

“(1) is designated as a shared position for purposes of this section by the Senator or other head of the office in which the position is located; and

“(2) is one of the following:

“(A) A position—

“(i) that is in the office of a Senator; and

“(ii) the pay of which is disbursed by the Secretary of the Senate.

“(B) A position—

“(i) that is in any committee of the Senate (including a select or special committee) or a joint committee of Congress; and

“(ii) the pay of which is disbursed by the Secretary of the Senate out of an appropriation under the heading ‘INQUIRIES AND INVESTIGATIONS’ or ‘JOINT ECONOMIC COMMITTEE’, or a heading relating to a Joint Congressional Committee on Inaugural Ceremonies.

“(C) A position—

“(i) that is in another office (excluding the Office of the Vice President and the Office of the Chaplain of the Senate); and

“(ii) the pay of which is disbursed by the Secretary of the Senate out of an appropriation under the heading ‘SALARIES, OFFICERS AND EMPLOYEES’.

“(D) A position—

“(i) that is filled pursuant to section 105 of the Second Supplemental Appropriations Act, 1978 (2 U.S.C. 6311); and

“(ii) the pay of which is disbursed by the Secretary of the Senate out of an appropriation under the heading ‘MISCELLANEOUS ITEMS’.”

(b) **EFFECTIVE DATE.**—The amendments made by subsection (a) shall take effect beginning on the day that is 6 months after the date of enactment of this Act.

RARE DISEASE DAY

Ms. SMITH. Mr. President, I ask unanimous consent that the Senate proceed to the consideration of S. Res. 74, submitted earlier today.

The PRESIDING OFFICER. The clerk will report the resolution by title.

The senior assistant legislative clerk read as follows:

A resolution (S. Res. 74) designating February 28, 2021, as “Rare Disease Day”.

There being no objection, the Senate proceeded to consider the resolution.

Ms. SMITH. I ask unanimous consent that the resolution be agreed to, the preamble be agreed to, and that the motions to reconsider be considered made and laid upon the table with no intervening action or debate.

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

The resolution (S. Res. 74) was agreed to.

The preamble was agreed to.

(The resolution, with its preamble, is printed in today’s RECORD under “Submitted Resolutions.”)

CELEBRATING BLACK HISTORY MONTH

Ms. SMITH. Mr. President, I ask unanimous consent that the Senate proceed to the consideration of S. Res. 75, submitted earlier today.

The PRESIDING OFFICER. The clerk will report the resolution by title.

The senior assistant legislative clerk read as follows:

A resolution (S. Res. 75) celebrating Black History Month.

There being no objection, the Senate proceeded to consider the resolution.

Ms. SMITH. I ask unanimous consent that the resolution be agreed to, the preamble be agreed to, and that the motions to reconsider be considered made and laid upon the table with no intervening action or debate.

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

The resolution (S. Res. 75) was agreed to.

The preamble was agreed to.

(The resolution, with its preamble, is printed in today’s RECORD under “Submitted Resolutions.”)

ORDERS FOR THURSDAY, FEBRUARY 25, 2021

Ms. SMITH. Mr. President, I ask unanimous consent that when the Senate completes its business today, it adjourn until 11 a.m., Thursday, February 25th; further, that following the prayer and pledge, the morning hour be deemed expired, the Journal of proceedings be approved to date, the time for the two leaders be reserved for their use later in the day, and the Senate be in a period of morning business, with Senators permitted to speak therein for up to 10 minutes each; that at 12 noon, the Senate proceed to executive session to resume consideration of the Granholm nomination; that there be up to 10 minutes for debate, equally divided in the usual form; and that upon the use or yielding back of time, all postcloture time be considered expired and the Senate vote on confirmation of the nomination; that if the nomination is confirmed, the motion to reconsider be considered made and laid upon the table with no intervening action or debate and the President be immediately notified of the Senate’s action; finally, notwithstanding rule XXII, the cloture vote on the Cardona nomination occur at 1:30 p.m.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

ORDER FOR ADJOURNMENT

Ms. SMITH. Mr. President, if there is no further business to come before the Senate, I ask unanimous consent that it stand adjourned under the previous order, following the remarks of Senators LANKFORD and PORTMAN.

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

The PRESIDING OFFICER. The Senator from Oklahoma.

