

The Comprehensive Addiction and Recovery Act strengthens our substance abuse prevention, treatment, recovery, and law enforcement infrastructure. While it focuses on prescription opioid abuse and heroin use, it also has the potential to help other drug problems that we face. Specifically, it authorizes a number of programs to: ensure access to appropriate, evidence-based medical treatment; address local and emerging drug threats and trends; equip first responders with lifesaving tools, such as Naloxone, an opioid overdose-reversal drug; and strengthen prescription drug monitoring programs to reduce overprescribing, doctor shopping, and ultimately overdose deaths. The bill also establishes an interagency task force on pain management and opioid painkiller prescribing. The overprescription and overuse of these drugs are a major factor in this epidemic.

Lastly, to examine ways to improve access to drug treatment, the bill requires a Government Accountability Office study on the 16-bed limit for Medicaid reimbursement to drug treatment programs, also known as the Institutions for Mental Disease exclusion.

The holistic nature of this bill is a clear step in the right direction. It also supports the administration's efforts to confront this epidemic and can help accomplish the goals laid out in the 2015 National Drug Control Strategy.

However, there are two things that I believe would have made this comprehensive bill even more effective: 1, addressing the sheer volume and availability of opioid painkillers; and 2, full funding.

First, on the widespread availability of prescription opioids, I would like to outline a few often-cited facts from the Centers for Disease Control and Prevention. Health care providers wrote 259 million prescriptions for opioid painkillers in 2012. This was enough for every American adult to have their own bottle of pills. Since 1999, the sale of prescription opioid painkillers has increased by 300 percent. At the same time, there has been no change in the amount of pain patients reported. During this same time period, deaths from overdose of prescription opioid painkillers quadrupled.

Additionally, according to the National Institute on Drug Abuse, 20 percent of people ages 12 and older have used prescription drugs nonmedically at least once. The majority of those who abuse prescription opioids get them for free from a friend or relative, often from legitimate prescriptions written in excess.

And, over the past 5 years, the Drug Enforcement Administration has collected more than 5.5 million pounds of unused or unwanted drugs, including opioids.

Moreover, data from Express Scripts shows that while there are fewer individuals filling prescriptions for opioids, the overall number of prescriptions

filled, as well as the number of days per prescription, both increased.

All of this shows there are simply too many pills available for diversion and abuse, and I believe better prescribing practices can play an important role in reducing excess supply.

Our doctors and health care providers must improve the way they prescribe these opioids, to ensure safe and effective pain relief, but also to prevent misuse and overdose. At the same time, we must also maintain appropriate access for legitimate medical needs.

Updated guidelines, such as those the Centers for Disease Control and Prevention will soon release, will help improve prescribing practices. Increased prescriber education can also help.

I am also looking into the possibility of responsibly regulating initial opioid prescriptions to reduce risk for misuse, addiction, and diversion. In my view, a patient who has a simple dental procedure does not need a 30-day supply of Vicodin. This is the type of prescribing that I believe we need to fix. Second, a bill like this can only have a positive impact if its programs are actually funded.

My colleague from New Hampshire, Senator SHAHEEN, has introduced an amendment that would provide emergency funding for the programs authorized in this bill, and I urge its passage.

I do not need to tell you that opioid and heroin abuse are very serious problems, but today we have an opportunity to address the issue head-on and save lives. I encourage my colleagues to join me in voting for this important bill.

Thank you.

Mrs. BOXER. Mr. President, the United States is in the midst of a full-blown drug crisis. More people died from drug overdoses in 2014 than any previous year on record, claiming more lives than car accidents across the country. Since 2000, there has been a 200 percent increase in the rate of overdose deaths involving opioid pain relievers and heroin, with 61 percent of all drug overdose deaths in 2014 involving some type of opioid.

These tragedies are proof of the fierce bonds of addiction, and it seems no State has been spared from the opioid epidemic. In my State of California, deaths involving prescription pain medications have increased by 16.5 percent since 2006. In fact, there were more than 1,800 opioid-related deaths in 2012 alone, and 72 percent of those involved prescription pain medications.

We cannot ignore the opioid crisis anymore. This is not a problem for only the local communities or State officials. This is a nationwide crisis and addressing it requires a multi-pronged response at all levels of government. Last year, California was one of only 16 States selected to receive funding from the Centers for Disease Control and Prevention, CDC to help improve safe prescribing of opioid painkillers, an important step forward in tackling the root cause of this debilitating drug crisis.

