy in the aftermath of Justice Scalia's death. Again, among other things, here is what the Republican Senator from Maine said:

I thought it was a shame . . . that instead of honoring his life and legacy and extending our condolences, already we are embroiled in a political fight.

New Jersey Governor Chris Christie went a step further, urging the Senate Judiciary Committee to hold hearings. Governor Christie said:

As I've always said, I believe that's absolutely the right thing to do. People can vote up or down however they choose, but hearings should be held. There is no reason for them to not take on this nomination.

Governor Christie is absolutely right. There is no reason for a Supreme Court nominee not to have a full hearing and a vote. There is no reason for Senate Republicans not to give a nominee to the Supreme Court a meeting, a hearing, and a vote. All we are saying is: Do your job.

Montana Republican Congressman RYAN Zinke published an editorial in the Missoulian, one of the largest newspapers in the entire State, urging the Republican leader to give President Obama's nominee all due consideration. Here is what he said:

It is unfortunate that partisanship took over the conversation before the Justice even was laid to rest. The partisan bickering and demands to ignore the Constitution that unfolded after Scalia's death is an affront to his legacy. Scalia dedicated his life to serv-

ing the Constitution. It is time for the Senate to honor that service and carry out their constitutionally mandated duty to advise.

The Constitution reigns supreme. . . . My colleagues in the Senate have an obligation to provide advice to the President on nominees.

So I urge others to look at what the Congressman from Montana said, what the senior Senator from Maine said, and what Governor Christie said. I agree with them that the Constitution reigns supreme. It simply is saying to do your job, among other things.

In this situation there is no question what the Constitution mandates in times of Supreme Court vacancies. Article II, section 2 of our Constitution clearly outlines the President's legal authority to nominate Justices to the Supreme Court. It also defines the Senate's role in the nomination, which is to provide advice and consent. By denying their constitutional mandate, Republicans are refusing to do their job.

Senate Republicans should give President Obama's Supreme Court nominee a meeting, a hearing, and a vote, because, as Governor Christie said, there is really no reason not to do so.

#### BLACK HISTORY MONTH

Mr. REID. Mr. President, yesterday marked the end of Black History Month, which we honored here in the Senate by adopting a resolution sponsored by the junior Senator from New York, Mrs. GILLIBRAND.

The father of Black History Month was Dr. Carter G. Woodson. Now, I really didn't know who Carter Woodson was, but there was a wonderful piece on public radio yesterday that outlined in detail this man, who had been a garbage man, who did menial labor, and I just didn't realize how smart he was. His personal story is remarkable.

Carter Woodson was born in Virginia to former slaves. He attended the University of Chicago—not an easy school to get into, certainly in the early part of the last century, when you are an African American. He then went on to receive his Ph.D. from Harvard in 1912, making him the second African-American man to do so.

As a professor at Howard University here in Washington, DC, Dr. Woodson decided there was a need for Americans—Black and White—to better understand African-American history. In 1926, Dr. Woodson organized the first week devoted entirely to African-American history. He coordinated lectures, panels, and hosted children's plays that celebrated the lives of important figures in Black history.

He had a tough time. They couldn't find places to meet. They wouldn't allow Blacks in many meeting halls. But he found rooms at the YMCA, churches, and Black fraternity houses to meet and to celebrate African-American history. He was relentless. Over the years, the celebration of Black his-

tory grew and grew until President Ford decided to make it not a history week but a history month. He did that in 1976. So February is always recognized—since President Ford did that in 1976—as Black History Month.

In addition to adopting this resolution to honor Black History Month, I hope my colleagues will take a moment to think about this great man, Dr. Woodson, who did so much to help Americans embrace Black history and the many contributions of African-American leaders, such as Frederick Douglass, Sojourner Truth, W.E.B. Du Bois, and many others.

But we must do more than just adopt a simple resolution honoring Black History Month. We should work together to address the issues faced by Black Americans and all Americans today and every month of the year. It is the right thing to do.

Mr. President, I see my friends on the floor. Would the Chair announce the business of the day.

#### RESERVATION OF LEADER TIME

The ACTING PRESIDENT pro tempore. Under the previous order, the leadership time is reserved.

#### COMPREHENSIVE ADDICTION AND RECOVERY ACT OF 2015—MOTION TO PROCEED

The ACTING PRESIDENT pro tempore. Under the previous order, the Senate will resume consideration of the motion to proceed to S. 524, which the clerk will report.

The senior assistant legislative 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 ACTING PRESIDENT pro tempore. The Senator from Maine.

Ms. COLLINS. Mr. President, I rise to speak in support of the Comprehensive Addiction and Recovery Act, known as CARA, of which I am proud to be a cosponsor. I want to begin by commending Senators WHITEHOUSE and PORTMAN for crafting this vitally important bill and also to thank Chairman GRASSLEY and Ranking Member LEAHY for their leadership in the Judiciary Committee.

The heroin and opioid crisis in this country is devastating to far too many families, including those in my State of Maine. This epidemic can be seen in emergency rooms, local jails, on Main Streets, and in homes throughout our country.

In 2014, there were a record 208 overdose deaths in the State of Maine, including 57 caused by heroin, and the problem is only getting worse. Last year, in the city of Portland, ME, 14 people overdosed in just 1 day. Two of them died as a result of those overdoses.

This last weekend, the Bangor Daily News had a special segment of the

paper that chronicled the vivid and tragic story of a young man, Garrett Brown, whose spiral into addiction ultimately resulted in his death from a heroin overdose.

This epidemic is also having tragic effects on the most vulnerable in our society—the children and babies born to addicts. Last year in Maine nearly 1,000 babies were born drug-affected. That is about 8 percent of all births in our State. I have seen the videos of these babies in the neonatal intensive care unit. They are inconsolable. It is so tragic to watch them. Fortunately, the physicians and other health care providers in Maine have become very good at treating these babies, but I wonder what happens to them when they go back to their addicted mothers or fathers.

The Comprehensive Addiction and Recovery Act takes the kind of multifaceted approach needed to address this epidemic. I have said we need a three-pronged approach.

First, we need to focus on education and prevention. That is education of the public at large, particularly our school children, but it is also education of health care providers and of law enforcement as well. I remember vividly when I was a young student sitting through a presentation by a recovered heroin addict. I don't know if that is done anymore in our schools, but I can tell you it had a marked impact on all of us who listened to him. None of us ever would have wanted to be in the position in which he found himself as he struggled to recover from his addiction. I don't understand how heroin has lost its stigma, but it clearly has, and it is creating tragic results for our country. So education and prevention are critical.

Second is law enforcement. We need to do a better job of helping law enforcement. I have had so many sheriffs tell me we cannot arrest our way out of this epidemic. We need to connect people who voluntarily come into our jails, and we need to connect them to treatment. Unfortunately, there aren't enough treatment facilities or guidance counselors or substance abuse experts or physicians and nurses and others with this expertise in many rural areas of our country, particularly in States like Maine, and I suspect in urban areas like Chicago where the service providers are overwhelmed with the number of people who need help. There has been a tripling of people in Maine who need help.

Law enforcement has another critical role; that is, to work to interdict the heroin that is coming into the State of Maine—whether it originates in other States, or through ties to cities in Connecticut and Massachusetts, where inner-city gangs are bringing heroin into Maine and swapping it for guns. There is this trafficking that is going on where addicts with no records are being used as straw buyers, buying guns for the gang members who then exchange the heroin for these weapons.

We need to have a greater effort to keep heroin out of our country when it is coming from those international cartels in Mexico as documented by the Portland Press Herald's excellent investigation into this matter.

Of course, the third prong is treatment. We need more treatment facilities. We need the ability of not just paramedics but law enforcement to administer the drug Narcan, which can reverse the effects of overdoses if it is administered in time.

The bill before us takes that kind of multifaceted approach. It includes strengthening treatment programs, supporting law enforcement, and increasing education and prevention efforts. It would encourage States and communities to expand these efforts and to increase evidence-based treatments for substance abuse disorders. It would authorize heroin and methamphetamine task forces to support safe law enforcement agencies, and it provides grants for communities facing drug crises. This crisis is by no means confined to the cities in our States. It is in the most rural areas imaginable in my State. It affects suburbia, and it affects neighborhoods throughout our country.

Part of the solution to this crisis includes examining pain management and prescribing practices. I have heard from Maine families, from physicians, and from law enforcement about a disturbing pattern of a significant percentage of individuals using heroin after abusing legal opioid medications. According to a recent report from the Substance Abuse and Mental Health Services Administration, prescription opioid abuse does indeed put individuals at a much higher risk of heroin use. In fact, nearly 80 percent of individuals using heroin reported that they began on their road to addiction by abusing prescription pain medications.

CARA would create a task force to review, modify, and update best practices for pain management and prescribing pain medication. It would also expand the disposal sites for unwanted prescriptions through drug take-back programs, which is an important way for individuals to safely and securely dispose of their unused prescription drugs. I have long been a supporter of drug take-back programs, which have prevented tons of unused, unneeded or expired drugs from falling into the hands of children or drug dealers. At Maine's most recent drug take-back day, authorities safely disposed of nearly 10 tons of unused drugs. Think about that. In a State of just 1.3 million people, in just one of these drug take-back days, 10 tons of unused drugs were collected and safely disposed of. The bill would also authorize grants for strengthening State prescription drug monitoring programs to help prevent doctor shopping.

I have great sympathy for our county sheriffs who have talked to me about this problem. They tell me their jails are overwhelmed by those who are

struggling with addiction. Jails are not designed to take the place of treatment centers. Yet sheriffs and police chiefs must train their officers to look for signs of withdrawal and to monitor mental health status. CARA would establish a demonstration program to help identify addicted individuals who may benefit more from treatment than incarceration.

Funding would also be authorized to purchase and train first responders in the use of Narcan, a drug that as I mentioned can reverse the effects of an overdose if administered in time, and a portion of this funding is designated to support rural areas in our country.

There have been many discussions in this Chamber, in our committees, and in our caucuses about the heroin crisis. Last December, the Health, Education, Labor, and Pensions Committee on which I serve held a hearing to examine prescribing practices, expanding access to addiction treatment, reducing overdoses, and partnering with law enforcement.

Just last week, the Special Committee on Aging—which I have the privilege to chair—examined opiate use among seniors and other Medicare participants, the potential for diversion of powerful pain killers and Medicare reimbursement policies that may penalize physicians who, in their best medical judgment, decide not to prescribe powerful opiate pain killers and instead provide other kinds of pain relief for their patients. Yet because of the way the surveys are worded, under the Medicare patient satisfaction program, their hospitals can actually lose reimbursement if it is found that a patient was not satisfied enough with control of their pain. Clearly, pain does need to be managed, but these questions are so biased in the way they are asked that they invite overprescription and the prescription of powerful pain killers when they may not be needed. I am not talking about individuals with cancer or end-of-life conditions for whom opiate pain killers may be exactly what is needed to relieve their pain, but we know there are better alternatives for many people who do not need that kind of pain relief. I am working with Senator LANKFORD, Senator DONNELLY, Senator CASEY, and others to see if we can come up with an amendment to this bill on this issue.

It is clear we need to take a comprehensive approach to this epidemic, and the bill before us is a vital step forward. It recognizes opioid and heroin abuse for the public health crisis that it has become, and it offers meaningful and effective ways to support communities seeking to expand treatment prevention, law enforcement, and recovery efforts.

Again, I salute the sponsors of this legislation. I am pleased to be a co-sponsor, and I urge all of our colleagues to come together to support this much needed bill.

My thanks to my colleague from Illinois for deferring to me.

The ACTING PRESIDENT pro tempore. The assistant Democratic leader.

Mr. DURBIN. Mr. President, before I speak on a separate issue, I would like to address the issue raised by the Senator from Maine.

Her experience in Maine is exactly the same as my experience in Illinois. There is no town too small, no suburb too wealthy not to have been touched by heroin overdoses and deaths. It is interesting—the Senator may be encouraged to know that in one small town in downstate Illinois, when they were desperate when two or three teenagers died in 1 week in a small town, they heard about a program in Gloucester, MA, where the chief of police, reacting to what the Senator said earlier, realized that we just can't keep arresting addicts. It is not working.

He announced that if someone who was addicted came into the sheriff's office or the police department and reported their addiction, they wouldn't arrest them; they would take them to a treatment center immediately. The next day, 27 teenagers showed up in this small town in downstate Illinois. Then, of course, the challenge was where to take them. In rural areas, it is a long drive. Some of them were not in good shape for a drive. But they went into treatment.

What they told me after I visited the town was that something happened immediately: The jail was empty because the jail had been filled with petty criminals who had been stealing, burglarizing, trying to feed their habits. Now they were in rehab. So it made it a safer community and at least gave them a chance to straighten out their lives.

One of the amendments I am offering with your colleague from Maine is about treatment. We decided a number of years ago, for fear that we would be warehousing patients, to limit substance abuse treatment facilities under Medicaid to no more than 16 beds. Sixteen beds may work in a rural area; it certainly doesn't work in the city of Chicago. We are not expanding it dramatically, but we allow treatment facilities to have up to 40 beds for residential treatment for substance abuse. We don't want to go back into the bad old days of warehousing, but we certainly want to expand treatment because the problem you have seen and I have seen is growing.

As you noted, if we don't move quickly on treatment, we can't expect to turn it around. I thank the Senator for bringing this to our attention. The bill before us truly is a bipartisan bill, and it should be.

Mr. President, I ask unanimous consent to speak as in morning business.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

#### FILLING THE SUPREME COURT VACANCY

Mr. DURBIN. Mr. President, 1 week ago the Republican majority leader made an announcement that stunned a lot of observers on Capitol Hill. Sen-

ator MCCONNELL said that the Senate Republicans would basically turn their backs on what I consider to be a constitutional responsibility and that they would refuse to consider the nomination to fill the vacancy of Justice Scalia, who recently passed away.

In article II, section 2 of the Constitution, the Founding Fathers established a very clear process for appointing Supreme Court Justices. Under the Constitution, the President "shall nominate, and by and with the Advice and Consent of the Senate, shall appoint . . . Judges of the supreme Court." That is the language of the Constitution. It is explicit.

The President has a constitutional obligation to send a Supreme Court nominee to the Senate, and the Senate has a constitutional obligation to consider the nominee. But the majority leader for the Republicans said last week that he would not give any consideration to a nominee sent by President Obama—not a hearing, not a vote—and then he went so far as to say he will not even meet with that nominee. This is a stunning abdication of the Senate's constitutional responsibility. All of us, as Senators, walk down this aisle, stand over to the side, raise our right hands, and swear to support and defend the Constitution of the United States and to bear true faith and allegiance to it. It is an oath each of us takes very seriously.

The majority leader has tried to justify his decision by noting that this is an election year. Well, it turns out it doesn't take much constitutional study to realize that the Constitution applies to election years as well as every other year. There is nothing in the Constitution that directs the President or the Senate to ignore their responsibility when there is a political Presidential campaign underway. I have searched the Constitution. There is no reference whatsoever to a Presidential campaign year absolving either the President or the Senate from their constitutional obligations.

One of the great ironies of the decision by the Senate Republican leadership was the way they reached it. Shortly after Justice Scalia passed away, Majority Leader MCCONNELL issued a statement saying: "The American people should have a voice in the selection of their next Supreme Court Justice." Then last Tuesday he summoned the Republican members of the Senate Judiciary Committee to his office, and there he decided with them that they would deprive the American people of a chance to view a hearing on President Obama's nominee to fill the Scalia vacancy. This is an unprecedented obstruction of a Supreme Court nominee, and this decision to obstruct certainly wasn't made by the American people. It was a unilateral, partisan decision made by a handful of Senators behind closed doors. The Republican Senators didn't bring their decision out into the open, not to a hearing of the Judiciary Committee, which they

chair; they did it quietly behind closed doors.

But the American people heard what happened. Last Friday a letter was sent to the Republican members of the Judiciary Committee by the Leadership Conference on Civil Rights and Human Rights and 81 other national organizations.

I ask unanimous consent to have the letter printed in the RECORD.

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

FEBRUARY 26, 2016.

Hon. CHARLES GRASSLEY, *Chairman*,  
Hon. ORRIN HATCH,  
Hon. JEFF SESSIONS,  
Hon. LINDSEY GRAHAM,  
Hon. JOHN CORNYN,  
Hon. MICHAEL LEE,  
Hon. TED CRUZ,  
Hon. JEFF FLAKE,  
Hon. DAVID VITTE,  
Hon. DAVID PERDUE,  
Hon. THOM TILLIS,  
*Committee on the Judiciary, U.S. Senate, Washington, DC.*

DEAR SENATORS: We, the undersigned organizations, urge you to reconsider your unprecedented and destructive refusal to give fair consideration to any Supreme Court nomination until after the next President is sworn into office on January 20, 2017, as announced in your February 23rd letter to Senate Majority Leader Mitch McConnell.

Your letter claims that your refusal to hold a hearing on—or to even meet with—any potential nominee is part and parcel to executing your "constitutional authority to withhold consent on any nominee." This is a clear perversion of your constitutional duties as understood by almost every scholarly authority on the topic and by most Americans.

It is a dereliction of your constitutional duty to handcuff the Supreme Court for two terms. Your proposed course of action would cause a constitutional crisis that would shake the very foundation of our democracy.

We condemn this unprecedented overreach, and call on you to uphold the Constitution by giving fair consideration, including timely hearings and votes, to the next nominee to the Supreme Court.

Under Article II, Section 2 of the U.S. Constitution, the President shall nominate a Justice to the Supreme Court "by and with the Advice and Consent of the Senate." This does not give a select few senators veto power over the President's role in selecting and nominating a candidate. The Senate's duty is to evaluate a nominee's fitness and qualifications, not to pick the President making the nomination.

Our legal system is based on the rule of law and requires stability and certainty. The course you have charted would mean that a new justice would not be confirmed until well into 2017 at the earliest. Shackling the court for two terms would undermine the rule of law, leave legal questions unresolved, and hamper the administration of justice across our nation.

Refusing to consider any nominee, without due evaluation of his or her merits, credentials, and experiences, is a direct repudiation of your constitutional duties.

We believe in upholding the Constitution. So should you.

Sincerely,

The Leadership Conference on Civil and Human Rights; Philip Randolph Institute; AFL-CIO; African American Ministers In Action; Alliance for Justice; American Association for Access, Equity and Diversity; American Association For Justice; American

Family Voices; American Federation of State, County, and Municipal Employees; American Federation of Teachers; American-Arab Anti-Discrimination Committee; Americans for Democratic Action (ADA); Americans United for Change; Andrew Goodman Foundation; Asian & Pacific Islander American Health Forum; Asian American Legal Defense and Education Fund (AALDEF); Asian Americans Advancing Justice/AAJC; Asian Pacific American Labor Alliance, AFL-CIO (APALA); Association of Asian Pacific Community Health Organizations (AAPCHO); Bazelon Center for Mental Health Law.

Bend the Arc Jewish Action; Center for American Progress; Center for Community Change; Center for Pan Asian Community Services, Inc. (CPACS); Coalition on Human Needs; Common Cause; Communications Workers of America; Constitutional Accountability Center; Defenders of Wildlife; Disability Rights Education & Defense Fund; Earthjustice; Equal Justice Society; Feminist Majority Foundation; Human Rights Campaign; International Association of Official Human Rights Agencies (IAOHRA); Iota Phi Lambda Sorority, Inc.; Japanese American Citizen League; Jewish Labor Committee; Korean American Resource & Cultural Center; Korean Resource Center.

Lambda Legal; Lawyers' Committee for Civil Rights Under Law; League of Conservation Voters; League of United Latin American Citizens; MALDEF; Moveon.org Civic Action; NAACP; NAACP Legal Defense and Educational Fund, Inc.; NAACP-National Voter Fund; NARAL Pro-Choice America; National Asian Pacific American Families Against Substance Abuse; National Association of Social Workers (NASW); National Black Justice Coalition; National Coalition for Asian Pacific American Community Development; National Congress of American Indians; National Council of Asian Pacific Americans (NCAPA); National Council of Jewish Women; National Education Association; National Employment Law Project; National Employment Lawyers Association.

National Fair Housing Alliance; National Korean American Service & Education Consortium; National LGBTQ Task Force Action Fund; National Partnership for Women & Families; National Queer Asian Pacific Islander Alliance; National Tongan American Society; National Urban League; National Women's Law Center; People For the American Way; Planned Parenthood Federation of America; PolicyLink; Project Vote; Reconstructionist Rabbinical Association; Service Employees International Union; Sierra Club; South Asian Bar Association of North America; Southeast Asia Resource Action Center (SEARAC); Southern Poverty Law Center; TASH; Union for Reform Judaism; United Auto Workers (UAW); Workers' Circle.

Mr. DURBIN. The letter described the Republicans' obstruction as "a clear perversion of your constitutional duties as understood by almost every scholarly authority on the topic and by most Americans." The letter said that the Constitution "does not give a select few Senators veto power over the President's role in selecting and nominating a candidate. The Senate's duty is to evaluate a nominee's fitness and qualifications, not to pick the President making the nomination."

I agree with that statement. By unilaterally refusing to give any consideration to any nominee made by this President, Senate Republicans are trying to stop this President from ful-

filling his constitutional responsibility to nominate and appoint Supreme Court Justices under article II, section 2. They did it in secret in a back room, behind closed doors. Why are they so afraid to give President Obama's nominee a fair hearing? Are they concerned that if the nominee is well qualified and they turn that person down, it will reflect poorly on the Senate Republicans?

The Senate Republican process of secrecy and obstruction is inconsistent with the Constitution. It does a disservice to the Supreme Court, to the President, and to the American people.

I raised a point last week which is worth returning to. The argument is made that the next President should pick the nominee to fill this vacancy. The argument is made that the American people, when they select the next President in November of this year—that we will be saying to the American people: You make the choice. You select the President. And then you will know the Supreme Court nominee.

Well, there may be some logic to that but for one thing: We have a President. He was elected in 2012 with a 5 million-vote majority. This is the fourth year of his Presidency.

When you listen to the Republicans argue, you would think, wait a minute, Barack Obama was not elected for 4 years, only for 3 years and 2 months. They argue at this point in time that this President does not have the constitutional authority or responsibility to fill the vacancy of Justice Scalia. The American people spoke. It wasn't all that close. By a margin of 5 million votes, they chose this President for 4 years, not for 3 years or 3 years and 2 months. He is the President, he has the authority of the Presidency, and he has that authority not given to him by God but by the American people. It is authority which should not be taken away by the Republican majority of the Senate.

Their argument, "Wait for the next election"—do you know what that means? It means that if they have their way, if they fail to do their job, if they don't even have a hearing for President Obama's nominee, don't even bring it to a vote, and the vacancy continues on the Supreme Court, it will be historic. The last time we will have left a vacancy of this duration on the Supreme Court dates back to the Civil War. A nation at war with itself left a vacancy for more than a year on the Supreme Court. Now the Senate Republicans of 2016 want to leave a vacancy on the Supreme Court for over a year. There is no need for it, and the Constitution certainly makes it clear how this vacancy should be filled.

There is no secret that there is a political motive. The Senate Republicans hope Justice Scalia's seat will be filled by a person they choose. This is a political calculation they are willing to make, to take the heat for not following their constitutional responsibility in the hopes that a President

Trump will pick someone to fill this vacancy or some other Republican President in the future. That is what they are counting on. That is political.

Politics shouldn't trump the Constitution. Nothing should trump the Constitution when it comes to governing the United States. Because it is an election year doesn't mean Senators can take a yearlong break and ignore their own oath of office.

It is time for the Senate Republicans to do their job. The President and the Senate must fulfill their constitutional responsibility in times of war, in economic depression, and even in an election year.