CORONAVIRUS

Mr. LANKFORD. Mr. President, it is the end of February. Almost exactly a year ago, America was getting its first cases of COVID-19, and they were being reported in the media. We were learning about it but didn’t know much at

that point. We knew it spread across China. We knew what was happening there. But in the weeks ahead and by the middle of March, just a few weeks from now, our country started going into lockdown.

We experienced something we had never experienced as a country: a mandatory shutdown across the entire country, followed by instructions to senior adults and people with comorbidities to stay in their homes and not get out. For millions of those senior adults, they asked the same question almost a year ago: When can I get out of my home? When can I see people? And the answer consistently was: Once there is a vaccine. When we get a vaccine in place, this will be better. We don’t know how long that will take, but once we get a vaccine, we will be able to turn this around.

Seniors heard that over and over and over again for the last 11½ months. And, now, thankfully, millions of seniors have been vaccinated. We have 42 million Americans that have gone through the full regimen. In my State, almost 20 percent of the adults in my State have already had their vaccine. We are one of the top States in the country, by percentage, getting vaccines out to individuals. Almost every person in every assisted-living nursing home, critical care facility, staff, and residents have been vaccinated. Almost every single senior adult in my State has been fully vaccinated, and we are into the second round now of teachers and those with comorbidities and other folks that has already begun.

But interestingly enough, seniors are still asking the same question. I had my shot. I had my second shot. It has now been the 10 days past my second shot, but nothing is changed.

A couple of weeks ago, I asked CDC a very simple question. It is the question that I am getting asked that I continue to ask CDC. When will instructions come out on what seniors need to do now? Can they get out? Can they hug their grandkids? Can they go to Walmart? Can guests come to assisted-living facilities?

They were all together during Christmas and Halloween and now Valentine’s Day, and they are used to having kids come in and sing songs and people come to visit them. None of that happened last year, and now, they are asking a simple question: When will CDC give guidelines for what happens now? CDC currently has said over and over again: Wait. We are thinking about it. We are researching it.

CDC needs to act on this. Seniors have been cooped up for a year. They were told months ago, “Once you get a vaccine, this will get better,” and they are now finding they had their vaccine and nothing is getting better. They need hope. They need to know the next step.

So my simple challenge to CDC has been: Do for the seniors what you did for the schools. CDC put out extensive

guidelines: here is how schools can reopen, it is safe to reopen for schools, here is what needs to be done. Help our seniors out by getting clear guidelines out into the public. Give instructions to assisted-living facilities; give instructions to these grandparents. What do they need to do now that they have been vaccinated? How much travel can they have? What are the risks? And let them make the decisions on it.

Folks are counting on them to be able to lay some of the science out there, and it is time to get the information out to those folks so they can make the right decision. CDC, we need you to step up.

With that, I yield the floor.

The PRESIDING OFFICER. The Senator from Ohio.

OPIOID EPIDEMIC

Mr. PORTMAN. Mr. President, I am here on the floor today to talk about the need for all of us to redouble our efforts to combat drug addiction. One of the top priorities I have had in my time in public service has been to combat this crisis, which has devastated so many families, destroyed so many communities, and impacted us in so many negative ways.

Unfortunately, under the cover of the coronavirus pandemic, there is an epidemic that is growing, and that is the drug addiction epidemic. It is heartbreaking because we actually had several years of progress. We were making progress, finally, in turning the tide, and now, it is coming back with a vengeance to the point that overdoses and overdose deaths, hospitalizations, and all the other negative consequences of drug addiction is being raised up again in the context of the coronavirus.

Here, in the Congress, we have taken a leadership role on addressing this issue. Over the last several years, Congress has appropriated billions of dollars—and not that money solves everything, but the money has been pretty well spent on programs that are actually tested, evidence-based programs on prevention, on treatment, and longer term recovery.

Once called the Comprehensive Addiction and Recovery Act, which I authored with my colleague, SHELDON WHITEHOUSE, on the other side of the aisle, there is other legislation, too, called the 21st Century Cures Act. All of this has provided help that goes down to the local level, the community level, to be able to create a network, to be able to push back against the addiction crisis.

In 2017, Ohio's overdose opioid death rate was almost three times the national average. Ohio was one of the worst States in the country in terms of our opioid addiction. In terms of opioid deaths, we were top three in the country. It is not something you want to be at the top of. Nearly a dozen Ohioans were dying from these dangerous drugs every single day. This is in 2017. It sur-

passed car crashes as our country's No. 1 killer among young people and, for Ohio, the No. 1 overall.

But that next year, in 2018, much of what we were doing here in Congress, the work again on the CARA Act, the Cures Act, and other things that were being done at the State level and local level that were being supported by our Federal legislation, they were starting to work. So, in 2018, Ohio led the country again, but this time it wasn't in overdose deaths. It was in the reduction of overdose deaths. We actually had a 22-percent reduction from 2017 to 2018.

By the way, the same thing happened nationally. We had a reduction in overdose deaths nationally in 2018 for the first time since 1990. Think about that. From 1990 until 2018, every single year, we had more people dying from overdoses in this country, driven in large part by opioids, and, more recently, by the most deadly of opioids, synthetic opioids like fentanyl and Carfentanyl.

Unfortunately, again, under the cover of this coronavirus pandemic, drug addiction has flourished, and that positive progress has been reversed. It is heartbreaking. While we need to remain committed to solving the healthcare challenges of COVID-19, there is increasing evidence that the stresses of this unprecedented time are driving a spike in drug abuse and subsequent overdoses, this making 2020 the worst year in the history of our country in terms of overdose deaths and other measurements of drug addiction.

Why? Well, I have asked a lot of people that. Common sense would tell you people are lonelier. Many people are distraught. Maybe they have lost their job. Maybe they have had someone in their family die of COVID-19. People are feeling anxious. People are unable to access recovery programs in person, so they can't go sit down with their recovery coach, which they might have been able to do but for COVID-19 and the isolation that is required. Many of those in recovery from addiction are stalled in their progress, or they are suffering from relapses.

There is a story that ran last week about a record number of overdose deaths in my home State of Ohio. It was on FOX 8 in Cleveland. One of the people they interviewed was a Cleveland woman who had lost her son to an overdose. It was pretty powerful. She talked about how important it is for people fighting addiction to have that network of support. It was hard to find during COVID-19. She said: "An addict needs to talk to someone, they need constant reassuring from their support group."

She is right. There are a lot of troubling statistics out there that should be a cause for concern and a call to action for all of us. The Centers for Disease Control reported that more than 81,000 people died of drug overdoses in the 12 months ending in May 20 of 2020, the highest 12-month total in our Na-

tion's history. So, again, it looks like 2020 is going to be the worst year ever.

The American Medical Association reports that more than 40 States have reported an increase in opioid-related deaths during the COVID-19 pandemic. A recent study in the JAMA Psychiatry journal found that a 45-percent increase was the overdose death increase in emergency rooms from April to October of 2020 compared to that same time in 2019.

It would be worse, in my view, without the Federal response to the coronavirus pandemic, including some measures to ensure those suffering from addiction can continue to get the care they need through telehealth. We have cut redtape. We have provided some regulatory relief to expand telehealth and telehealth options specifically for opioid treatment, like eliminating requirements for in-person visits before prescribing lifesaving drugs like buprenorphine.

Without these expanded services, I believe the overdose spike would be even worse. Although there is no substitute for face-to-face interaction to help along an individual's journey to recovery, telehealth has kept patients in touch with their doctors at least and allowed physicians to prescribe medication-assisted treatment remotely.

In talking to those who are recovery coaches or those doctors back home who specialize in addiction, they tell me they believe that the telehealth option has been extremely important, so even though it has gotten worse, it would have gotten even worse if people had not had at least the ability to access their recovery program through a remote means.

Interestingly, these telehealth options for addiction treatments were put in place temporarily, but they have proven to be such a viable option for addiction treatment that now people are talking about making them permanent. I agree with that. I don't think it makes sense to get away from them as this pandemic goes away, which is why yesterday, along with my colleague, SHELDON WHITEHOUSE, I entered this legislation called the Telehealth Response for E-Prescribing Addiction Services Treatment Act. The reason that is such a long name is we wanted to make the acronym TREATS, which it is. The TREATS Act makes permanent a number of temporary waivers for telehealth services and bolsters telehealth options for addiction treatment services.

Let's turn to a couple of things specifically. First, it allows for a patient to be prescribed lower-scheduled drugs like Suboxone through a telehealth visit on their first visit, as opposed to having to go in person for that first visit.

Current law requires an in-person visit when you need an initial prescription for controlled substances, but this has been a real deterrent for patients in crisis and in urgent need of treatments from Schedule III or Schedule