The pain and sorrow of drug addiction knows no limits. This is a tragedy that impacts families from all backgrounds, including our servicemembers and veterans. There is substantial evidence that prescription drug use and abuse is a major contributing factor to military and veteran suicides. This has been a concern of mine for several years, and I was proud to work with my colleagues in 2013 to ensure that military and veterans hospitals were included in the Drug Enforcement Administration's prescription drug takeback efforts so that our military personnel, veterans, and their families could voluntarily dispose of unwanted or unused prescription drugs.

However, much more must be done to combat this epidemic. To address this emergency fully and effectively, we need to provide immediate funding to the key grant programs included in the Comprehensive Addiction and Recovery Act, CARA. I applaud Senator SHAHEEN and Senator WHITEHOUSE for introducing an amendment to give the Department of Justice, DOJ, and the Department of Health and Human Services, HHS, the tools they need to fund the essential prevention, treatment, and law enforcement programs to help the families and communities torn apart by drug abuse.

American lives are on the line, and we cannot wait to act. I urge my colleagues to support this legislation.

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

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

The legislative clerk proceeded to call the roll.

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

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

MORNING BUSINESS

Mr. MCCONNELL. Mr. President, I ask unanimous consent that the Senate be in a period of morning business, with Senators permitted to speak therein for up to 10 minutes each.

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

WHOLE WOMAN'S HEALTH V. HELLERSTEDT

Mr. REID. Mr. President, today the Supreme Court heard the oral arguments in *Whole Woman's Health v. Hellerstedt*. At issue in this case is a Texas law that puts restrictions on women's health clinics and providers.

Contrary to what proponents claim, these restrictions do not enhance women's health in any way. They are medically unnecessary, according to groups like the American Medical Association and the American College of Obstetricians and Gynecologists. Instead, these restrictions serve just one purpose: to restrict women's access to clinics.

If the Texas law stands, nearly three-quarters of the State's clinics will be

forced to close. That would leave just 10 clinics statewide to serve 5.4 million Texan women of reproductive age. But unfortunately, this is the type of thing we have come to expect from the State of Texas. The Texas Legislature and Governor have already passed laws that infringe on its citizens' constitutional rights.

For example, the State has passed laws that limit victims' ability to recover much-deserved damages after accidents. And they have passed one of the strictest voter ID laws in the Nation. We are seeing the results of the State's pattern of undermining their citizens' constitutional rights. Just yesterday it was reported that more than half a million registered voters in Texas can't even vote.

This is the pattern of disenfranchisement Texas is engaged in. The State's women are, sadly, the latest example of Texas infringing on important constitutional rights. Though it is not entirely surprising that the radical Republicans in Texas have targeted women's health, it is nonetheless disappointing. I hope the Supreme Court will choose to protect women's health and strike down this disastrous Texas law.

ADDITIONAL STATEMENTS

RECOGNIZING THE GEORGIA PUBLIC POLICY FOUNDATION

• Mr. ISAKSON. Mr. President, today I am honored to recognize a great leader in Georgia politics, a leader that studies hard, presents ideas, and analyzes State public policy issues to educate citizens and enhance economic opportunity. This leader is not a person but an organization that is celebrating its 25th anniversary in 2016: the Georgia Public Policy Foundation.

Established in 1991, the foundation is an independent, State-focused think tank that proposes market-oriented approaches to public policy to improve the lives of Georgians. Whether they are aware of it or not, Georgians have benefitted from the positive line of influential leaders of this organization, including my good friend Rogers Wade. It was founded by a great Georgian, Hank McCamish, and today is led by a Georgian who will leave another great legacy of his own, Kelly McCutcheon.

Through dozens of events each year, facilitating discussions between State members and political, education, media, and business leaders, the Georgia Public Policy Foundation has lived up to its motto: "Changing Georgia Policy, Changing Georgians' Lives since 1991."

The Georgia Public Policy Foundation performs scholarly research and analysis of State public policy issues and works to educate citizens, policymakers, and the media. It maintains a State-focused, independent, non-partisan, and market-oriented approach to improve the lives of Geor-

gians, and it affords opportunities for advocacy membership and volunteering.