Last week Majority Leader MCCONNELL reportedly told a group of House Republicans that there isn't "a snowball's chance in hell" that he would back down from his plan of obstruction. Nevertheless, today President Obama has invited Majority Leader MCCONNELL to meet with him in the White House to discuss the Supreme Court vacancy. They have also invited the chairman of the Senate Judiciary Committee, Senator GRASSLEY; the ranking Democrat, Senator LEAHY; and the minority leader of the Senate, Senator REID.

Why did the President offer this meeting? Because that is what always happens. When a President is about to consider filling such a historic vacancy, he brings together the leaders of the Senate to discuss his thought process and perhaps to solicit names from them of potential nominees. Even when we have disagreed in the past and have Presidents and Senators from different political parties, they still extended that courtesy to one another. President Obama is extending the majority leader that courtesy even if the majority leader has made it clear and publicly stated repeatedly that he will not even meet with, let alone consider, the President's nominee.

The President is setting a good example of what should be done in this circumstance where the President follows tradition and the Constitution. I am glad the President is taking this seriously. I know he is in the midst of a careful, deliberative process to choose a nominee. The President should select an outstanding person who has the qualifications, a commitment to justice, a deep respect for the role of the judiciary, and life experience that points toward integrity and good judgment.

The President is doing his job as the Constitution requires. My Republican colleagues in the Senate should do their job as well. They should honor the process established in the Constitution and give the President's nominee fair consideration, a hearing, and a vote.

Mr. President, I suggest the absence of a quorum.

The PRESIDING OFFICER (Mr. FLAKE). The clerk will call the roll.

The legislative clerk proceeded to call the roll.

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

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

Mr. CORNYN. Mr. President, yesterday the Senate unanimously voted to advance consideration of the Comprehensive Addiction and Recovery Act, commonly known as CARA, and that is because this legislation gets at a big problem. The abuse of heroin and prescription painkillers is devastating families and communities across the country, including Texas. The truth is, the problem is getting worse, not better. Deaths due to heroin and prescription drug overdoses have even surpassed car accidents as the No. 1 cause of injury-related deaths nationwide.

It is time for Congress to do something significant to address this disturbing trend. This bill is a good example of how Republicans and Democrats, working on a bipartisan basis, can zero in on a problem that is harming our Nation and work together to address it.

I am proud to cosponsor this legislation, and I look forward to continuing to work on this bill and to voting on amendments that will actually improve it. Speaking of amendments, while this bill touches on how to battle drug addiction in this country, we need to do more to cut these drugs off at the source and keep them from getting into our country in the first place.

The Senate Armed Services Committee recently heard about the supply side of this equation—this primarily goes to the heroin coming from Mexico—when they heard testimony from the Director of National Intelligence, James Clapper. In his testimony, Director Clapper talked about how Mexico has ramped up the production of heroin in response to this growing demand in the United States.

I know the Presiding Officer is also from a border State and has had frequent conversations with our Mexican counterparts. When we complain about the supply, they usually turn it on me and say: Well, what about the demand in the United States? The truth is, we have to get at both components—both the supply and demand.

In 2014, drug cartels smuggled more than a quarter of a million pounds of heroin across our borders. This was done by the same transnational criminal organizations that traffic human beings for sex or forced labor and who man the illegal immigration pipelines into our country. This is no longer a mom-and-pop operation. These are major criminal networks and organizations that will do anything for money and, of course, are happy to make money from the heroin that comes across our border.

If we are going to make significant strides in the fight against addiction and drug abuse, we need to take a critical look at where the drugs are coming from and consider the strategies we can employ to keep them from even coming onto our soil. Unfortunately,

even while the production and demand of these illegal drugs have been growing, we have not done enough to combat it.

Earlier I mentioned that the U.S. Southern Command—that is the combatant command for the U.S. military that is south of Mexico and goes into Central and South America—has been given zero Navy ships to conduct counter-trafficking missions, and that is because our Navy fleet is simply too small and these resources have been diverted elsewhere to counter the growing threats around the world. It is irresponsible to ignore the transnational criminal threats in our own backyard. We need a strategy to interdict drug shipments and cut them off before they reach our shores, so I have submitted several amendments that would help focus our resources to interdict these shipments and to help stem the growing tide of illicit drugs entering the U.S. market.

One amendment would simply require the Defense Department, when it allocates funding to the States for the National Guard Counterdrug Program, to prioritize drug interdiction. More effectively using the National Guard's military capabilities to help interdict drug flows would provide a needed boost to law enforcement and counter-narcotics efforts, especially on our southern border. Too often, law enforcement agencies have been left with scant resources to handle this growing problem, so this amendment would allow the National Guard to play a bigger role in drug interdiction.

Another amendment I have submitted would require the President to create a plan—a strategy, really—to increase interdiction of illegal drugs that enter across the southwest border. It would require the interdiction goal of 90 percent of those drugs, which would be a great leap forward from the current levels.

Last year, General Kelly, then the commander of Southern Command, estimated that only 15 to 20 percent of drugs bound for the United States were interdicted, just 15 percent to 20 percent. General Kelly said that, due to a lack of resources in the Southern Command, basically many times they were relegated to being observers as illegal drugs would transit across their area of operation.

Given our shortfall here, it is pretty amazing that a comprehensive plan across all relevant agencies doesn't already exist. It is shocking really. This amendment would make sure that one is created to boost the amount of drugs that we successfully interdict. It would also require the President to submit this plan to Congress so we can have a conversation between the executive branch and the legislative branch and so the American people could review it, could hold us accountable, and to make sure we are making progress on this front.

Finally, I have submitted an amendment to strengthen the High Intensity

Drug Trafficking Area Program. This would help Federal, State, and local law enforcement officials use task force funding to implement a multidisciplinary heroin response strategy. This has been tested in several high-intensity drug trafficking areas with great success. This amendment would help implement this strategy nationwide, giving law enforcement additional tools to combat the growing threat of heroin from both the supply and demand side.

Mr. President, I am glad we are making some progress on this legislation. I am optimistic that we will be able to complete it this week in a bipartisan fashion, which is the only way you get these done around here. We desperately need to target the opioid epidemic happening across the Nation, and we also need to cut off as much of the supply of the cheap heroin as we can. When people can't get access to prescription drugs, too often they turn to cheap heroin, and that is why the supply issue is so important. But we need both pieces in order to make real progress and restore our communities currently plagued by addiction and drug abuse.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from New Hampshire.

Ms. AYOTTE. Mr. President, I rise today to urge my colleagues to join me in supporting the Comprehensive Addiction and Recovery Act. This is a bill that we have been working on for 2 years—Senator PORTMAN, Senator WHITEHOUSE, and Senator KLOBUCHAR. I thank them for their partnership and leadership on this bill. This is something the four of us got together on because we saw in our own States the public health epidemic that was happening with our constituents: individuals struggling with addiction, people who were addicted to prescription drugs and overusing and misusing prescription drugs, and then with the price of heroin on our streets so low that people are turning to heroin and also a combination of heroin and a deadly drug called fentanyl.

I thank Senators PORTMAN, WHITEHOUSE, and KLOBUCHAR for the work we have been doing together over the last several years on this bill to see this bill come to this Senate floor. This is a very important piece of legislation and will help us address the public health epidemic facing my home State of New Hampshire and this country. This is something I have come to the floor about on several occasions before.

Traveling around my State, I can't tell you the number of stories I have heard from people in New Hampshire about what we are facing and the number of lives that are lost, the number of lives that are devastated by heroin and fentanyl and misuse of prescription drugs.

This is a life-or-death issue in my State. The number of drug overdose deaths has been staggering. Before I came to the Senate, I served as attorney general of our State, and so I

worked with law enforcement on these issues, whether it was methamphetamine, cocaine, or other illegal drugs, but I have never seen anything like this. As of last week, the chief medical examiner's office had recorded that there were 420 drug deaths in 2015, and that was a dramatic increase in New Hampshire from the year before. The year before, we had about 320 drug deaths. So this is more than one person dying a day in my State. Many more than die in traffic accidents are dying from drug overdoses, and it is a combination, again, the driver of this—heroin and Fentanyl. Fentanyl is 40 to 50 percent times more powerful than heroin, and when the drug dealers mix it up with the heroin, it is a killer.

As Eric Spofford told me—he is an incredible guy who is in recovery and has opened treatment facilities in our State. He got it right when he said fentanyl is a serial killer because that is what it is.

In the month of February alone, there were 14 suspected opioid overdose deaths just in the city of Manchester—14 in just one city in my State. That is a record high in Manchester, NH. These are not just numbers that we are talking about. Behind every statistic is a life, a life that is taken from us far too soon and has been tragically lost—a mother, a daughter, a son, a brother, a neighbor, a friend, a coworker. This hits all of us, and these are people who are being lost from this horrible epidemic.

Behind the statistics and behind the headlines we see every day in the news, there are family members, friends, and communities that have been deeply impacted by this public health crisis, such as the mother from Greenville, NH, who wrote to me. She spends her days actually doing incredibly important work, helping people who are struggling with addiction. She helps them, and yet she has been coming home to see her own son struggling with heroin. She told me, “As I tried to comfort those who have been affected by this tragedy, I think that my son will be next.”

In Laconia, a man helps those struggling to get treatment, but he feels helpless when they are faced with a 5-month waiting period for a rehabilitation facility. He wrote, “In 5 months, these individuals may be dead.”

A parent from Salem, NH, contacted me and told me her son is struggling with heroin addiction, and she needs help finding a treatment program for him since she could not afford to pay for treatment herself. Parents don't know where to go.

I have met many parents who want to get help for their kids, and they are having a hard time finding a place and knowing where to go. Another mother of three children had to revive her son from an overdose before the paramedics could arrive.

The Griffin family from Newton, whom I have gotten to know well, lost their beautiful 20-year-old daughter

Courtney to an overdose. Now, Courtney's father Doug and Courtney's mother Pam have made it their mission to bring awareness to this issue and to make sure that others don't suffer from the same tragedy they have suffered in the lost life of a beautiful young woman named Courtney, who had so much of life before her and so much potential. Doug and Pam and so many other dedicated people in New Hampshire are working tirelessly to turn the tide against this epidemic.

Over the past 2 years, I made it a priority to travel the State and hear from our public safety community, treatment providers, addiction experts, families, and individuals in recovery about finding effective strategies to address this problem. On ride-alongs with the police and fire, I have been to overdoses. I have seen them bring people back to life, administering Narcan only to say that they face this every single day. If we don't focus on prevention and we don't focus on treatment, and the important work that our first responders are doing, then we are not going to get at this problem and make sure people who are struggling get out of this cycle of addiction.

Treatment facilities in New Hampshire are certainly working tirelessly, and individuals are stepping up to expand our capacity in New Hampshire to support individuals who need help, and they need more support. I want to take a moment to recognize some of their hard work. Among so many others, I am grateful that there are so many working hard together in New Hampshire: Hope for New Hampshire Recovery, Families in Transition Willows Program, the Farnum Center, Westbridge Community Services in Manchester, GateHouse Sober Community in Nashua, Hope on Haven Hill, Bonfire Recovery Services in Dover, The Granite House in Derry, and the New Freedom Academy in Canterbury. I have met many incredible people who are dedicating their lives to this.

I have had the opportunity to visit these facilities and hear directly from the dedicated professionals who work there. They do critically important work. You have average people coming together, whether to organize a 5K race or to gain resources and support for people who are on the frontlines. This is what those who are on the frontlines are saying: Tackling this epidemic and reversing the tide of addiction will take a comprehensive, thoughtful approach, and include strategies for treatment, prevention, education, support for individuals in recovery, and interdiction. That is why we have to pass CARA.

CARA is important because it embodies the comprehensive approach that so many in my State have told me they need. Here is what it looks like. It gives more support to first responders and law enforcement, expanding the availability of lifesaving drugs like Narcan, which our first responders are using every day. And because CARA

will help make this happen, it has been endorsed by the National Fraternal Order of Police, National District Attorneys Association, and National Association of Attorneys General, including New Hampshire's own attorney general, Joe Foster.

It strengthens prescription drug monitoring programs to help prevent “doctor shopping.” This is something I have been advocating for since I was attorney general of our State so that our public health officials can have the tools—because we know from SAMHSA research that four out of five people started by misusing or overusing prescription drugs and transferred to heroin. So this is critical.

It increases access to treatment, including evidence-based medication assisted treatment, which can help people have more access. We need to turn the tide. Over 130 stakeholder groups have gotten behind this legislation, groups that are on the frontline of this issue. Just to name some of them, it has been endorsed by the National Council for Behavioral Health, American Psychological Association, American Society of Addiction Medicine, Community Anti-Drug Coalitions of America, Harm Reduction Coalition, Faces and Voices of Recovery, Mental Health America, Young People in Recovery, National Association of State Alcohol and Substance Abuse Directors, among many others. I thank these groups for their feedback.

It would support additional resources to identify and treat incarcerated individuals suffering from substance abuse disorders and expand prevention. It is so important we address prevention.

It would establish a campaign to bring greater awareness to the association between the overuse and misuse of prescription drugs and what happens as people misuse prescription drugs and then go to heroin and deadly drugs like fentanyl.

This bill has overwhelming bipartisan support. It has 42 bipartisan cosponsors.

I see my colleague from New Hampshire on the floor. I want to thank her for her sponsorship of this legislation. This crisis does not discriminate. It doesn't care. Heroin, fentanyl—the devastating impact of this drug does not care whether you're a Republican, a Democrat, an Independent, whatever your background.

This is something that affects all of us. A high school student from Manchester who wrote to me, sharing how concerned he is about the negative impact this epidemic is having on his city. When he walks home from school, he sometimes sees discarded needles on the sidewalk, and tragically he lost his best friend to a fentanyl overdose.

Abi, who lives in the Seacoast Region, struggled with an opioid use disorder through her pregnancy until she was finally able to receive help and treatment and enter recovery. I met Abi, and I am so inspired by her because she shows us we can make a difference and we can turn this around.



A woman in Londonderry, who spoke to me at a community forum, was terrified her brother would suffer a recurrence as soon as he was released from prison because he wasn't getting treatment. She was worried about his path to a successful life because he was still suffering from a substance abuse disorder.

Then there is Angela from Nashua, who has turned her story into a rallying cry for others. Angela lost her mother to a heroin overdose 17 years ago and has adopted the children of several of her aunts and cousins who have lost their battles with addiction. After all of this, Angela's son and his girlfriend have become addicted to opioids and his girlfriend overdosed in Angela's home. Her son is still battling with heroin addiction.

There are so many groups that are working to support these individuals and we need to give them our support. They cannot and should not have to do this alone.

I see my colleague, Senator SHAHEEN from New Hampshire on the floor. I really appreciate her leadership on this issue. I am a cosponsor of Senator SHAHEEN's standalone legislation which would provide emergency appropriations in order to combat the heroin and prescription opioid crisis facing our State. In fact, she and I have both written to Health and Human Services and asked them to designate this as a public health emergency. We have seen the impact on our State and we have seen the lives that are being lost and impacted by this. So I am going to be cosponsoring Senator SHAHEEN's amendment to CARA and supporting it on the floor. I very much support her getting a vote on this amendment, and I hope that happens.

In addition, I appreciate that the President has put in additional resources in his budget to address this issue. This is an issue that we all have to work together on.

At the end of the year, there was also important funding that was passed that CARA would provide a very important framework for. Last year during the appropriations process, Congress worked to increase by 284 percent funding for programs at CDC and SAMHSA related to combating opioid abuse. While this is a positive step forward, these dollars actually haven't been distributed yet. It is important we pass CARA to make sure that as we go forward with the dollars that have already been appropriated and as we go forward in the appropriations process this year, that we have the framework to properly redirect this funding for prevention, treatment, and first responders, to make sure we have the feedback of 130 stakeholder groups and law enforcement throughout the country and to ensure that these dollars are appropriately spent to address the epidemic we are facing.

I have been honored to work over the last several years, again, with Senators PORTMAN, WHITEHOUSE, and KLOBUCHAR

in introducing this bill. In fact, I also thank the head of drug policy in the administration, Director Botticelli. He summed it up well when we asked him what he thought about CARA. He said in a hearing before the Judiciary Committee in January:

There is clear evidence that a comprehensive response looking at multidimensional aspects of this that are embedded in the CARA Act are tremendously important. We know we need to do more, and I think that all of those components put forward in this bill are critically important to making headway in terms of this epidemic.

The Comprehensive Addiction and Recovery Act would be a significant step forward in a Federal response to this public health epidemic that is facing New Hampshire and so many other States in the country. I urge my colleagues to support this critical legislation, to listen to the people of New Hampshire and to the people of this country who are asking us to act.

This is what they are saying in New Hampshire.

In Center Barnstead: "Please pass legislation to save my son's life."

In Manchester: "I wake up every morning with a fear that I will find my son dead. I am crying out for help."

In Spofford: "I want my voice to be heard so that no one else falls through the cracks."

In Londonderry: "Addiction can happen to anyone."

In Tilton: "We need action, and we need it right now."

We have an opportunity on this floor right now, in this debate, with very thoughtful legislation, very bipartisan legislation—the Comprehensive Addiction and Recovery Act—to take action now. We owe it to all those who have lost their lives, their families who have been impacted, and those who are struggling with addiction. We owe it to the first responders in our community and to the people who are working hard to turn this around in New Hampshire and across this country. To all, I thank them for the incredible work they are doing.

We need to pass this legislation. I urge my colleagues to join me in supporting passage of the Comprehensive Addiction and Recovery Act. This bill will make a difference, and I believe it will help save lives in New Hampshire and across the country.

There is no doubt that passing this bill will make a difference. We will all need to continue to do more. We will all need to continue to fight for more and more support through the appropriations process and any way we can. I intend to keep up this fight because I know lives are on the line. I know this issue is impacting my State. I know that as I talk to the mothers, the daughters, the fathers, the sons, the friends who are telling me the stories of the people they have lost, that we can turn this around. It is so important that we pass this legislation.

Again, I wish to thank my colleague from the State of New Hampshire for her work on this.

With that, I yield the floor.

The PRESIDING OFFICER. The Senator from New Hampshire.

Mrs. SHAHEEN. Mr. President, I ask unanimous consent to speak for up to 30 minutes, and I wonder if the Chair will advise me when I have about 3 minutes remaining.

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

The Chair will so notify the Senator.

Mrs. SHAHEEN. I thank the Presiding Officer.

I am pleased to join my colleague from New Hampshire on the floor and the others who have spoken this morning so eloquently about the heroin and opioid epidemic that is ravaging families and communities in every one of our States.

As Senator AYOTTE said so well, we have seen in New Hampshire that we are at ground zero for this epidemic. In terms of the percentage of people affected in New Hampshire, we are losing a higher percentage than almost every State in the Nation. This is an issue we need to work together to address. I think we have to respond much more robustly than we have done at the Federal level because this epidemic is becoming a pandemic. It is affecting young and old, urban and rural, rich and poor, Whites and minorities.

As others have said, the Senate is now considering the Comprehensive Addiction and Recovery Act or CARA. I want to congratulate the sponsors of the legislation because this is a good bipartisan bill. It is important as we look at what we need to do to address the epidemic we face.

In addition to the authorizations and the good work that is in the CARA legislation, we also need to provide the resources that law enforcement and health professionals who are on the frontlines of dealing with this crisis are going to need. Despite heroic efforts, law enforcement and treatment professionals are increasingly overwhelmed by the sheer scope and scale of the opioid and heroin crisis. Everywhere I go in New Hampshire, the lack of resources is abundantly clear. Our communities need additional funding—and they need it urgently.

So this is why I have submitted an amendment cosponsored by the author of CARA, Senator WHITEHOUSE, and I am pleased my colleague from New Hampshire has also joined in cosponsoring this amendment. This amendment would provide \$600 million in emergency funding for critical programs that we know will help address this crisis.

I am on the floor to urge the majority leader and the leadership of the Senate to allow a vote on this legislation because this is a nationwide emergency of the first order, and it is time for us in Congress to treat it like a nationwide emergency.

In 2014, more than 47,000 Americans died from lethal drug overdoses—more fatalities than from car accidents. Each day 120 Americans die of drug

overdoses—2 deaths every hour. In our State of New Hampshire, where we have 1.3 million people, we are losing more than a person a day to drug overdose deaths.

Here we have a map of America that shows the increases in deaths from drug overdoses. We can see in 2003 the majority of the map is lighter colored, so it means it doesn't have the same number of deaths. In 2008 we can see this dark red color which shows the deaths from drug overdoses increasing. Here, in 2014, we see the impact of those 47,000 people lost.

The State of the Presiding Officer, like in New Hampshire, is at ground zero in the State of Arizona. In West Virginia, in Tennessee, and in Kentucky, they are seeing the same dramatic increase in the number of deaths from drug overdoses. This chart represents overdose deaths per 100,000 people. Again, it demonstrates how truly national in scope the crisis has become. No State is immune from the scourge.

Across the country, our communities are asking why this is happening. They are asking why so many of our family members and neighbors are overdosing on these drugs. Sadly, as we have heard from people who have spoken on the floor, one of the primary reasons is because so many people are becoming addicted to prescription opioid drugs, better known as painkillers. In 2012, 259 million prescriptions were written for these drugs—almost 1 for every American. That is more than enough to give every American adult their own bottle of pills. During a 3-month stretch in 2015 in New Hampshire, 13 million doses of schedule II painkillers were dispensed at New Hampshire pharmacies in just one 3-month period—13 million pills in 3 months for a State with a population of 1.3 million, and nearly 80 percent of these prescriptions were for heavy painkillers like oxycodone, morphine, and fentanyl.

If we look, we can see how this graph dramatically tracks the increase in drug prescribing and the number of deaths that resulted. The number of drug overdose deaths has risen as opioid prescriptions have increased. This orange line is the number of deaths. The green line is the number of prescriptions that are being written. We are missing the data for the year 2012, but there is no doubt that those deaths track the number of prescriptions for painkillers that are being written.

The National Institutes of Health have found that people who are addicted to opioid painkillers are 40 times more likely to be addicted to heroin. So when someone gets addicted to pain pills and can no longer get prescriptions, they turn to drugs like heroin and fentanyl.

What I heard from law enforcement in New Hampshire and from the medical community is that people turn to heroin because it is cheaper and easier to get than prescription drugs after they become addicted. Of course, we

have seen that drug traffickers are taking advantage. They are flooding our streets with these drugs. In many of our communities, that bag of heroin is cheaper than a six-pack of beer. Of course the end result is a staggering increase in overdose deaths, which we can see on this chart.

Again, in 2014, nearly 21,000 people died from opioid abuse. There were more than 10,000 deaths from heroin. That is a 222-percent increase from 2009 levels.

So we can see that these are opioid deaths, these are deaths from cocaine, and these are deaths from heroin. We can see the red line and the green line have gone up dramatically.

A professor at Johns Hopkins School of Public Health, Brendan Saloner, describes opioid addiction as “a chronic relapsing illness, just like diabetes.”

We know treatment is the only effective answer. Again, what I have heard from law enforcement in New Hampshire is that they know they can't put drug users in jail. That is not the answer to deal with this challenge. We need to put the bad guys in jail, but we need to provide treatment to the people who need it because that is the only effective answer. Unfortunately, it is a tragic reality that nationwide nearly 9 out of 10 people with substance use disorders don't receive treatment. They are being turned away and denied treatment due to a chronic lack of resources.

My colleague from New Hampshire spoke very eloquently about some of the people she heard from. We have heard from people in the same way in New Hampshire. Of the 1.3 million people in our State, it is estimated that 100,000 people—almost 10 percent—are currently seeking treatment for substance use disorders. We are able to offer services to only a small fraction of that total.

Over the last decade the number of people admitted to State treatment programs increased 90 percent for heroin use and 500 percent—500 percent—for prescription drug use, with the largest increases occurring in the past several years.

As we can see from this chart, lack of treatment is a national problem: the darker the green, the more people in that State who are not receiving treatment for addiction. Sadly, New Hampshire is a very dark green, as is Arizona, the Presiding Officer's State. You can see this dark green line coming down the east coast and going up the west coast.

In 2014, in Kentucky, 82,000 people needed addiction treatment but failed to get it—in Tennessee, 116,000 people; in Arizona, 157,000; in Nevada, 55,000; in North Carolina, 200,000 people. These are all people who needed treatment who didn't get it. When people don't get treatment, they are overdosing in overwhelming numbers.

Sadly, this map of the United States shows where the overdose death rates are the highest. Where the darkest col-

ors are shown the death rates are greater than 19 per 100,000 of population. We can see many of the same States, such as New Hampshire, that have the most difficulty in people finding treatment. Those are the States where we are finding the highest death rates. In 2014 in Kentucky, 1,100 people died from a drug overdose; in Tennessee, 1,200 people; in Arizona, 1,200 overdose deaths; in Nevada, 500; and in North Carolina, 1,300.

In recent days I have had a chance to visit three treatment centers in my home State, Headrest in Lebanon, Serenity Place in Manchester, and Seacoast Youth Services in Seabrook. These treatment centers are staffed by skilled, dedicated professionals. They are saving lives every day, but they tell me that for every life they save, many more are being lost for lack of treatment capacity, lack of facilities, and lack of funding.

I had a chance on some of those visits to meet with some of the people in recovery. I can remember one young man up in Lebanon at Headrest who had been in and out of prison because of crimes committed when he was using. He said to me that it costs thousands of dollars to keep someone in prison. The figure he used was \$35,000. He said: Don't you all know that it is cheaper to give somebody treatment? It is absolutely more cost effective for us to provide treatment for people who are in recovery, people who need help.

I heard from a young woman in Manchester who said that she had been arrested for drug use. She said: I am not a criminal. My problem is I need treatment to deal with these drugs.

Another young woman who was in her early twenties who had been in and out of the Manchester jail—the Valley Street jail—said: You know, they don't provide treatment in the Valley Street jail. I learned when I got picked up that I don't tell them that I have a drug problem or that I have mental health issues because if I do, they put me in the bubble where I get observed 24 hours a day, regardless of what I am doing. What I need is treatment. I don't need to be in the bubble.

Well, that is why this supplemental amendment would increase resources for treatment and recovery—because the answer is treatment. Our amendment includes \$300 million for the Substance Abuse Prevention and Treatment Block Grant Program. This program is the premier Federal initiative to boost State and local resources for prevention, treatment, and recovery support. In 21 States this block grant program represents at least 75 percent of the State agency's substance abuse prevention budget. In some States, sadly, it is the only funding for substance abuse prevention. If we are going to get a handle on this problem, we are going to have to provide some additional resources for the treatment that these programs need. This funding will result in an immediate increase in the number of addicted individuals who



will receive lifesaving treatment. It will also save taxpayer dollars in the future, just as I heard from that young man at Headrest, who said it is cheaper to provide treatment than to build prisons. He is absolutely right.

The National Institute on Drug Abuse estimates that for every dollar spent on substance use disorder treatment programs there is a \$4 to \$7 reduction in the cost of drug-related crime. An outpatient treatment program can result in savings that exceed costs by a factor of 12 to 1.

I live in Stratford County in New Hampshire. It has used the modest funding from this block grant program, the Substance Abuse Prevention and Treatment Block Grant Program, to accomplish important things, including expanding the peer-based addiction recovery efforts and working at schools to engage at-risk students in the middle school years. If we can prevent addiction, that is obviously the best thing we can do.

Unfortunately, many prevention and treatment efforts in Stratford County remain chronically underfunded. I recently learned about one local woman, a mother and waitress, who overdosed in front of her 2-year-old child. Fortunately, she received inpatient treatment, and now she is doing well. Others have not been so lucky. Like cities and counties all across America, Stratford has a months-long waiting list for those needing treatment. When people with substance use disorders are turned away, they remain on the streets—desperate, often committing crimes to support their addiction, always at constant risk of a lethal overdose.

Vice News in New Hampshire recently profiled the opioid epidemic. The reporter interviewed one desperate user who said this:

I tried to get help and stop, but at the treatment center they said I would have to wait 3 months. I had to go to the hospital and tell them I was going to kill myself just to get admitted.

That should not happen in America.

Another critical tool in the effort to stem the tide of this crisis is prescription drug monitoring programs. These State-run programs collect, monitor, and analyze electronically transmitted prescribing and dispensing data submitted by pharmacies and dispensing practitioners. We know that monitoring works. We have the data to show that it works, but only half of the 50 States are receiving Federal support.

The emergency supplemental amendment would include \$50 million for the CDC to expand and bolster State drug monitoring programs. Our amendment also allocates \$10 million to improve access in high-risk communities to medication-assisted treatment services for heroin and prescription opioids because numerous studies have shown the effectiveness in including medication in the treatment of some individuals with substance use disorders. Medications like methadone, buprenorphine, and naltrexone have been shown to reduce opioid use.

Our supplemental spending amendment would also speed emergency resources to law enforcement agencies. This Senator has heard from police in New Hampshire. They can't solve this problem by putting people in jail. They can help to solve it by putting traffickers in jail and by breaking up those networks that are supplying drugs.

In recent years, the opioid epidemic has spread to small towns and rural areas in every part of the country. If we went back to that first map of the United States, we could see just how much the spread has been to rural parts of this country. Heroin traffickers in New York expressly target New Hampshire, Vermont, and Maine—all States with a large rural population. We don't have any real urban areas in our States, but we can see the spread of those drugs in northern New England.

This amendment will provide \$230 million in emergency funding for Edward Byrne Memorial Justice Assistance Grants, and \$10 million for COPS Anti-Heroin Task Force Grants. The Byrne JAG Grant Program is the Nation's cornerstone crimefighting program. It has proved its effectiveness in each of our States, which is why it enjoys such strong bipartisan support. But the program has suffered cuts. In New Hampshire, we received \$1.7 million in Byrne funding in 2007. Last year we received less than \$1 million—almost a 50-percent reduction.

I had the chance to travel with Senator HOEVEN down to our southern border of Texas last spring because we both are on the Appropriations Subcommittee on Homeland Security. We talked with some of our Customs and Border Patrol employees who were down on the border in Laredo and were interdicting drugs down on our southern border. One of the things they talked about is that drugs are coming across our southern border and they are going up the Interstate Highway System. They are going up Interstate 95 to northern New Hampshire. They are going up Interstate 35 through the middle of the country. We have to provide law enforcement with the funds they need to interdict those traffickers. We need an infusion of new funding to mobilize so that the programs are more aggressive for stopping opioid traffickers and dealers.

Our amendment requires that Byrne JAG funds be used directly to combat the opioid crisis for this emergency funding. That will allow for programs that emphasize treatment over incarceration, such as drug courts.

In New Hampshire we have seen what a difference it can make to have well-resourced, ambitious law enforcement initiatives. From May to December of last year, the High Intensity Drug Trafficking Areas Task Force, or the HIDTA Task Force, based in Bedford, NH, carried out Operation Trident. They draw on Federal, State, and local law enforcement resources in New Hampshire and Massachusetts. It

makes sense because the more we cooperate, the more we can respond.

Operation Trident resulted in 240 arrests. They took down four major heroin fentanyl trafficking organizations. They dismantled three processing mills, and they seized more than \$1.2 million in assets. What we have to do is continue to recreate these successes all across the country by moving aggressively to take down the gangs and other trafficking organizations that are feeding the opioid epidemic. To do that we have to provide the resources.

This emergency funding amendment doesn't create any new programs. Instead, we fund proven and effective initiatives like Byrne JAG and the substance abuse preventive and treatment block grants. These initiatives have earned bipartisan support because Senators have seen the good work it has done in each of our States. By allocating these emergency resources to these proven programs, this amendment will provide law enforcement and treatment professionals with the resources they need to go on the offensive to mobilize a real war on opioid trafficking and addiction.

Perhaps most importantly, our emergency supplemental funding amendment funds the programs that are included in the CARA bill. I want to thank Senator WHITEHOUSE and other drafters of CARA, who have made important statutory steps and programmatic changes to improve programs that help treat addiction.

But CARA, as important as it is, is an authorization bill that doesn't provide any funding. If we support making the changes in the law that are included in the CARA bill, then we should also support the funding needed to make these programs work.

This chart shows a quote from the National Governors Association. Recently, they came together and they endorsed emergency appropriations to address this crisis. They wrote:

Governors applaud the introduction of legislation that would provide emergency assistance to states working on the front lines of the opioid crisis. . . . [I]nvestment is needed to help states mount an effective response to opioid addiction, from increasing prevention and education regarding the dangers of illicit drugs to strengthening state prescription drug monitoring programs, expanding access to addiction treatment and enhancing support for law enforcement.

The Fraternal Order of Police has endorsed this amendment, saying:

This bill will help our State and local law enforcement officers by giving them the necessary funding and tools to battle their communities' heroin and opioid problems. Something needs to be done.

Mr. President, I ask unanimous consent to have printed in the RECORD the support letter from the Fraternal Order of Police.

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

NATIONAL FRATERNAL ORDER  
OF POLICE,

Washington, DC, February 29, 2016.

Hon. JEANNE SHAHEEN,  
U.S. Senate,  
Washington, DC.

DEAR SENATOR SHAHEEN: I am writing on behalf of the members of the Fraternal Order of Police to advise you of our support for your bill S. 2423, the "Opioid and Heroin Epidemic Emergency Supplemental Appropriations Act." This legislation will make available \$210 million to help law enforcement fight the heroin and opioid epidemic that is destroying our communities.

This bill will help our State and local law enforcement officers by giving them the necessary funding and tools to battle their communities' heroin and opioid problems. This funding will be used for expenses relating to drug treatment and enforcement programs, law enforcement programming, and drug addiction prevention and education programs. Something needs to be done and Congress is correct to provide law enforcement with the resources we need to combat this epidemic.

On behalf of more than 330,000 members of the Fraternal Order of Police, I thank you for your continued leadership and support of law enforcement. I look forward to working with you and your staff to get this bill through Congress to put an end to the heroin and opioid epidemic. If I can be of any additional assistance, please do not hesitate to contact me or my Executive Director Jim Pasco at my Washington office.

Sincerely,

CHUCK CANTERBURY,  
National President.

Mrs. SHAHEEN. We have also received support from groups such as the American Academy of Pain Management; the American Public Health Association; the American Society of Addiction Medicine; the Association of Women's Health, Obstetric and Neonatal Nurses; the Partnership for Drug-Free Kids; the American College of Physicians; and the National Association of State Alcohol and Drug Abuse Directors.

Mr. President, I ask unanimous consent to have printed in the RECORD the list of groups.

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

EMERGENCY SUPPLEMENTAL FOR HEROIN AND  
OPIOID ABUSE SUPPORTING ORGANIZATIONS

Fraternal Order of Police, American Academy of Pain Management, American College of Physicians, American College of Sports Medicine, American Osteopathic Association, American Public Health Association, American Society of Addiction Medicine, Association of Women's Health, Obstetric and Neonatal Nurses, College on Problems of Drug Dependence, Community Anti-Drug Coalitions of America.

Connecticut Certification Board, Friends of NIDA, IC & RC, Illinois Alcoholism and Drug Dependence Association, California Consortium of Addiction Programs and Professionals, National Association of State Alcohol and Drug Abuse Directors, Partnership for Drug-Free Kids, Physician Assistant Education Association, SAI, Trust for America's Health.

NATIONAL GOVERNOR'S ASSOCIATION  
STATEMENT

Provide emergency supplemental funding to help states and communities turn the tide on the opioid epidemic. Governors applaud the introduction of legislation that would

provide emergency assistance to states working on the front lines of the opioid crisis. Congress has provided billions in emergency aid to address natural disasters, security threats and other crises, including more than \$5 billion last year to combat Ebola at home and abroad. A similar investment is needed to help states mount an effective response to opioid addiction, from increasing prevention and education regarding the dangers of illicit drugs to strengthening state prescription drug monitoring programs (PDMPs), expanding access to addiction treatment and enhancing support for law enforcement.

Mrs. SHAHEEN. The question is, Why do we need emergency funding? Some of my colleagues have argued that additional funds are not needed because there was enough money for the opioid crisis in last year's omnibus. Yes, it is true there is additional funding for these programs in the omnibus. I sit on the Appropriations Committee; I was one of many on that committee who worked very hard to fight for those dollars. But with spending caps in place, these increases are modest at best.

The majority of my supplemental amendment appropriates resources to two programs: the substance abuse prevention and treatment block grant and the Byrne JAG Program. These programs have been critically underfunded in recent years. For example, the substance abuse prevention and treatment block grant received a small increase in the omnibus. That was good, but the reality is that over the last 10 years, funding for this program has not kept up with health care inflation. So we have a 26-percent decrease in the real value of funding despite the small increase we got in the appropriations process. In order to restore the block grant to its purchasing power from 10 years ago—10 years ago, before we had the explosion of the opioid and heroin crisis—just to get back to that level, Congress would need to allocate an additional \$483 million for fiscal year 2017. My amendment provides \$300 million for this program. It is a downpayment—only a downpayment—on where we need to be. The Byrne JAG Program has been flat-funded for the last 3 years.

Fifteen years ago—again, before the explosion of the heroin and opioid crisis—Congress provided more than \$1 billion in support to State and local law enforcement through Byrne JAG and block grant funding. By 2015 that number had been reduced to \$376 million. Right now, despite the explosion in this heroin and opioid crisis, we are providing only about one-third of the support we provided 15 years ago.

The reality is that criminal justice and prevention and treatment have been chronically underfunded and, as a result, deaths have continued to rise.

The PRESIDING OFFICER. The Senator has consumed 27 minutes.

Mrs. SHAHEEN. Thank you, Mr. President. I should be finished shortly.

We have talked to the Department of Justice and to Health and Human Serv-

ices, and they are ready to get this funding out the door immediately because there is no time to wait. Law enforcement and health care providers on the frontlines need this money, and they need this money now.

In the past, Congress has risen to the challenge of epidemics. In 2009, Congress appropriated nearly \$2 billion in emergency funding to fight swine flu, which claimed the lives of about 12,000 Americans. That emergency appropriations bill passed the Senate 86 to 3. Mr. President, 51 Senators who voted for that bill are still serving in this Chamber, including 23 Republican Senators and every Member of the Republican leadership. Last year, Congress approved \$5.4 billion in funding to combat the Ebola outbreak in West Africa, an outbreak that killed only one American. Surely we can come together now, this year, in this session, to fight a raging epidemic here at home. We cannot avert our eyes from 47,000 Americans who are being killed by lethal overdoses each year. We cannot accept that 9 out of 10 Americans with substance abuse disorders go without treatment. We cannot avoid the fact that law enforcement officers in communities across this country are overwhelmed by aggressive drug traffickers and a rising tide of opioid-related crimes.

CARA will help fight the heroin and opioid epidemic in the longer term, but I urge my colleagues to also support this emergency supplemental funding amendment because it will provide urgent emergency funding to ramp up this fight in the months immediately ahead. This is a nationwide crisis, and it is time we mobilize a nationwide response that is equal to the challenge.

I urge my colleagues, I urge the majority leader to allow a vote on my amendment and to pass this out so we can give our local communities and States the resources they need.

I yield the floor.

Mr. President, I suggest the absence of a quorum.

The bill clerk proceeded to call the roll.

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

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

Mr. LANKFORD. Mr. President, I ask unanimous consent that the Senate recess as under the previous order.

RECESS

There being no objection, the Senate, at 12:23 p.m., recessed until 2:15 p.m. and reassembled when called to order by the Presiding Officer (Mr. PORTMAN).

COMPREHENSIVE ADDICTION AND  
RECOVERY ACT OF 2015—MOTION  
TO PROCEED—Continued

The PRESIDING OFFICER. The Senator from North Carolina.

Mr. TILLIS. Mr. President, you know more than just about anybody else here