The Georgia Public Policy Foundation helps shape meaningful policy on education, the environment, criminal justice, government reform, health care, legal reform, regulation, spending, taxes, transportation, and welfare reform. And it walks the walk on education, too—its members donate to the Student Outreach Scholarship Program, providing assistance for lower-income students to attend college and learn about public policy issues.

The Georgia Public Policy Foundation has forged over the years many positive changes in Georgia in its non-partisan but very specific way. It raises issues of importance above political rhetoric to a point where politicians focus on the true merits and ultimately make quality decisions.

For all the Georgia Public Policy Foundation has done on behalf of my home State over the last 25 years, I honor the foundation today. •

MESSAGES FROM THE PRESIDENT

Messages from the President of the United States were communicated to the Senate by Mr. Pate, one of his secretaries.

PRESIDENTIAL MESSAGES

CONTINUATION OF THE NATIONAL EMERGENCY ORIGINALLY DECLARED IN EXECUTIVE ORDER 13660 ON MARCH 6, 2014, WITH RESPECT TO UKRAINE—PM 43

The PRESIDING OFFICER laid before the Senate the following message from the President of the United States, together with an accompanying report; which was referred to the Committee on Banking, Housing, and Urban Affairs:

To the Congress of the United States:

Section 202(d) of the National Emergencies Act (50 U.S.C. 1622(d)) provides for the automatic termination of a national emergency unless, within 90 days prior to the anniversary date of its declaration, the President publishes in the *Federal Register* and transmits to the Congress a notice stating that the emergency is to continue in effect beyond the anniversary date. In accordance with this provision, I have sent to the *Federal Register* for publication the enclosed notice stating that the national emergency declared in Executive Order 13660 of March 6, 2014, is to continue in effect beyond March 6, 2016.

The actions and policies of persons that undermine democratic processes and institutions in Ukraine; threaten its peace, security, stability, sovereignty, and territorial integrity; and contribute to the misappropriation of its assets, as well as the actions and policies of the Government of the Russian Federation, including its pur-

ported annexation of Crimea and its use of force in Ukraine, continue to pose an unusual and extraordinary threat to the national security and foreign policy of the United States. Therefore, I have determined that it is necessary to continue the national emergency declared in Executive Order 13660 with respect to Ukraine.

BARACK OBAMA,
THE WHITE HOUSE, March 2, 2016.

CONTINUATION OF THE NATIONAL EMERGENCY ORIGINALLY DECLARED IN EXECUTIVE ORDER 13288 ON MARCH 6, 2003, WITH RESPECT TO THE ACTIONS AND POLICIES OF CERTAIN MEMBERS OF THE GOVERNMENT OF ZIMBABWE AND OTHER PERSONS TO UNDERMINE ZIMBABWE'S DEMOCRATIC PROCESSES OR INSTITUTIONS—PM 44

The PRESIDING OFFICER laid before the Senate the following message from the President of the United States, together with an accompanying report; which was referred to the Committee on Banking, Housing, and Urban Affairs:

To the Congress of the United States:

Section 202(d) of the National Emergencies Act (50 U.S.C. 1622(d)) provides for the automatic termination of a national emergency unless, within 90 days prior to the anniversary date of its declaration, the President publishes in the *Federal Register* and transmits to the Congress a notice stating that the emergency is to continue in effect beyond the anniversary date. In accordance with this provision, I have sent to the *Federal Register* for publication the enclosed notice stating that the national emergency originally declared in Executive Order 13288 of March 6, 2003, and renewed every year since then, is to continue in effect beyond March 6, 2016.

The threat constituted by the actions and policies of certain members of the Government of Zimbabwe and other persons to undermine Zimbabwe's democratic processes or institutions, contributing to the deliberate breakdown in the rule of law, to politically motivated violence and intimidation, and to political and economic instability in the southern African region, has not been resolved. These actions and policies continue to pose an unusual and extraordinary threat to the foreign policy of the United States. For these reasons, I have determined that it is necessary to continue this national emergency and to maintain in force the sanctions to respond to this threat.

BARACK OBAMA,
THE WHITE HOUSE, March 2, 2016.

MESSAGE FROM THE HOUSE

At 10:32 a.m., a message from the House of Representatives, delivered by Mrs. Cole, one of its reading clerks, announced that the House has passed the following bill, without amendment: