

In 1932, she married John Franklin Byers and became the proud matriarch of a lineage that now spans six generations.

Her family's dedication to service is evident with three sons in the military. John was in the Navy. Thomas was in the Army. Paul was in the Air Force. Her son Dan served on the Louisa Board of Supervisors.

Mrs. Byers has lived a life grounded in morality. In addition to her faith, which she has in common with me, we have never tasted alcohol, and we have never smoked. Instead, she invests her time reading the Bible and helping those in need, which I have no doubt has added significantly to her longevity and to the vitality of her spirit.

At the remarkable age of 110, Frances Mae still leads a home Bible study, sharing her wisdom and faith with others.

On behalf of the people of Virginia's Fifth Congressional District, I wish Mrs. Byers a happy 110th birthday.

### RECESS

The SPEAKER pro tempore. Pursuant to clause 12(a) of rule I, the Chair declares the House in recess for a period of less than 15 minutes.

Accordingly (at 12 o'clock and 19 minutes p.m.), the House stood in recess.

□ 1228

### AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Mr. CRAWFORD) at 12 o'clock and 28 minutes p.m.

### HALT ALL LETHAL TRAFFICKING OF FENTANYL ACT

Mr. GUTHRIE. Mr. Speaker, pursuant to House Resolution 93, I call up the bill (H.R. 27) to amend the Controlled Substances Act with respect to the scheduling of fentanyl-related substances, and for other purposes.

The Clerk read the title of the bill.

The SPEAKER pro tempore. Pursuant to House Resolution 93, the amendment printed in part A of House Report 119-2 shall be considered as adopted. The bill, as amended, is considered read.

The text of the bill, as amended, is as follows:

#### H.R. 27

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,*

#### SECTION 1. SHORT TITLE.

This Act may be cited as the "Halt All Lethal Trafficking of Fentanyl Act" or the "HALT Fentanyl Act".

#### SEC. 2. CLASS SCHEDULING OF FENTANYL-RELATED SUBSTANCES.

Section 202(c) of the Controlled Substances Act (21 U.S.C. 812(c)) is amended by adding at the end of schedule I the following:

"(e)(1) Unless specifically exempted or unless listed in another schedule, any material,

compound, mixture, or preparation which contains any quantity of a fentanyl-related substance, or which contains the salts, isomers, and salts of isomers of a fentanyl-related substance whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation.

"(2) For purposes of paragraph (1), except as provided in paragraph (3), the term 'fentanyl-related substance' means any substance that is structurally related to fentanyl by 1 or more of the following modifications:

"(A) By replacement of the phenyl portion of the phenethyl group by any monocycle, whether or not further substituted in or on the monocycle.

"(B) By substitution in or on the phenethyl group with alkyl, alkenyl, alkoxyl, hydroxyl, halo, haloalkyl, amino, or nitro groups.

"(C) By substitution in or on the piperidine ring with alkyl, alkenyl, alkoxyl, ester, ether, hydroxyl, halo, haloalkyl, amino, or nitro groups.

"(D) By replacement of the aniline ring with any aromatic monocycle whether or not further substituted in or on the aromatic monocycle.

"(E) By replacement of the N-propionyl group with another acyl group.

"(3) A substance that satisfies the definition of the term 'fentanyl-related substance' in paragraph (2) shall nonetheless not be treated as a fentanyl-related substance subject to this schedule if the substance—

"(A) is controlled by action of the Attorney General under section 201; or

"(B) is otherwise expressly listed in a schedule other than this schedule.

"(4)(A) The Attorney General may by order publish in the Federal Register a list of substances that satisfy the definition of the term 'fentanyl-related substance' in paragraph (2).

"(B) The absence of a substance from a list published under subparagraph (A) does not negate the control status of the substance under this schedule if the substance satisfies the definition of the term 'fentanyl-related substance' in paragraph (2)."

#### SEC. 3. REGISTRATION REQUIREMENTS RELATED TO RESEARCH.

(a) ALTERNATIVE REGISTRATION PROCESS FOR SCHEDULE I RESEARCH.—Section 303 of the Controlled Substances Act (21 U.S.C. 823) is amended—

(1) by redesignating the second subsection (l) (relating to required training for prescribers) as subsection (m); and

(2) by adding at the end the following:

"(n) SPECIAL PROVISIONS FOR PRACTITIONERS CONDUCTING CERTAIN RESEARCH WITH SCHEDULE I CONTROLLED SUBSTANCES.—

"(1) IN GENERAL.—Notwithstanding subsection (g), a practitioner may conduct research described in paragraph (2) of this subsection with 1 or more schedule I substances in accordance with subparagraph (A) or (B) of paragraph (3) of this subsection.

"(2) RESEARCH SUBJECT TO EXPEDITED PROCEDURES.—Research described in this paragraph is research that—

"(A) is with respect to a drug that is the subject of an investigational use exemption under section 505(i) of the Federal Food, Drug, and Cosmetic Act; or

"(B) is—

"(i) conducted by the Department of Health and Human Services, the Department of Defense, or the Department of Veterans Affairs; or

"(ii) funded partly or entirely by a grant, contract, cooperative agreement, or other transaction from the Department of Health and Human Services, the Department of Defense, or the Department of Veterans Affairs.

"(3) EXPEDITED PROCEDURES.—

"(A) RESEARCHER WITH A CURRENT SCHEDULE I OR II RESEARCH REGISTRATION.—

"(i) IN GENERAL.—If a practitioner is registered to conduct research with a controlled substance in schedule I or II, the practitioner may conduct research under this subsection on and after the date that is 30 days after the date on which the practitioner sends a notice to the Attorney General containing the following information, with respect to each substance with which the practitioner will conduct the research:

"(I) The chemical name of the substance.

"(II) The quantity of the substance to be used in the research.

"(III) Demonstration that the research is in the category described in paragraph (2), which demonstration may be satisfied—

"(aa) in the case of a grant, contract, cooperative agreement, or other transaction, or intramural research project, by identifying the sponsoring agency and supplying the number of the grant, contract, cooperative agreement, other transaction, or project; or

"(bb) in the case of an application under section 505(i) of the Federal Food, Drug, and Cosmetic Act, by supplying the application number and the sponsor of record on the application.

"(IV) Demonstration that the researcher is authorized to conduct research with respect to the substance under the laws of the State in which the research will take place.

"(ii) VERIFICATION OF INFORMATION BY HHS OR VA.—Upon request from the Attorney General, the Secretary of Health and Human Services, the Department of Defense, or the Secretary of Veterans Affairs, as appropriate, shall verify information submitted by an applicant under clause (i)(III).

"(B) RESEARCHER WITHOUT A CURRENT SCHEDULE I OR II RESEARCH REGISTRATION.—

"(i) IN GENERAL.—If a practitioner is not registered to conduct research with a controlled substance in schedule I or II, the practitioner may send a notice to the Attorney General containing the information listed in subparagraph (A)(i), with respect to each substance with which the practitioner will conduct the research.

"(ii) ATTORNEY GENERAL ACTION.—The Attorney General shall—

"(I) treat notice received under clause (i) as a sufficient application for a research registration; and

"(II) not later than 45 days of receiving such a notice that contains all information required under subparagraph (A)(i)—

"(aa) register the applicant; or

"(bb) serve an order to show cause upon the applicant in accordance with section 304(c).

"(4) ELECTRONIC SUBMISSIONS.—The Attorney General shall provide a means to permit a practitioner to submit a notification under paragraph (3) electronically.

"(5) LIMITATION ON AMOUNTS.—A practitioner conducting research with a schedule I substance under this subsection may only possess the amounts of schedule I substance identified in—

"(A) the notification to the Attorney General under paragraph (3); or

"(B) a supplemental notification that the practitioner may send if the practitioner needs additional amounts for the research, which supplemental notification shall include—

"(i) the name of the practitioner;

"(ii) the additional quantity needed of the substance; and

"(iii) an attestation that the research to be conducted with the substance is consistent with the scope of the research that was the subject of the notification under paragraph (3).

"(6) IMPORTATION AND EXPORTATION REQUIREMENTS NOT AFFECTED.—Nothing in this

subsection alters the requirements of part A of title III, regarding the importation and exportation of controlled substances.

“(7) INSPECTOR GENERAL REPORT.—Not later than 1 year after the date of enactment of this Act, the Inspector General of the Department of Justice shall complete a study, and submit a report thereon, about research described in paragraph (2) of this subsection with fentanyl.”.

(b) SEPARATE REGISTRATIONS NOT REQUIRED FOR ADDITIONAL RESEARCHER IN SAME INSTITUTION.—

(1) IN GENERAL.—Section 302(c) of the Controlled Substances Act (21 U.S.C. 822(c)) is amended by adding at the end the following:

“(4) An agent or employee of a research institution that is conducting research with a controlled substance if—

“(A) the agent or employee is acting within the scope of the professional practice of the agent or employee;

“(B) another agent or employee of the institution is registered to conduct research with a controlled substance in the same schedule;

“(C) the researcher who is so registered—

“(i) informs the Attorney General of the name, position title, and employing institution of the agent or employee who is not separately registered;

“(ii) authorizes that agent or employee to perform research under the registration of the registered researcher; and

“(iii) affirms that any act taken by that agent or employee involving a controlled substance shall be attributable to the registered researcher, as if the researcher had directly committed the act, for purposes of any proceeding under section 304(a) to suspend or revoke the registration of the registered researcher; and

“(D) the Attorney General does not, within 30 days of receiving the information, authorization, and affirmation described in subparagraph (C), refuse, for a reason listed in section 304(a), to allow the agent or employee to possess the substance without a separate registration.”.

(2) TECHNICAL CORRECTION.—Section 302(c)(3) of the Controlled Substances Act (21 U.S.C. 822(c)(3)) is amended by striking “(25)” and inserting “(27)”.

(c) SINGLE REGISTRATION FOR RELATED RESEARCH SITES.—Section 302(e) of the Controlled Substances Act (21 U.S.C. 822(e)) is amended by adding at the end the following:

“(4)(A) Notwithstanding paragraph (1), a person registered to conduct research with a controlled substance under section 303(g) may conduct the research under a single registration if—

“(i) the research occurs exclusively on sites all of which are—

“(I) within the same city or county; and

“(II) under the control of the same institution, organization, or agency; and

“(ii) before commencing the research, the researcher notifies the Attorney General of each site where—

“(I) the research will be conducted; or

“(II) the controlled substance will be stored or administered.

“(B) A site described in subparagraph (A) shall be included in a registration described in that subparagraph only if the researcher has notified the Attorney General of the site—

“(i) in the application for the registration; or

“(ii) before the research is conducted, or before the controlled substance is stored or administered, at the site.

“(C) The Attorney General may, in consultation with the Secretary, issue regulations addressing, with respect to research sites described in subparagraph (A)—

“(i) the manner in which controlled substances may be delivered to the research sites;

“(ii) the storage and security of controlled substances at the research sites;

“(iii) the maintenance of records for the research sites; and

“(iv) any other matters necessary to ensure effective controls against diversion at the research sites.”.

(d) NEW INSPECTION NOT REQUIRED IN CERTAIN SITUATIONS.—Section 302(f) of the Controlled Substances Act (21 U.S.C. 822(f)) is amended—

(1) by striking “(f) The” and inserting “(f)(1) The”; and

(2) by adding at the end the following:

“(2)(A) If a person is registered to conduct research with a controlled substance and applies for a registration, or for a modification of a registration, to conduct research with a second controlled substance that is in the same schedule as the first controlled substance, or is in a schedule with a higher numerical designation than the schedule of the first controlled substance, a new inspection by the Attorney General of the registered location is not required.

“(B) Nothing in subparagraph (A) shall prohibit the Attorney General from conducting an inspection that the Attorney General determines necessary to ensure that a registrant maintains effective controls against diversion.”.

(e) CONTINUATION OF RESEARCH ON SUBSTANCES NEWLY ADDED TO SCHEDULE I.—Section 302 of the Controlled Substances Act (21 U.S.C. 822) is amended by adding at the end the following:

“(h) CONTINUATION OF RESEARCH ON SUBSTANCES NEWLY ADDED TO SCHEDULE I.—If a person is conducting research on a substance when the substance is added to schedule I, and the person is already registered to conduct research with a controlled substance in schedule I—

“(1) not later than 90 days after the scheduling of the newly scheduled substance, the person shall submit a completed application for registration or modification of existing registration, to conduct research on the substance, in accordance with regulations issued by the Attorney General for purposes of this paragraph;

“(2) the person may, notwithstanding subsections (a) and (b), continue to conduct the research on the substance until—

“(A) the person withdraws the application described in paragraph (1) of this subsection; or

“(B) the Attorney General serves on the person an order to show cause proposing the denial of the application under section 304(c);

“(3) if the Attorney General serves an order to show cause as described in paragraph (2)(B) and the person requests a hearing, the hearing shall be held on an expedited basis and not later than 45 days after the request is made, except that the hearing may be held at a later time if so requested by the person; and

“(4) if the person sends a copy of the application described in paragraph (1) to a manufacturer or distributor of the substance, receipt of the copy by the manufacturer or distributor shall constitute sufficient evidence that the person is authorized to receive the substance.”.

(f) TREATMENT OF CERTAIN MANUFACTURING ACTIVITIES AS COINCIDENT TO RESEARCH.—Section 302 of the Controlled Substances Act (21 U.S.C. 822), as amended by subsection (e), is amended by adding at the end the following:

“(i) TREATMENT OF CERTAIN MANUFACTURING ACTIVITIES AS COINCIDENT TO RESEARCH.—

“(1) IN GENERAL.—Except as provided in paragraph (3), a person who is registered to

perform research on a controlled substance may perform manufacturing activities with small quantities of that substance, including activities described in paragraph (2), without being required to obtain a manufacturing registration, if—

“(A) the activities are performed for the purpose of the research; and

“(B) the activities and the quantities of the substance involved in the activities are stated in—

“(i) a notification submitted to the Attorney General under section 303(n);

“(ii) a research protocol filed with an application for registration approval under section 303(g); or

“(iii) a notification to the Attorney General that includes—

“(I) the name of the registrant; and

“(II) an attestation that the research to be conducted with the small quantities of manufactured substance is consistent with the scope of the research that is the basis for the registration.

“(2) ACTIVITIES INCLUDED.—Activities permitted under paragraph (1) include—

“(A) processing the substance to create extracts, tinctures, oils, solutions, derivatives, or other forms of the substance consistent with—

“(i) the information provided as part of a notification submitted to the Attorney General under section 303(n); or

“(ii) a research protocol filed with an application for registration approval under section 303(g); and

“(B) dosage form development studies performed for the purpose of requesting an investigational new drug exemption under section 505(i) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355(i)).

“(3) EXCEPTION REGARDING MARIHUANA.—The authority under paragraph (1) to manufacture substances does not include the authority to grow marihuana.”.

(g) TRANSPARENCY REGARDING SPECIAL PROCEDURES.—Section 303 of the Controlled Substances Act (21 U.S.C. 823), as amended by subsection (a), is amended by adding at the end the following:

“(o) TRANSPARENCY REGARDING SPECIAL PROCEDURES.—

“(1) IN GENERAL.—If the Attorney General determines, with respect to a controlled substance, that an application by a practitioner to conduct research with the substance should be considered under a process, or subject to criteria, different from the process or criteria applicable to applications to conduct research with other controlled substances in the same schedule, the Attorney General shall make public, including by posting on the website of the Drug Enforcement Administration—

“(A) the identities of all substances for which such determinations have been made;

“(B) the process and criteria that shall be applied to applications to conduct research with those substances; and

“(C) how the process and criteria described in subparagraph (B) differ from the process and criteria applicable to applications to conduct research with other controlled substances in the same schedule.

“(2) TIMING OF POSTING.—The Attorney General shall make information described in paragraph (1) public upon making a determination described in that paragraph, regardless of whether a practitioner has submitted such an application at that time.”.

#### SEC. 4. TECHNICAL CORRECTION ON CONTROLLED SUBSTANCES DISPENSING.

Effective as if included in the enactment of Public Law 117-328—

(1) section 1252(a) of division FF of Public Law 117-328 (136 Stat. 5681) is amended, in the matter being inserted into section 302(e) of

the Controlled Substances Act, by striking “303(g)” and inserting “303(h)”;

(2) section 1262 of division FF of Public Law 117–328 (136 Stat. 5681) is amended—

(A) in subsection (a)—

(i) in the matter preceding paragraph (1), by striking “303(g)” and inserting “303(h)”;

(ii) in the matter being stricken by subsection (a)(2), by striking “(g)(1)” and inserting “(h)(1)”;

(iii) in the matter being inserted by subsection (a)(2), by striking “(g) Practitioners” and inserting “(h) Practitioners”; and

(B) in subsection (b)—

(i) in the matter being stricken by paragraph (1), by striking “303(g)(1)” and inserting “303(h)(1)”;

(ii) in the matter being inserted by paragraph (1), by striking “303(g)” and inserting “303(h)”;

(iii) in the matter being stricken by paragraph (2)(A), by striking “303(g)(2)” and inserting “303(h)(2)”;

(iv) in the matter being stricken by paragraph (3), by striking “303(g)(2)(B)” and inserting “303(h)(2)(B)”;

(v) in the matter being stricken by paragraph (5), by striking “303(g)” and inserting “303(h)”;

(vi) in the matter being stricken by paragraph (6), by striking “303(g)” and inserting “303(h)”;

(3) section 1263(b) of division FF of Public Law 117–328 (136 Stat. 5685) is amended—

(A) by striking “303(g)(2)” and inserting “303(h)(2)”;

(B) by striking “(21 U.S.C. 823(g)(2))” and inserting “(21 U.S.C. 823(h)(2))”.

#### SEC. 5. RULEMAKING.

(a) INTERIM FINAL RULES.—The Attorney General—

(1) shall, not later than 6 months after the date of enactment of this Act, issue rules to implement this Act and the amendments made by this Act; and

(2) may issue the rules under paragraph (1) as interim final rules.

(b) PROCEDURE FOR FINAL RULE.—

(1) EFFECTIVENESS OF INTERIM FINAL RULES.—A rule issued by the Attorney General as an interim final rule under subsection (a) shall become immediately effective as an interim final rule without requiring the Attorney General to demonstrate good cause therefor, notwithstanding subparagraph (B) of section 553(b) of title 5, United States Code.

(2) OPPORTUNITY FOR COMMENT AND HEARING.—An interim final rule issued under subsection (a) shall give interested persons the opportunity to comment and to request a hearing.

(3) FINAL RULE.—After the conclusion of such proceedings, the Attorney General shall issue a final rule to implement this Act and the amendments made by this Act in accordance with section 553 of title 5, United States Code.

#### SEC. 6. PENALTIES.

(a) IN GENERAL.—Section 401(b)(1) of the Controlled Substances Act (21 U.S.C. 841(b)(1)) is amended—

(1) in subparagraph (A)(vi), by inserting “or a fentanyl-related substance” after “any analogue of N-phenyl-N-[1-(2-phenylethyl)-4-piperidinyl] propanamide”; and

(2) in subparagraph (B)(vi), by inserting “or a fentanyl-related substance” after “any analogue of N-phenyl-N-[1-(2-phenylethyl)-4-piperidinyl] propanamide”.

(b) IMPORTATION AND EXPORTATION.—Section 1010(b) of the Controlled Substances Import and Export Act (21 U.S.C. 960(b)) is amended—

(1) in paragraph (1)(F), by inserting “or a fentanyl-related substance” after “any analogue of N-phenyl-N-[1-(2-phenylethyl)-4-piperidinyl] propanamide”; and

(2) in paragraph (2)(F), by inserting “or a fentanyl-related substance” after “any analogue of N-phenyl-N-[1-(2-phenylethyl)-4-piperidinyl] propanamide”.

(c) DEFINITION OF FENTANYL-RELATED SUBSTANCE.—Section 102 of the Controlled Substances Act (21 U.S.C. 802) is amended by adding at the end the following:

“(60) The term ‘fentanyl-related substance’ has the meaning given the term in subsection (e)(2) of schedule I of section 202(c).”.

#### SEC. 7. APPLICABILITY; OTHER MATTERS.

(a) IN GENERAL.—Irrespective of the date on which the rules required by section 5 are finalized, the amendments made by this Act apply beginning as of the enactment of this Act.

(b) RULE OF CONSTRUCTION.—Nothing in the amendments made by this Act may be construed as evidence that, in applying sections 401(b)(1) and 1010(b) of the Controlled Substances Act (21 U.S.C. 841(b)(1) and 960(b)) with respect to conduct occurring before the date of the enactment of this Act, a fentanyl-related substance (as defined by such amendments) is not an analogue of N-phenyl-N-[1-(2-phenylethyl)-4-piperidinyl] propanamide.

(c) SENSE OF CONGRESS.—The Congress agrees with the interpretation of the Controlled Substances Act (21 U.S.C. 801 et seq.) in *United States v. McCray*, 346 F. Supp. 3d 363 (2018).

The SPEAKER pro tempore. The bill, as amended, shall be debatable for 1 hour equally divided and controlled by the chair and ranking minority member of the Committee on Energy and Commerce or their respective designees.

After 1 hour of debate on the bill, as amended, it shall be in order to consider the further amendment printed in part B of House Report 119–2, if offered by the Member designated in the report, which shall be considered read, shall be separately debatable for the time specified in the report equally divided and controlled by the proponent and an opponent, and shall not be subject to a demand for a division of the question.

The gentleman from Kentucky (Mr. GUTHRIE) and the gentleman from New Jersey (Mr. PALLONE) each will control 30 minutes.

The Chair recognizes the gentleman from Kentucky.

#### GENERAL LEAVE

Mr. GUTHRIE. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days to revise and extend their remarks on the legislation and to insert extraneous material into the RECORD on H.R. 27.

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

There was no objection.

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

Mr. Speaker, illicit fentanyl and fentanyl-related substances remain one of the greatest health threats this Nation faces. That is why both Congress and the Trump administration are working to keep fentanyl out of our communities across the country.

What we know about these lethal substances is that they are largely created with chemicals sourced from

China and trafficked into our country and communities by Mexican drug cartels.

Part of making this Nation safer and more secure is empowering law enforcement with the tools necessary to prosecute those who traffic this poison into our communities. The HALT Fentanyl Act plays an important role in that objective by permanently placing fentanyl-related substances into schedule I of the Controlled Substances Act so law enforcement can crack down on drug traffickers. This will help save lives.

Last Congress, this bill passed the House with 289 votes, and I am hopeful for a robust vote today. I am confident this bill can pass the Senate and be signed into law.

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

Mr. PALLONE. Mr. Speaker, I yield myself such time as I may consume. I rise in opposition to H.R. 27, the HALT Fentanyl Act.

Mr. Speaker, throughout this debate today, House Republicans will claim that they are committed to tackling fentanyl, but their actions show that simply is not true.

As the Trump administration illegally stole billions of dollars from Federal programs dedicated to helping people who are fighting a substance use disorder, House Republicans buried their heads in the sand.

Last week, the Trump administration froze virtually all Federal funding, stealing billions of dollars in funding for critical opioid prevention, treatment, and recovery programs. Clinicians have been left wondering if they would receive a paycheck for their work. Patients have been left worrying about whether their access to treatment and recovery had been cut off indefinitely.

Fortunately, several courts have already ruled in favor of parties seeking to put a stop to this unconstitutional power grab. Make no mistake, there are still real concerns about Federal funding not getting out the door to help us combat the drug overdose epidemic. Moreover, if this freeze is allowed to go forward, substance use and mental health clinicians who dedicate their lives to helping those experiencing substance use disorder would be forced to shut down, and millions of Americans would lose access to care. This is not the way to combat this epidemic.

House Republicans are now considering trillions of dollars in cuts to Medicaid so they can give tax breaks to billionaires and big corporations. Medicaid covers nearly 40 percent of all people with an opioid use disorder. Republican plans to cut Medicaid will further limit access to care for substance use disorders leading to more deaths.

Again, Mr. Speaker, when you hear Republicans talk about their commitment to fighting this epidemic, remember their actions over their words.

Let's go to the bill before us today. Two years ago, my Democratic colleagues and I shared deep concerns

with the partisan approach Republicans were taking with this legislation. Last Congress, Democrats offered a commonsense alternative to achieve a shared goal of tackling fentanyl and offered solutions to improve the HALT Fentanyl Act. Unfortunately, none of our priorities were included in the legislation, and, again, we find ourselves debating the same bill that stalled in the Senate and still exacerbates inequities in our criminal justice system.

In 2018, the Drug Enforcement Administration, the DEA, first issued a temporary class-wide scheduling order of fentanyl-related substances under schedule I, which is the strictest classification for drugs. Since that administrative action, Congress has voted to extend the temporary order numerous times, most recently in the American Relief Act where we voted to extend the scheduling until March 31 of this year.

House Republicans know we cannot simply schedule our way out of this crisis, but they have refused to pass bipartisan solutions that address prevention, treatment, and recovery to help stop overdose deaths. This is not just a criminal justice issue. We must combat this crisis through a multipronged public health approach.

That is exactly what we did in an end-of-year bipartisan deal that would have extended temporary fentanyl-related substances scheduling for 2 years. However, it also reauthorized a wide range of prevention and treatment programs to help address the opioid overdose crisis. The deal has bipartisan support, but it was squashed by Speaker JOHNSON so he could please Elon Musk, the unelected billionaire who is now illegally stealing Americans' personal private information from inside of Federal agencies.

Again, Mr. Speaker, actions speak louder than words, and Republicans are not serious about combating this fentanyl crisis.

Mr. Speaker, I oppose this bill. I encourage my colleagues to oppose it, as well, and I reserve the balance of my time.

Mr. GUTHRIE. Mr. Speaker, I just want to note that the bill before us today schedules illicit fentanyl. We had testimony to say this will save lives. That is the vote before us today. Hopefully my colleagues on both sides of the aisle will vote for it.

We can talk about criminal justice reform, but the people who are putting the poison into our cities and our children deserve to go to jail.

Mr. Speaker, I yield 2 minutes to the gentleman from Virginia (Mr. GRIFFITH).

Mr. GRIFFITH. Mr. Speaker, I thank the chairman of the committee for yielding me time.

My colleagues on the other side cry: Action, action. However, in February of 2025, there will be no action unless we pass H.R. 27, the HALT Fentanyl Act.

Mr. Speaker, I rise today in support of this bill, H.R. 27, the HALT Fentanyl

Act, that I have championed along with my colleague and good friend, Representative LATTA from Ohio. We have worked on this bill for 4 years.

This bill is critical to stop the trafficking of fentanyl analogues into our country by giving the law enforcement officers the tools they need and also allowing streamlined research into these substances.

This bill has the support of multiple law enforcement agencies and other groups to pass the bill as it is.

This week, the Trump administration released a statement in support of the HALT Fentanyl Act. Last Congress, the Biden administration even supported various provisions in the bill, specifically making fentanyl analogues permanently schedule I and allowing more research into them.

The bill passed with wide bipartisan support last Congress. It wasn't just one Member on the other side of the aisle who joined me, Mr. Speaker. There were 74 Members who voted in favor of this bill.

This is one small step to solve the opioid crisis in this country. We cannot let the temporary scheduling expire at the end of March.

To those who don't know, we have some law right now that helps protect us, but at the end of March, it is gone. We can't do that.

The Senate introduced an identical version of this bill with broad bipartisan support. With the passage of this bill, I am hopeful that H.R. 27 will quickly move through the Senate and get to the President's desk to become law.

Mr. Speaker, I encourage all my colleagues to support this bill so that we can actually have action and not rhetoric.

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

Mr. Speaker, I thank the gentleman from Virginia for his comments, but I want to inform him that the Trump administration's funding freeze could impact as much as \$164 million in funding for substance abuse and mental health services and research in the Commonwealth of Virginia that his constituents rely on.

Cutting this vital funding will greatly hamper our response to the opioid epidemic and result in more overdose deaths in Virginia.

I urge my colleagues to work together with Democrats to ensure that the Trump administration end this illegal funding freeze and work together to pass bipartisan, evidence-based legislation to address this intractable crisis.

Mr. Speaker, I yield 5 minutes to the gentlewoman from Florida (Ms. CASTOR), who is the chair and ranking member of our Energy Subcommittee.

Ms. CASTOR of Florida. Mr. Speaker, I thank Ranking Member PALLONE for yielding me time.

Mr. Speaker, I rise today in opposition to H.R. 27. I am here to say this is not business as usual right now in Washington, D.C., or all across the country.

House Republicans are offering this bill as window dressing, Mr. Speaker, to a lot of the illegality that is going on across the agencies that is distracting from the White House's stop work orders and payment freeze orders that have been deemed illegal and have been restrained by Federal courts.

This is a window dressing bill to distract from what is happening to payments with our partner States and non-profit agencies like Head Start centers, infrastructure projects, and medical research across the country.

This is window dressing to distract us from the incursion into Treasury and Medicare payment systems by an unelected billionaire, Elon Musk, and based on some fake, made-up agency, a so-called Department of Government Efficiency. This is a distraction from the illegal and dangerous purge of law enforcement officers and intelligence agents in other agencies.

Mr. Speaker, this is a way to distract and spin your wheels at a time when Elon Musk has just decided to ride into a congressionally appropriated agency in USAID and just say that we are closed for business, which runs completely counter to the United States Constitution.

Where are the Republicans? The American people are demanding answers. Where are the House Republicans?

Mr. Speaker, your silence is deafening.

Federal courts have issued orders to stop this illegal and dangerous activity, and we are not going to allow these illegal operators to run amuck.

Instead, what are House Republicans doing here today? They are offering a flawed bill to address opioid addiction.

I would say to my good friends and colleagues: Your record does not match your rhetoric because there is a back story that belies what House Republicans are bringing here today. First of all, this bill doesn't get the job done. My providers back home say that this is overbroad and really fails to meet the moment of our opioid addiction crisis.

Here is the back story: The SUPPORT Act was adopted in a bipartisan fashion in 2018. It was the largest congressional investment in overdose prevention at the time, and it directed resources to communities that need it to save lives through community-based treatment and recovery. It required Medicaid to cover medications for opioid use disorder. The SUPPORT Act and everything was broadly successful and appreciated. It was working to help free people from fentanyl addiction.

We have to do so much more, however. That is why in the last Congress we worked together to pass a new and more robust SUPPORT Act to address the third wave of the opioid crisis. However, when it came to the year-end appropriations package that was crafted to include it, who shows up but Elon Musk to throw a wrench into our year-end compromise between Democrats

and Republicans to address the opioid crisis through reauthorizing the SUPPORT Act.

The Republicans let him do it. You are allowing it to happen again, Mr. Speaker. Mr. Speaker, why didn't Republicans bring the SUPPORT Act to the floor, something that really meaningfully helps families and communities address the opioid addiction crisis and the fentanyl crisis?

Second, by standing by and allowing the White House and the Justice Department to purge FBI agents and CIA personnel, Mr. Speaker, Republicans are taking the cops off the beat who are tracking the drug traffickers who are trying to break up the fentanyl cartels. So Republicans are making us less safe and are heaping a lot of costs on families that just don't need this chaos.

Third, Mr. Speaker, Republicans have this sneaky and chaotic halt to the flow of healthcare dollars back home, medical research and NIH. Medicaid, we know from all of the reporting, is on Republicans' chopping block. Medicaid is the backbone to providing healthcare and substance abuse treatment for people all across America. Mr. Speaker, Republicans have that in their sights, too.

Tell me whose record doesn't match their rhetoric. I would say it is the House Republicans. No one has the legal authority to turn Treasury payments into means of political retribution. No one in the executive branch has the authority to cancel or ignore congressional appropriations. That is a basic constitutional precept.

Why do Republicans serve in Congress if they want to be a royal subject to a king rather than a Representative of the Article I branch?

Mr. GUTHRIE. Mr. Speaker, we are going to work on the SUPPORT Act, but the vote before us today that people are going to put their names to, a yes or no: Do we want to make illegal derivatives of fentanyl produced and conceived in China sent to Mexico and across our border to kill our people?

That is what the vote is going to be today.

□ 1245

Mr. Speaker, I yield 2 minutes to the gentleman from Ohio (Mr. LATTA).

Mr. LATTA. Mr. Speaker, I thank the chairman of the full committee for yielding to me.

For 4 years, I have worked tirelessly with my colleague and friend, the gentleman from the Ninth Congressional District of Virginia (Mr. GRIFFITH), to pass the HALT Fentanyl Act to permanently label fentanyl-related substances as a schedule I narcotic.

During this time, we have seen heartbreaking numbers of fentanyl poisonings across our country. There were 73,000 deaths reported in just 1 year alone.

If the current classwide scheduling were to expire, which is a little less than 2 months away, I can assure Mem-

bers that drug traffickers would push deadlier drugs, and more Americans will die.

I am proud today that this House is finally stopping the temporary delay and permanently scheduling fentanyl-related substances as a schedule I. We owe it to our communities, our constituents, our families, and, most of all, the victims.

Cartels are literally killing Americans for 10 cents a pill. Illicit fentanyl poisoning among teens accounted for an average of 22 deaths each week in 2022 from drug poisoning, raising the death rate for teens to 5.2 deaths per 100,000, driven by fentanyl in counterfeit pills, thus making fentanyl the number one cause of death among adults aged 18 to 49. That is more than cancer, more than heart disease, and more than car accidents.

This isn't about criminal justice reform. This is about victims getting justice.

The SPEAKER pro tempore. The time of the gentleman has expired.

Mr. GUTHRIE. Mr. Speaker, I yield an additional 15 seconds to the gentleman from Ohio.

Mr. LATTA. Mr. Speaker, currently, to trigger a 10-year mandatory minimum, an offense must involve 100 or more grams of a mixture containing a fentanyl analogue. Since the average lethal dose of fentanyl or a fentanyl analogue can be as small as 2 milligrams, the offense would need to contain roughly 50,000 lethal doses in order to trigger the 10-year mandatory minimum.

Mr. Speaker, I ask this House to approve this legislation, and let's start saving lives here in the United States.

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

Mr. Speaker, I thank the gentleman from Ohio (Mr. LATTA) but inform him that the Trump administration's funding freeze could impact as much as \$304 million in funding for substance abuse and mental health services and research in the State of Ohio that his constituents rely on. Cutting this vital funding will greatly hamper our response to the opioid epidemic and result in more overdose deaths.

I urge my colleagues to work together with Democrats to ensure that the Trump administration ends this illegal funding freeze and work together to pass bipartisan, evidence-based legislation to address this intractable crisis.

Mr. Speaker, I yield 2 minutes to the gentlewoman from New York (Ms. GILLEN).

Ms. GILLEN. Mr. Speaker, I rise today as a proud cosponsor of H.R. 27, the HALT Fentanyl Act.

The epidemic of illicit fentanyl and fentanyl-related substances has ravaged countless communities across our country. Families throughout my district have experienced unimaginable pain and suffering from losing their loved ones to this deadly drug.

Just 1 year ago, a family in my district dropped off their precious child to

college and went back a week later to pick up their child's body because of fentanyl.

We must get fentanyl off of our streets and away from our kids. The crisis has killed Americans of every age, every background, and every walk of life.

A single ounce of fentanyl can have a devastating effect upon a community. It is time we take on the cartels and hold traffickers accountable.

The DEA, the Fraternal Order of Police, and countless other law enforcement groups have said the HALT Fentanyl Act will save lives and improve public safety.

It shouldn't take more overdose deaths, more grieving families, and more criminals skirting prosecution to take action. It is time.

Mr. Speaker, enough is enough. I am proud to support this bipartisan bill today, and I urge my colleagues on both sides of the aisle to join me in that.

I also urge my colleagues on the other side of the aisle to find ways that we can work together to make better bills.

Mr. GUTHRIE. Mr. Speaker, I yield 2 minutes to the gentleman from Pennsylvania (Mr. JOYCE), the vice chair of the Energy and Commerce Committee and my good friend.

Mr. JOYCE of Pennsylvania. Mr. Speaker, I thank the chairman for yielding me time.

Mr. Speaker, I rise today to give my emphatic support for H.R. 27, the HALT Fentanyl Act. This common-sense solution is exactly what our Nation needs to effectively crack down on the illicit fentanyl flowing across our borders.

For years, the Mexican drug cartels have recruited college chemistry majors to chemically alter the fentanyl precursors that come from the Chinese Communist Party right into Mexico to make more deadly and less-illegal fentanyl analogues.

Classifying these fentanyl analogues as schedule I drugs will allow our law enforcement officers and our Border Patrol agents the ability to effectively seize these substances and will result in harsher penalties for the criminals who make, traffic, and sell these poisons.

In 2023, in the Commonwealth of Pennsylvania, an individual died every 2 hours from an overdose. More than three-fourths of those overdose deaths were the result of fentanyl.

The future generations of our great Nation cannot afford to wait any longer. The time is right now to stop this scourge on our society and to pass the HALT Fentanyl Act, which will allow us to do just that.

Mr. Speaker, I urge all of my colleagues on both sides of the aisle to help save American lives, starting today with their vote to pass the HALT Fentanyl Act.

This is critical legislation. It does not care which party the individuals

who are dying from these fentanyl overdoses belong to. This poison must be stopped, and this important legislation will allow that to occur.

Mr. PALLONE. Mr. Speaker, I yield 5 minutes to the gentlewoman from New Mexico (Ms. STANSBURY).

Ms. STANSBURY. Mr. Speaker, I want to be honest. This legislation is literally breaking my heart because I am a New Mexican, born and raised, and there is not a single family in the State of New Mexico who has not been touched by the addiction crisis—the opioid crisis, fentanyl, alcoholism. There is not a single family that I know who has not lost somebody to this crisis, including my own.

What I can tell Members about this crisis is that the way that we address it is that we stop the flow of fentanyl coming into our communities, and we make sure that our family members and our friends who are struggling with addiction can get the help that they need.

They are not criminals. They are our brothers, sisters, parents, grandparents, and children.

Do my colleagues know what it is like to have their child disappear to the streets due to addiction?

We do not need to incarcerate these people. They need help, and the way that they get help is to actually get with an addiction recovery doctor, peer support, clinic, or somewhere where they can get sober.

Mr. Speaker, if my colleagues want to actually solve this crisis, we need to stop fentanyl from coming into the United States, to make sure that our communities can access care, and to save lives and help the members of our families and communities who are trying to reclaim their lives from this crisis. That is how we solve this crisis.

That is why I cannot vote for this bill because the way that this bill tries to address the crisis is through the exact same playbook that was used in the 1980s and 1990s that led to the mass incarceration of our families and community members who were struggling with addiction.

While Republicans are standing here trying to pass this bill, literally across town the President and an unelected billionaire are gutting funding for our Federal agencies. They are doing a purge of the FBI.

Do my colleagues know who stops fentanyl from coming across the border? The FBI.

Do Members want to solve the fentanyl crisis? We have to go to the heart of the matter and not mass incarcerate the people who are actually addicted.

That is why I introduced the STOP Act. The STOP Act would actually empower the Federal Government to stop fentanyl at the border. It is why I am investing millions of dollars in my State, local, and Tribal law enforcement, to make sure that they can actually stop fentanyl in our communities. It is why I have invested millions of

dollars in my community in behavioral health centers and addiction recovery and to help peer support programs so that we can save lives.

That is how the fentanyl crisis is stopped. That is how we do it.

I can say that the way that we don't do it is by empowering a billionaire, who is not even an elected or a vetted official, to gut our Federal agencies. I want to take a moment to talk about that.

Yesterday, in the Oversight Committee, in the guise of trying to promote government efficiency, my colleagues across the aisle called a hearing. When we asked for Elon Musk to come to our hearing and actually answer for what he is doing, they went out of their way to shut it down.

What is going on in this country right now? They are gutting our agencies, defunding our agencies, and holding up payments. Last week, as was said by the ranking member, they stopped payment for the very health clinics that will actually help to stop the fentanyl crisis.

My colleagues refuse to do their most basic constitutional duty, which is to bring in an unelected and unvetted official who is stealing their personal data and undermining the fundamental fabric of our democracy, our Constitution, and our institutions, to hold them to account.

That is why Ranking Member JAMIE RASKIN and I will be introducing legislation to hold Elon Musk accountable because nobody elected Elon Musk and because we, the taxpayers, are going to be left holding the bag when he gets bored and moves on to his billionaire buddies. We are going to be the ones left in the wake of this crisis. We are the ones who are going to have our communities and families decimated, and we will not stand for it.

Respectfully, I will vote against this legislation, and we will continue to hold the majority to account.

Mr. GUTHRIE. Mr. Speaker, I appreciate the comments.

Mr. Speaker, I just will say that, if someone is trafficking in illicit fentanyl, they belong in jail. I understand the argument that people who are addicted need help and support, but if someone is trafficking in illicit fentanyl, they belong in jail. If someone is trafficking in a fentanyl derivative that is not scheduled, they don't go to jail. That is what we are here to do today.

Mr. Speaker, I yield 1 minute to the gentleman from Colorado (Mr. EVANS), my good friend.

Mr. EVANS of Colorado. Mr. Speaker, I rise in strong support of the HALT Fentanyl Act.

This critical bill would enable law enforcement to get dangerous drug traffickers off of our streets by permanently and responsibly classifying fentanyl analogues as schedule I narcotics.

Last year, DEA's Rocky Mountain Division seized a record 2.7 million

fentanyl pills, enough to kill everyone in my district 1½ times, or 1.3 million people. We must do more to stop this drug from infiltrating our communities, and that starts with empowering law enforcement.

As a Colorado cop for 10 years, I witnessed firsthand how not supporting law enforcement enables traffickers and the flow of fentanyl into our communities.

This bill, of which I am a proud original cosponsor, gives cops the tools that they need to bring traffickers of this poison to justice.

Since 2020, illegal drugs like fentanyl have claimed over 7,000 lives in Colorado, twice the death toll of September 11.

Mr. Speaker, I urge my colleagues to support this bill.

Mr. PALLONE. Mr. Speaker, I yield 3 minutes to the gentlewoman from Connecticut (Mrs. HAYES).

Mrs. HAYES. Mr. Speaker, the HALT Fentanyl Act would put us on a pathway to adopting the ill-informed practices of the past.

The 1994 crime bill decimated generations by expanding harsh criminal punishment that fell hardest on Black and Brown communities. The bill expanded the school-to-prison pipeline and increased racial disparities in juvenile justice involvement while also contributing to the mass incarceration problem in this Nation.

Individuals convicted under this bill lost access to public housing, Pell grants, and any chance at being rehabilitated in order to become productive members of society, making it even more difficult for them to be integrated back into their communities and perpetuating a cycle of violence.

□ 1300

Mr. Speaker, I grew up in a community like that, plagued by these cycles.

My community was suffering from a public health crisis and Congress abandoned us. There is a difference between a teenager and a trafficker. We cannot make those same mistakes today.

I believe that those trafficking and distributing should be prosecuted. Those poisoning our communities and our kids should be jailed, but addiction is a medical issue. We must include provisions for treatment and harm reduction in any legislation we pass.

This legislation would force the implementation of steep mandatory minimum sentences with no discretion for judges to consider individual cases. There would be no distinction.

The HALT Fentanyl Act also does nothing to provide prevention, treatment, recovery, harm reduction, or even money for law enforcement to do what they are asking them to do in this bill.

We cannot incarcerate our way out of a public health crisis. For this reason, I will be voting "no." I implore my colleagues across the aisle to support a long-term public safety solution that



makes meaningful investments to protecting our communities and addressing the public health crisis that we are all faced with right now.

Mr. GUTHRIE. Mr. Speaker, derivatives of illicit fentanyl have to be scheduled for traffickers to be prosecuted.

Mr. Speaker, I yield 1 minute to the gentleman from Georgia (Mr. ALLEN), my good friend and member of the committee.

Mr. ALLEN. Mr. Speaker, I thank the chairman for yielding the time.

Mr. Speaker, I rise in strong support of H.R. 27, the HALT Fentanyl Act, a commonsense bill to stop the flow of deadly fentanyl from pouring across our southern border.

During the 4 years of the Biden administration, our border was wide open, allowing the cartels and drug traffickers to transport fentanyl and fentanyl-related substances into our country.

Let's be clear: The Democrats failed to address this issue and so did the administration. Why in the world would we allow that to happen? We have all heard the heart-wrenching stories from families who have lost loved ones.

Illicit fentanyl poisonings are now the number one cause of death among adults 18 to 49. This is more than just a statistic. Under the Republican-controlled House, Senate, and White House, this crisis will come to an end.

The HALT Fentanyl Act would make the temporary classwide scheduling order for fentanyl-related substances permanent and ensure law enforcement have the tools they need to keep this dangerous drug off our streets.

This legislation, combined with President Trump's latest border security wins and his team at the White House, will make our communities safer and save lives. They mean business.

Mr. Speaker, we are going to get the job done, and I urge my colleagues to support this bill.

Mr. PALLONE. Mr. Speaker, I yield 3 minutes to the gentlewoman from Florida (Ms. CASTOR).

Ms. CASTOR of Florida. Mr. Speaker, this simply is not business as usual today. They bring a bill, H.R. 27, in an effort to paper over the crisis that is going on out there.

Mr. Speaker, I just have to ask my Republican colleagues, because we have so few opportunities to do it in public officially, where is your backbone? Where is your backbone to stand up for Article I and tell the executive branch they are not allowed to destroy agencies that have been constitutionally and congressionally funded?

The Republicans can't allow some made-up department to come in and steal away an agency that we have authorized. Where is your courage?

This bill is also such a diversion from what we should be doing, which is funding opioid-use addiction. They can bring H.R. 27 and say it is the be-all and end-all, but everyone has weighed in to say it doesn't get the job done.

Don't take it from me. Take it from the American Society of Addiction Medicine, the doctors and counselors who treat our neighbors who suffer from addiction. They say, on behalf of the American Society of Addiction Medicine, which is a national medical specialty representing more than 8,000 physicians and associated health professionals who specialize in the prevention and treatment of addiction, they write to urge that the amendments to mitigate the unintended negative consequences be added.

In the end, though, they said, if you are not going to allow us to offer real amendments to fix the bill, they recommend not passing the HALT Fentanyl Act. They say it just preserves the deadly status quo.

However, what do they say in the end? They say they support the SUPPORT Act for patients and communities. That was the agreement at year-end, which Republicans let Elon Musk pull out of the year-end appropriations package.

Republicans shouldn't come today and say, oh, we are solving this problem when they are now complicit in doing it.

Mr. Speaker, I include in the RECORD a letter from the American Society of Addiction Medicine.

AMERICAN SOCIETY OF  
ADDICTION MEDICINE,  
February 3, 2025.

RE Halt Lethal Trafficking (HALT)  
Fentanyl Act

Hon. CHUCK GRASSLEY,  
*Chairman, Judiciary Committee,*  
*U.S. Senate, Washington, DC.*

Hon. RICHARD DURBIN,  
*Ranking Member, Judiciary Committee,*  
*U.S. Senate, Washington, DC.*

Hon. BUDDY CARTER,  
*Chairman, Subcommittee on Health Energy and*  
*Commerce Committee, House of Representa-*  
*tives, Washington, DC.*

Hon. DIANA DEGETTE,  
*Ranking Member, Subcommittee on Health En-*  
*ergy and Commerce Committee, House of*  
*Representatives, Washington, DC.*

DEAR CHAIRMAN GRASSLEY, RANKING MEMBER DURBIN, CHAIRMAN CARTER, AND RANKING MEMBER DEGETTE: On behalf of the American Society of Addiction Medicine (ASAM), a national medical specialty society representing more than 8,000 physicians and associated health professionals who specialize in the prevention and treatment of addiction, I write to urge amendments to the Halt Lethal Trafficking (HALT) Fentanyl Act to mitigate unintended negative consequences and encourage further Congressional action to address the demand side of our national addiction and overdose crisis.

Opioid overdose deaths are always tragic, especially because they are preventable with evidence-based addiction prevention, treatment, and overdose reversal medications. Even through drug overdose deaths dropped last year, the United States (US) has far to go in ending our national addiction and overdose crisis. We still rank highest in drug overdose deaths per capita in the world.

Illicitly manufactured, high-potency synthetic opioids, including fentanyl, are key drivers of overdose deaths in the US. Therefore, policies aiming to decrease their illegal importation and distribution are critically important. However, we are concerned that some of the policies proposed in the HALT

Fentanyl Act may have unintended consequences. Some minor adjustments may support a better return on investment. Enacting smart legislation is critical to saving more American lives.

Specifically, ASAM urges the following amendments to The HALT Fentanyl Act:

Revise its definition of "fentanyl-related substances" to consider potency and mu opioid receptor activity in the brain, rather than simply specifying the precise structures of drugs that would qualify for Schedule I. Strict structural specification provides a blueprint for drug cartels and chemists to modify substances to avoid detection or conviction. Unfortunately, this can lead to more dangerous substances being manufactured and distributed across the US—resulting in higher potency substances on the streets and more severe addictions involving substances for which existing treatments may not work. Additionally, prosecutions need to focus on the trafficking and distribution of fentanyl-related substances that pose a danger to humans; the bill's current definition may include substances that do not have "abuse" potential;

Expand the federal mandatory minimum safety valve across all substances to end the practice of low-level drug offenders with substance use disorders receiving excessive and expensive sentences. Redirecting associated savings toward evidence-based addiction treatments would be more effective;

Refine the expedited research procedures to reference "substance(s)" instead of "substance" throughout to clarify that researchers can submit one application for multiple substances;

Amend the expedited research procedures to remove the requirement to demonstrate that the researcher is authorized to conduct research with respect to the substance(s) under the laws of the State in which the research will take place. This often creates a catch-22 for researchers. A State won't approve the research until the researchers can demonstrate that is approved federally, and the DEA won't approve it until the researchers can demonstrate that it is approved at the state level. We recommend deferring to the States to include the requirement to demonstrate federal approval; and

Express a sense of Congress that, while the legislation may facilitate prosecutions and seizures of fentanyl-related substances, increased and sustained Congressional efforts are needed to address the demand side of our national addiction and overdose crisis if the primary goal is to save lives.

THE HALT LETHAL TRAFFICKING (HALT)  
FENTANYL ACT

ASAM agrees with the Drug Enforcement Administration (DEA)'s assessment that the current scheduling framework under the Controlled Substances Act (CSA) does not offer necessary flexibility to combat the threat posed by emerging synthetic substances. Chemists can constantly adjust their formulations to evade US scheduling, and law enforcement faces significant challenges staying ahead of these threats.

In 2018, the DEA exercised its authority to place non-scheduled fentanyl-related substances into Schedule I for two years. Congress has extended this temporary class-wide scheduling on several occasions. While this approach has had success in reducing law enforcement encounters with new fentanyl-related substances in the illicit market, it has been unable to curb the overall flow of illicitly manufactured fentanyl into the US. Drug cartels have continued large-scale production and distribution of high-potency synthetic opioids.

Between 2017 and 2023, the number of illicit fentanyl seizures in the U.S. skyrocketed by

more than 1,700 percent. Concurrently, the proportion of fentanyl seizures involving counterfeit prescription pills—that further exacerbate the risk of overdose by misleading Americans as to what substance they are ingesting—increased fourfold. Sadly, overdose deaths involving synthetic opioids other than methadone (primarily illicitly manufactured fentanyl) have climbed since 2018 to more than 73,000 in 2022.

In short, the HALT Fentanyl Act merely preserves a deadly status quo.

Additionally, the legislation would continue (1) imposing mandatory minimum sentences for quantity-based offenses involving fentanyl-related substances and (2) defining the class by chemical structure, regardless of potency or actual impact on opioid receptors and related risks. Unfortunately, mandatory minimum sentences are a terrible return on investment when used to punish low-level drug dealers.

These sentences are expensive, needlessly requiring thousands of dollars per individual per year. Research has shown that mandatory minimum sentences do not deter drug use—either before or after incarceration—and can spend tax dollars with little to no impact on drug use, drug-related arrests, or overdose rates. Moreover, a meta-analysis of research studies found that incarceration not only fails to prevent drug use, it may even increase the likelihood of reoffending.

The largest return on criminal justice costs may come from targeting cartel leaders or high-level drug dealers. Unlike low-level dealers, they are responsible for the movement of large quantities of fentanyl-related substances at any given time. Yet, the highest-level drug traffickers represent only 11% of federal drug offenders across substances. In other words, the US currently wastes a significant amount of money incarcerating low-level drug offenders with lengthy sentences.

#### A BETTER ROI: INVESTING IN ADDICTION MEDICINE INNOVATION AND TREATMENT

Carefully tailored drug scheduling decisions can play a useful role in a supply-side approach to addressing an overdose crisis, but increased and sustained efforts on the demand side present an opportunity for greater progress. While many people reduce or stop using drugs without treatment, those who consume most drugs distributed by drug cartels frequently have moderate to severe substance use disorders that necessitate medical treatment. Threats of punishment are unlikely to deter these Americans, because their disorder has already negatively affected their motivation and judgment regarding their drug use. Instead, effective addiction treatment reduces drug use and improves health and wellbeing.

Addiction treatment is an excellent return on investment, including for low-level drug dealers who are distributing drugs to support their own addiction. Every dollar spent on addiction treatment saves \$4 to \$7 in criminal justice and other costs. Therefore, rather than inefficiently using taxpayers' money incarcerating low-level dealers of fentanyl-related or other substances, the government can realize positive effects from treating substance use disorders of low-level dealers, including through drug courts that utilize evidence-based practices and other alternatives to incarceration.

Congress can lead the way in promoting helpful addiction treatments. While highly effective medications exist for opioid use disorder, many people are using stimulants, like cocaine and methamphetamine, as well as alcohol. No medications have been approved for stimulant use disorder, and new treatments are urgently needed for all substance use disorders to increase their uptake

by both prescribers and patients. Unfortunately, innovation in the addiction field has lagged other medical fields due to limited financial investment and misunderstanding of addiction as a moral rather than a medical condition. Congress could consider establishing incentives for the pharmaceutical industry to enter the under-tapped addiction medicine field. The recent case of GLP-1 medications demonstrates how new medications can change millions of lives, spur economic growth, and provide renewed hope for people suffering from stigmatized medical conditions.

While new treatments are being developed and tested, the US must also quickly expand access to existing evidence-based treatments—including methadone, buprenorphine, and contingency management. Few clinicians offer these treatments, and they are unlikely to do so without increased reimbursement rates from insurers and less red tape around methadone for the treatment of opioid use disorder. For example, Congress could explicitly amend federal law to state that contingency management—the most effective treatment for stimulant use disorder—does not violate federal anti-kick-back laws and patient inducement laws. For too long, contingency management has been underused by clinicians who fear prosecution under federal statutes that were not created to address contingency management. Similarly, many pharmacies fear that stocking effective medications, like buprenorphine, will lead to Department of Justice investigations. Recognizing this, Congress could clarify federal statute to ensure that pharmacies' stocking of addiction medications is not an indicator of suspicious activity.

Additionally, Congress could close the dangerous Medicare coverage gap for evidence-based residential addiction treatment. At a minimum, Congress could reauthorize, and update key programs first created by the SUPPORT for Patients and Communities Act in 2018, after unfortunately letting them lapse in 2024.

#### CONCLUSION

Thank you for considering these recommendations. ASAM remains committed to working with you to promote remission and recovery from addiction, ensuring that all communities are safe, and more Americans can lead healthy, productive lives. For any questions or to discuss, please contact Kelly Corredor, ASAM's Chief Advocacy Officer.

Sincerely,

BRIAN HURLEY, MD, MBA, FAPA,  
DFASAM,  
President,

*American Society of Addiction Medicine.*

Ms. CASTOR of Florida. Mr. Speaker, I include in the RECORD another letter from 190 national, State, and local public health, criminal justice, and civil rights organizations that also write today to urge us to reject and vote “no” on the HALT Fentanyl Act.

*February 3, 2025.*

Senate Majority Leader JOHN THUNE,  
*U.S. Senate, Washington, DC.*  
Senate Minority Leader CHUCK SCHUMER,  
*U.S. Senate, Washington, DC.*

Speaker MIKE JOHNSON,  
*House of Representatives, Washington, DC.*  
House Minority Leader HAKEEM JEFFRIES,  
*House of Representatives, Washington, DC.*  
RE Vote NO on the HALT Fentanyl Act  
(H.R. 27/S. 331)

DEAR MAJORITY LEADER THUNE, SPEAKER JOHNSON, MINORITY LEADER SCHUMER, MINORITY LEADER JEFFRIES, AND HONORABLE MEMBERS OF THE U.S. CONGRESS: The undersigned 190 national, state, and local public health, criminal justice, and civil rights organiza-

tions write today to urge you to reject and vote NO on the Halt All Lethal Trafficking of Fentanyl (HALT) Act (H.R. 27/S. 331). This bill permanently schedules fentanyl-related substances (FRS) on schedule I of the Controlled Substances Act (CSA) based on a flawed class definition, imposes mandatory minimums, and fails to provide an offramp for removing inert or harmless substances from the drug schedule.

The classwide scheduling approach endorsed in the HALT Fentanyl Act classifies all FRS as schedule I drugs, reserved for substances with no currently accepted medical use and a high potential for abuse. This class definition, however, is a radical departure from drug scheduling practices as it relies exclusively on chemical structure without accounting for pharmacological effect based on the unproven hypothesis of chemical structure-function relationships. Contrary to this hypothesis, structurally related substances can often have complementary therapeutic values. In fact, the National Institute on Drug Abuse (NIDA) has already acknowledged that some FRS are inert and that at least one may be an opioid antagonist that behaves like naloxone, which is itself an opium derivative that counteracts the effects of opioid drugs. Classifying all FRS in schedule I places undue restrictions on research for therapeutic potential of FRS. This means that researchers and scientists are not able to study these substances at a time when the U.S. is experiencing unprecedented overdose deaths.

The HALT Fentanyl Act also enshrines mandatory minimums for distribution of FRS under the Controlled Substances Act, an inappropriate mandate that criminalizes possibly inert or harmless substances. While some proponents of the HALT Fentanyl Act claim that the bill is not intended to interact with the criminal justice system and that mandatory minimums are primarily a deterrent against foreign import of FRS, this is simply inaccurate. The HALT Fentanyl Act expands mandatory minimums for both foreign importation crimes and domestic drug distribution offenses, including non-violent drug distribution involving small quantities of drugs. What's more, by automatically scheduling a huge swathe of substances in one fell swoop, the HALT Fentanyl Act would lead to very real criminal justice consequences, posing an unacceptable risk of unnecessary incarceration for substances that carry no potential for abuse. Such miscarriages of justice have already occurred. For instance, Todd Coleman was sentenced to a mandatory minimum of 10 years for sale of cocaine that a crime laboratory said was laced with three fentanyl analogues, only to discover, years later, that the detected adulterants were not illegal fentanyl analogues and most were not even controlled substances.

Our country is repeating past missteps when it comes to policy responses to fentanyl and its analogues. In the 1980s, policymakers enacted severe mandatory minimums for small amounts of crack cocaine in response to media headlines and law enforcement warnings that perpetuated mythology and fear. These laws imposed harsher penalties for crack—a substance associated with Black people—than for cocaine—a substance associated with white people—even though the two substances are chemically similar. In the ensuing decades, people of color have been disproportionately incarcerated and sentenced to mandatory minimum sentences for small amounts of crack. This trend of racial disparity also can be seen in prosecutions for offenses involving fentanyl and



fentanyl analogues, as Sentencing Commission data from fiscal years 2021 to 2023 provides strong evidence that these prosecutions disproportionately target people of color. Among the 8,048 people convicted in trafficking cases where fentanyl or fentanyl analogues were the primary drug type, Black and Hispanic individuals comprised 78% of all convictions (41% and 37%, respectively). These percentages represent a massive disparity relative to demographic patterns in the general population. Moreover, the emergence of fentanyl-related substances in recent years has fueled similar waves of alarmist media and law enforcement headlines that are informed by mythology rather than science. Any further extension of the classwide scheduling policy threatens to repeat past missteps with crack cocaine that policymakers are still working to rectify.

The classwide scheduling policy expands the application of existing severe mandatory minimum sentencing laws enacted by Congress in the 1980s to a newly scheduled class of fentanyl-related compounds. For example, just a trace amount of a fentanyl analogue in a mixture with a combined weight of 10 grams—10 paper clips—can translate into a five-year mandatory minimum with no evidence needed that the seller even knew it contained fentanyl. In addition, current laws impose a statutory maximum sentence of 20 years for just a trace amount of a fentanyl analogue in a mixture with a combined weight of less than 10 grams. The truth of the matter is that lawmakers do not need to impose new mandatory minimums in order to prosecute fentanyl analogue cases because law enforcement officials already have the ability to prosecute these cases pursuant to the Controlled Substance Analogue Enforcement Act of 1986, which requires that prosecutors show the substances in question are harmful.

Despite the threat of grave injustices in the criminal legal system, the current lack of research on FRS, and indications that some FRS are harmless or hold therapeutic potential, the HALT Fentanyl Act does not include an off-ramp to reschedule or remove FRS that research has proven to be pharmacologically inactive or do not meet schedule I criteria. Though it includes some research reforms for schedule I substances, the bill excludes the possibility of such research impacting the criminalization of FRS. Without a rescheduling process, the HALT Fentanyl Act may unjustly promote criminalization of harmless or inert substances.

The HALT Fentanyl Act and other bills proposing the permanent classwide scheduling of FRS are yet another iteration of the drug war's ineffective and punitive strategies. To prevent overdose, Congress must invest in public health solutions to mitigate the harms of illicit fentanyl. We urge Congress to support bills that increase access to health services and substance use disorder treatment, improve data collection, and provide funding for FRS research, offering alternative, effective strategies to simultaneously address the opioid epidemic while preventing backsliding on criminal justice reform.

Thank you for your time and attention to this matter. Please contact Maritza Perez Medina, Director of Federal Affairs for the Drug Policy Alliance, for questions about this letter or to further discuss this matter. Sincerely,

ACLU of Nevada (NV), ACR Health (NY), AIDS Alabama (AL), AIDS Foundation Chicago (IL), AIDS United, Alianza for Opportunity, Alliance for Positive Change (NY), Alliance for Positive Health (NY), American Civil Liberties Union, American Friends Service Committee, Appalachian Learning Initiative (WV), Association of Black Social

Workers (Virginia Union University) (VA), Autistic Self Advocacy Network.

Battle Born Progress (NV), Beacon House Aftercare, Louisville (KY), Beauty After the Bars (NC), Bend the Arc: Jewish Action, Better Organizing to Win Legalization, BLM Louisville (KY), Brave Technology Co-Op, Bronx Móvil (NY).

C-UR Recovery Services, LLC (MI), Celebrate Recovery (KY), Center for Criminal Justice Reform, University of Baltimore (MD), Center for Disability Rights, Center for Housing & Health (IL), Center for Popular Democracy, Citizen Action of Wisconsin (WI), Clergy for a New Drug Policy, Coalition on Human Needs, Color of Change, Communities United for Status & Protection (CUSP).

Community Catalyst, Community Health Project Los Angeles (CA), Cosmovisiones Ancestrales (CA), CURE (Citizens United for Rehabilitation of Errants), Dream.org, Drug Policy Alliance, Drug Policy Forum of Hawai'i (HI), Due Process Institute, E5 Enterprise (NY/PA), Elephant Circle (CO), EngageWell IPA (NY), Equal Justice USA, Evergreen Health (NY), Exchanging Pathways (MS).

Fair and Just Prosecution, Faith in Harm Reduction, Family Services Network of New York (NY), FAMM, Federal Public & Community Defenders, Feed Louisville (KY), Filling The Gaps Outreach, Inc. (GA), Florida Harm Reduction Collective (FL), Freedom BLOC (OH), Fruit of Labor Action Research & Technical Assistance, LLC (NC), Full Circle Youth Empowerment, Inc. (CT), FWD.us.

G. Williams & Associates, Inc. (IL), Giving Others Dreams G.O.D. Inc (IL), GLIDE (CA), Hawai'i Health & Harm Reduction Center (HI), HEAL Ohio (OH), Hepatitis C Mentor and Support Group (HCMSG) (NY), Hep Free Hawai'i (HI), Hey Joe Media (AZ), Hip Hop Caucus, HIPS (DC), HomeRise (CA), Hoosier Action (IN), Housing Works (NY), Human Rights Watch.

Illinois Alliance for Reentry and Justice (IL), Illinois Harm Reduction & Recovery Coalition (IL), Immigrant Legal Resource Center, Interfaith Action for Human Rights (IAHR) (DC) (MD) (VA), Indiana Recovery Alliance (IN), IOAD NC Raleigh Memorial Event (NC), Isaiah House Inc (KY), Interfaith Action for Human Rights, Justice Strategies, JustLeadershipUSA, Juvenile Law Center.

Lacey's Legacy (KY), LatinoJustice PRLDEF, Law Enforcement Action Partnership, Law Office of the Cook County Public Defender (IL), The Leadership Conference on Civil and Human Rights, Legal Action Center, Life Coach Each One Teach One Reentry Fellowship (KY), Lighthouse Consultants Colorado, LLC (CO), Local Progress, Los Angeles Community Action Network (CA), Michigan People's Campaign (MI), Minorities for Medical Marijuana, Mississippi Prison Reform Coalition (MS), Moms for All Paths to Recovery (CA), Monetwork (MO), My Brothers Keeper NEO (OH), My Meta Re-Entry Services, Inc. (NC).

NASTAD, National Association of Criminal Defense Lawyers, National Coalition for the Homeless, National Council of Churches, National Council on Alcoholism and Drug Dependence-Maryland Chapter (MD), National Employment Law Project, National Harm Reduction Coalition, National Health Law Program, National Homelessness Law Center, National Immigrant Justice Center, National Immigration Project (NIPNLG), National Legal Aid & Defender Association, National Organization for Women, National Pain Advocacy Center (CO), NC Harm Reduction Coalition (NC).

Nelsonville Voices/Showing Up for Racial Justice (OH), NETWORK Lobby for Catholic

Social Justice, New Jersey Organizing Project (NJ), New York State Harm Reduction Association (NY), NEXT Distro, OhioCAN/Newark Homeless Outreach (OH), On The Bright Side LLC (NC), ONE Northside (IL), Overdose Crisis Response Fund, PA Stands Up (PA), Parabola Center for Law and Policy, Parole Preparation Project, Pennsylvania Harm Reduction Network (PA), People Advocating Recovery (KY), People's Action, Progressive Leadership Alliance of Nevada (NV), Progressive Maryland (MD), Psychotherapy Services DBA (KY).

QLatinx (FL), R Street Institute, REACH-NEO (OH), Reentry Advocacy Project (TX), Reframe Health and Justice, Renew A New, Inc (CA), Revolve Impact, Rights & Democracy (NH/VT), River Valley Organizing (OH), Sana Healing Collective (IL), Smoky Mountain Harm Reduction (NC), Sojourners, Source Corp LLC (OH), South Carolina For Restorative Justice (SC), South Louisville Community Ministries (KY), Southern Tier AIDS Program (NY).

StoptheDrugWar.org, Students for Sensible Drug Policy, Sunita Jain Anti-Trafficking Policy Initiative, Loyola Law School, T'ruah: The Rabbinic Call for Human Rights, Tacoma Healing Awareness Community (WA), TakeAction Minnesota (MN), TCRC Community Healing Center (PA), Texas Harm Reduction Alliance (TX), The Action Lab, Center for Health Policy and Law, Northeastern University School of Law (MA), The Advocates for Human Rights (MN), The AIDS Institute (TAI), The Daniel Initiative.

The Festival Center, The Freedom BLOC (OH), The Gathering for Justice, The Georgia Survivor Defense Project (GA), The Gubbio Project (CA), The Hepatitis C Mentor and Support Group (HCMSG) (NY), The Matrix Consulting, LLC, The Porchlight Collective SAP (IL), The Sentencing Project, The Steady Collective (NC), Transform Network, Treatment Action Group (TAG) (NY), Treatment on Demand Coalition-SF (CA), Truth Pharm Inc. (NY).

United Vision for Idaho (ID), Vera Institute of Justice, Vilomah Foundation (PA), Vital Strategies, Vivent Health, VOCAL-KY (KY), VOCAL-NY (NY), VOCAL-WA (WA), VT Citizens United for the Rehabilitation of Errant(s) (VT), Washington Office on Latin America, Why Not Prosper (PA), Wilkes Recovery Revolution, Inc. (NC), Women on the Rise (GA), Worth Rises, Young People in Recovery.

Ms. CASTOR of Florida. Mr. Speaker, I include in the RECORD a letter from the Leadership Conference on Civil and Human Rights on behalf of this large and diverse coalition of 240 national organizations.

THE LEADERSHIP CONFERENCE  
ON CIVIL AND HUMAN RIGHTS,  
February 4, 2025.

Hon. MIKE JOHNSON,  
*Speaker of the House,*  
*Washington, DC.*

Hon. HAKEEM JEFFRIES,  
*House Minority Leader,*  
*Washington, DC.*

DEAR SPEAKER JOHNSON AND MINORITY LEADER JEFFRIES: On behalf of The Leadership Conference on Civil and Human Rights, a coalition charged by its diverse membership of more than 240 national organizations to promote and protect civil and human rights in the United States, we write to express our strong opposition to H.R. 27, the Halt All Lethal Trafficking (HALT) of Fentanyl Act, and to urge the House to reject this bill. The Leadership Conference will score the House's vote in our Voting Record for the 119th Congress.

This bill permanently schedules fentanyl-related substances (FRS) on schedule I of the Controlled Substances Act (CSA) based on a flawed class definition. Additionally, it imposes mandatory minimums and fails to provide an off-ramp for removing inert or harmless substances from the drug schedule. The classwide scheduling that this bill would impose would exacerbate pretrial detention, mass incarceration, and racial disparities in the prison system, doubling down on a fear-based, enforcement-first response to a public health challenge.

Under the classwide control, any offense involving a “fentanyl-related substance” is subject to federal criminal prosecution, even if the substance in question is helpful or has no potential for abuse. The case of Todd Coleman is instructive. Mr. Coleman was sentenced to a mandatory minimum of 10 years for selling 30 grams of cocaine—about two tablespoons—because a local lab said that they were laced with three illegal fentanyl analogues. But none of the substances were illegal fentanyl analogues, and one was a substance called “Benzyl Fentanyl” that the Drug Enforcement Administration has long known is not dangerous or illegal.

Moreover, the HALT Fentanyl Act enshrines mandatory minimums for distribution of FRS under the Controlled Substances Act, which could criminalize inert or harmless substances. This bill expands mandatory minimums for both foreign importation crimes and domestic drug distribution offenses, including nonviolent drug distribution involving small quantities of drugs. As mandatory minimums eliminate judicial discretion, judges are prevented from tailoring punishment to a particular defendant by taking into account an individual’s background and the circumstances of their offenses when determining the sentence. Mandatory minimums instead place more power in the hands of prosecutors and their charging decisions, which is particularly concerning given that prosecutors are more likely to charge Black people with a crime that carries a mandatory minimum than a White person. The HALT Fentanyl Act threatens to replicate this pattern and deepen these disparities.

This Congress should not repeat its past mistakes when it comes to policy responses to fentanyl and its analogues. Beginning in the 1980s, draconian drug laws with harsh mandatory minimums and their resulting enforcement under the banner of the “war on drugs” fueled skyrocketing prison populations. In the ensuing decades, Black people have been disproportionately incarcerated and sentenced to mandatory minimum sentences for small amounts of crack cocaine, despite the fact that White people are more likely than Black people to use crack cocaine in their lifetimes. Similar trends for FRS are emerging: Between 2015 and 2019, prosecutions for fentanyl-analogue offenses increased by more than 5,000 percent, with no corresponding decrease in the use of FRS or in overdose deaths. In 2019, 58.9 percent of those sentenced in fentanyl-analogue cases were Black. Any further extension of the classwide scheduling policy threatens to repeat past missteps with crack cocaine that policymakers are still working to rectify.

Harsh federal drug laws and mandatory minimums have caused the federal prison population to explode. The Urban Institute has found that increases in expected time served for drug offenses was the largest contributor to growth in the federal prison population between 1998 and 2010. Currently, people convicted of drug offenses make up 43.9 percent of the Bureau of Prisons (BOP) population. There is no indication that overly punitive sentences or mass incarceration

deter crime, protect public safety, or decrease drug use or trafficking.

We share your concerns about fentanyl-related deaths and support effective health-based approaches to mitigating this public health crisis, but classwide scheduling and mandatory minimums merely repeat the mistakes of the past by exacerbating our incarceration problem. We welcome continued dialogue with you about how to move forward on this important topic. However, we must reiterate our firm opposition to classwide emergency scheduling and to mandatory minimum sentencing.

We strongly urge Congress to take bold steps on these issues and transform our criminal-legal system into one that delivers true justice and equality. For this reason, we ask you to vote NO on the HALT Fentanyl Act. Thank you for your time and attention to this matter. If you have any questions, please feel free to contact Chloé White, senior policy counsel, justice.

Sincerely,

JESSELYN MCCURDY,  
*Executive Vice President  
of Government Affairs.*

Ms. CASTOR of Florida. Mr. Speaker, they are going to score this for voting records. The majority has to do something and stand up for their Article I constitutional duty and say: We are going to protect Medicaid; We are not going to listen to billionaires; We are going to bring the SUPPORT Act; and We are not going to pull the rug out from under the counselors and providers back home who are doing it.

Mr. Speaker, I just read online that community health centers are being forced to close in Virginia. All over this country, this is what is going on, and you can’t paper over it with some fake legislation like this.

Mr. GUTHRIE. Mr. Speaker, I yield 1 minute to the gentlewoman from North Dakota (Mrs. FEDORCHAK), a member of the Energy and Commerce Committee.

Mrs. FEDORCHAK. Mr. Speaker, I rise today in strong support of the HALT Fentanyl Act.

In North Dakota, my State, we are known for our tight-knit communities where people look out for one another, but even in my State, illicit fentanyl is smuggled in, stealing innocent lives and leaving families shattered.

North Dakota law enforcement says record amounts of fentanyl are pouring into our State. What is most disturbing is how traffickers are targeting our kids. They are poisoning our children. We must pass the HALT Fentanyl Act to permanently give law enforcement the tools they need.

This will punish traffickers who play a dangerous game of tweaking formulas to stay one step ahead of the law.

The American people have trusted us to fix the mess created by the Biden administration’s open-border policies. For every devastated family and every community on the front lines of this crisis, we must act.

Mr. Speaker, this is not a partisan issue. It is an important part of the solution, and it is the right thing to do. Let’s pass H.R. 27.

Mr. PALLONE. Mr. Speaker, I yield 2 minutes to the gentlewoman from Oregon (Ms. DEXTER).

Ms. DEXTER. Mr. Speaker, I rise today in strong opposition to this bill because it is abundantly clear it is not a serious effort to address the drug overdose epidemic in this country.

It is, in fact, partisan. Treatment is not partisan, but this bill is.

Before coming to Congress, I was a practicing physician. In 2022, I took care of a young person in the ICU who had unintentionally overdosed on what was thought to be a pain pill but turned out to be a counterfeit oxycodone pill laced with fentanyl.

I worked all night to save this young man’s life, but his brain never woke up. I was the one who had to tell his mother and extended family that he was never going to come home.

This tragic story is all too familiar for Oregonians. In Congress, I am laser-focused on getting my community the resources it needs to ensure that no parent or family ever has to experience the pain of losing a loved one to an overdose.

That is why I am disgusted by the administration’s current illegal freezing of all Federal funds, including over \$8.6 billion in grant funding for Federal programs to combat the opioid crisis.

I offered a simple amendment to this bill before us today. That amendment stated that this bill could not take effect until we get confirmation that last week’s funding freeze and any future freeze does not jeopardize Americans’ access to substance use prevention, treatment, and recovery services.

The Republicans claim to care about addressing this crisis, but they refused to bring that amendment up for a vote. It is shocking to me what we have come to. My Republican colleagues are so afraid to stand up that they will rip essential healthcare services away from our most vulnerable.

We must take a stand, and I am going to take a stand. For those who are watching who are suffering, please know that we will not stop fighting. We cannot arrest our way out of this.

Mr. GUTHRIE. Mr. Speaker, I yield 1 minute to the gentleman from Wisconsin (Mr. FITZGERALD), my friend.

Mr. FITZGERALD. Mr. Speaker, I rise in support of H.R. 27, the HALT Fentanyl Act.

I will share two stories of constituents from Wisconsin’s Fifth District. Lauri Badura of Oconomowoc lost her eldest son, Archie, in 2014 due to an accidental overdose.

Since then, she has dedicated herself to advocate on behalf of those struggling with mental health and substance abuse and started a grassroots organization called Saving Others for Archie to help fight the opioid epidemic on the local, State, and national level.

Erin and Rick Rachwal of Pewaukee lost their son, Logan, to an overdose in 2021. The results of that toxicology report indicated three different forms of fentanyl were present.

In response, Erin and Rick started the Love, Logan Foundation to end the stigma surrounding mental health and substance abuse disorders.

Mr. Speaker, we need strong congressional action on fentanyl, and we need the permanent designation of fentanyl-related substances to schedule I.

One of the first pieces of legislation I introduced in Congress was Stopping Overdoses of Fentanyl Analogues Act to address the very issue we are considering today.

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

Mr. Speaker, I think you have heard many statements on the Democrat side of the aisle about how this legislation that is before us today only looks at one aspect of the fentanyl crisis and ignores funding, if you will, for treatment.

Right now, Medicaid cuts could and actually would seriously undermine our ability to address the opioid epidemic so they can give tax breaks to billionaires and big corporations.

What I want to emphasize is that not only is there nothing in this legislation to deal with treatment, but in addition to that, what we assume is going to happen, based on statements that have been put out by Republicans, is they are going to cut the Medicaid program in order to pay for their tax cuts for corporations and the very wealthy.

Last week, in case anyone doubts it, the Trump administration temporarily suspended Federal Medicaid payments, and now we are hearing that congressional Republicans are considering up to \$2.5 trillion in Medicaid cuts.

Keep in mind that Medicaid is the single largest payer for behavioral health services in the United States and covers nearly 40 percent of all individuals with opioid use disorder. Medicaid covers a full array of services and supports for people with behavioral health needs, including services and supports that typically are not covered by other health programs.

As the opioid crisis continues, States can draw down Federal funds to cover medication-assisted treatment, MAT, medications and therapy, expand coverage of community-based benefits to support treatment and recovery, and to integrate behavioral health services into primary care and other settings. All that will stop with the Medicaid cuts that we are hearing that the Republicans want to implement.

Republican plans to cut Medicaid will further limit access to care for substance use disorders, jeopardize treatment for Medicaid beneficiaries, and lead to more deaths as a result of termination of treatment.

Again, I understand that the Republicans are talking today about law enforcement and penalties, but they are completely ignoring the fact that for many people this crisis is really dependent upon the fact that people continue to seek out fentanyl, and if they don't get treatment, then there are going to be more people that are doing the same.

Part of the reason that we are opposed to this bill today is because it doesn't say anything about treatment,

which is one of the major aspects of this crisis. What we hear is cuts, cuts, cuts on all these treatment programs, which are totally unacceptable if you actually want to deal with this epidemic.

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

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Mr. GUTHRIE. Mr. Speaker, I yield 1 minute to the gentleman from California (Mr. OBERNOLTE), a member of the Energy and Commerce Committee and my friend.

Mr. OBERNOLTE. Mr. Speaker, I rise in strong support of H.R. 27, the HALT Fentanyl Act.

This bill would permanently classify fentanyl and its analogues as schedule I controlled substances, which will give our law enforcement officers more tools to use in tracking down and stopping the dealers who are trafficking this substance into our communities.

Mr. Speaker, this is a deeply personal issue for me. I represent parts of Los Angeles County, which has experienced an over 1,000 percent increase in fentanyl deaths in the last few years.

Mr. Speaker, the most difficult day in my 19 years in elected office was several years ago when I tried to console a constituent, a grieving mother who had lost both of her sons in the same day to fentanyl poisoning. As the father of two boys myself who were about the same age at the time, I can't imagine how devastating that must have been.

This bill would give our law enforcement agencies more tools to help stop this problem. That is why I am proud to be a cosponsor of it, and I strongly urge its passage.

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

Mr. GUTHRIE. Mr. Speaker, I yield 1 minute to the gentleman from South Carolina (Mr. FRY), a member of the Energy and Commerce Committee and my friend.

Mr. FRY. Mr. Speaker, I thank the chairman for allowing me to speak. I rise in strong favor of the HALT Fentanyl Act to combat the deadliest drug crisis our Nation has ever faced.

Fentanyl-related substances are wreaking havoc in our communities all across this country, with illicit fentanyl poisoning now the leading cause of death among young adults from 18-49. Last year alone, 109,000 Americans died of an overdose, the overwhelming majority of that related to fentanyl.

Drug traffickers exploit loopholes in our law, tweaking fentanyl's chemical structure just enough to create new, unregulated substances that are equally as deadly.

To be clear, Democrats have already voted for this. They have voted for the temporary extension of this with a continuing resolution, and this has never come up. This is a bipartisan bill. If this goes away, that is a win for the cartels, criminals, and Chinese Communist Party.

The HALT Fentanyl Act permanently classifies all fentanyl-related substances, analogues, and derivatives as schedule I drugs, ensuring that law enforcement has those necessary tools to do their jobs.

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

Mr. GUTHRIE. Mr. Speaker, I yield 2 minutes to the gentleman from North Carolina (Mr. MCDOWELL), a new member of the Republican Conference, a new Member of Congress, and my good friend.

Mr. MCDOWELL. Mr. Speaker, this is the first time that I have had the honor of speaking on the floor of this great body, and it isn't by chance. It is because of how important this legislation is and how personal it is to my family and me.

In 2017, we lost my little brother, Luke, to fentanyl poisoning. He was only 20 years old. It changed everything for our family, and there is not a day that goes by that we don't feel the pain of that loss.

Days like tomorrow, February 7, which would have been his 29th birthday, will always come with an especially painful reminder that he should be here.

Unfortunately, the pain that we feel is not unique to my family because tens of thousands of American families are being shattered by this crisis each year.

Today, fentanyl is the leading cause of death among young adults.

Enough is enough, Mr. Speaker. Enough is enough.

This legislation before us today would make important changes. Right now, because of an emergency order, fentanyl and fentanyl-related substances are considered a schedule I drug, but this order is set to expire at the end of March. If it expires, it means that law enforcement will have no authority to seize many of these deadly drugs, that drug traffickers will be empowered to push deadlier drugs on our streets, and that our Border Patrol officials will lose the authority to seize these drugs coming across our border.

This bipartisan legislation is simple. It is not window dressing, Mr. Speaker. It is simple. It would make this emergency order permanent. However, let's never mistake simple for insignificant. We have before us the opportunity to save many lives.

Mr. Speaker, we lost my little brother to fentanyl, and I will not stop until we ensure that others don't lose theirs.

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

Mr. GUTHRIE. Mr. Speaker, I yield 1 minute to the gentlewoman from Iowa (Mrs. MILLER-MEEKS), a member of the Energy and Commerce Committee and my good friend.

Mrs. MILLER-MEEKS. Mr. Speaker, what you see next to me is a tiny speck of fentanyl, just a few milligrams, a dose so small it could fit on the ear of Lincoln on a penny, yet that speck is enough to take a life and destroy a family.

In 2023, over 107,000 Americans died from drug overdoses or poisoning, with fentanyl responsible for nearly 75 percent of those deaths.

As a State senator, I eliminated preauthorization for medicated assisted treatment for substance use disorder. In Congress, I have the Alternatives to PAIN Act. I have also helped veterans to get access to substance use disorder treatment.

This poison is flooding our streets and killing our children, parents, and neighbors. It is killing my constituents in Iowa. That is why we must pass the HALT Fentanyl Act. This bill would make the temporary classwide scheduling order for fentanyl-related substances permanent, ensuring law enforcement has the authority to seize these deadly drugs before they destroy more lives.

If we fail to act, traffickers will continue to exploit loopholes, pushing even deadlier drugs onto our streets.

The time for action is now. Lives are on the line. We must pass this bill to protect our families and stop this crisis.

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

Mr. Speaker, I thank the gentlewoman from Iowa for her comments, but I want to inform her that the Trump administration's funding freeze can impact as much as \$57 million in funding for substance abuse and mental health services and research in the State of Iowa that her constituents rely on. Cutting this vital funding will greatly hamper our response to the opioid epidemic and result in more overdose deaths.

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

Mr. GUTHRIE. Mr. Speaker, I yield 1½ minutes to the gentleman from Texas (Mr. CRENSHAW), my good friend and a member of the Energy and Commerce Committee.

Mr. CRENSHAW. Mr. Speaker, I rise today in strong support of the HALT Fentanyl Act because it is the most obvious thing in the world to be in support of.

Hundreds of thousands of Americans have lost their lives to fentanyl. Fentanyl is supposed to be used in the operating room and on the battlefield. It is not meant to be laced into street drugs and sold online to kids. Due to its street use, it has killed hundreds of thousands of Americans—75,000 deaths a year. It is the Nation's biggest mass poisoning in our history.

There is a supply-side element to that. It is the Mexican drug cartels.

It is also worth mentioning the counterarguments to this. Everyone says, well, if we schedule this as a schedule I drug, then we are going to go right back to the old days of the 1980s and 1990s of mass incarceration.

There is a really big problem with that argument, and it is this: This has been temporarily scheduled since 2018. I would love my colleagues who are making that claim to show me the data

on how this has hurt minority communities over the last 7 years. You can't because it doesn't exist. It has been schedule I for 7 years.

We cannot let that expire because then we take away the tools that our prosecutors and law enforcement need to stop this deadly threat.

I hate to break it to everybody, but incentives matter, behaviors matter. You need higher penalties for dealing fentanyl, a heck of a lot higher than the mandatory minimums we are even talking about here, if we actually care about saving kids' lives.

Mr. Speaker, we should stop playing politics. Let's do what is right. I urge my colleagues to support this bill.

Mr. PALLONE. Mr. Speaker, I continue to reserve the balance of my time.

Mr. GUTHRIE. Mr. Speaker, I yield 1½ minutes to the gentleman from North Carolina (Mr. MURPHY), my good friend.

Mr. MURPHY. Mr. Speaker, I have sat here and listened to some of the arguments from the other side, and I feel like we are back in bizarro world again.

The election last time told us that people don't want crime, fentanyl, and the things that come with it. We are merely trying to get this off the streets.

Let me give a good example of what this means in the HALT Fentanyl Act. Let's say I am from the Pepsi company, and let's say people don't like Coke. Well, we have to get rid of Coke. We not only have to get rid of Coke, but that means we also have to get rid of vanilla Coke, lemon Coke, and all the other Cokes. In this case, we get rid of the derivatives, the basic element of fentanyl.

That is all that we are doing. We are not trying to protect our criminals. We are not going to hurt our physicians. We are not going to hurt any particular segment of society. We are trying to bring back what Americans wanted during the election, and that was law and order—very simple.

I have known nine young men who have died from fentanyl overdoses. There is not a single person in this Chamber who doesn't know somebody who has died from this. This is the scourge of folks under age 50. It is the number one cause of death. Anything we can do to move that barrier is critical.

Mr. Speaker, I urge my colleagues to stop the partisan nonsense and shenanigans and let everybody get back on board to understanding that this is a scourge upon our Nation. We just want it scheduled correctly, as in schedule I. It will save lives, no matter what you look like or where you live.

Mr. Speaker, I strongly support the HALT Fentanyl Act and urge my colleagues to do the same.

Mr. PALLONE. Mr. Speaker, I continue to reserve the balance of my time.

Mr. GUTHRIE. Mr. Speaker, I yield 1 minute to the gentleman from California (Mr. FONG).

Mr. FONG. Mr. Speaker, I rise today in strong support of H.R. 27, the HALT Fentanyl Act.

Fentanyl is destroying lives across America, and my district is no exception. Traffickers have been cutting fentanyl with additional uncontrolled substances, such as xylazine-cut fentanyl, making overdoses even harder to reverse. We cannot allow drug traffickers to push deadlier mixtures that are poisoning our youth.

This bill is a critical part in combating the fentanyl crisis in America. It will ensure that these deadly substances are classified permanently so law enforcement has the ability to seize these lethal drugs.

Law enforcement is on the front lines, fighting this crisis every single day, as drugs flow across the southern border. It is our job in this Chamber to ensure that they have the tools they need to stay ahead of drug traffickers.

Mr. Speaker, I urge my colleagues to protect our communities by voting "yes" on H.R. 27.

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

Let me be clear, what the Trump funding freeze does is to pause any funding to go to opioid prevention, treatment, and recovery programs. Fortunately, several Federal courts have enjoined this funding freeze from going into immediate effect, but make no mistake, if this freeze is allowed to go forward, substance use and mental health clinicians who dedicate their lives to helping those experiencing substance use disorder would go without their paychecks and close their doors.

Clinics and programs such as certified community behavioral health clinics and the Drug-Free Communities Support Program funded by the CDC would be cut off from Federal funding.

We just learned yesterday of community health centers closing in the State of Virginia, so it is already happening that some of the community health centers are closing. The millions of Americans who depend on these programs will be losing access to their care across the country.

The HALT Fentanyl Act is a bill that is opposed by over 190 organizations. It is a box to check rather than having the hard, collaborative conversations that must be done to address a long-standing problem.

Let me be clear again: The fentanyl-related substances do, in fact, pose a danger to public health. There is no question about it. That is why the DEA enacted a temporary classwide scheduling order in 2018, and we have voted to extend it over nine times since, most recently in December of last year. We included and supported it as part of a bipartisan end-of-year agreement to continue the temporary status for actually another 2 years.

Don't be fooled by the majority's fear-mongering. The upcoming expiration of the temporary order on March 31 is a crisis of their own making. If they had adopted the bipartisan agreement at the end of the year, we wouldn't be facing this deadline.

I hope that we can all agree that the substance use and overdose crisis impacts all of our districts. Those who are suffering deserve bipartisan solutions that protect public safety, support public health, and don't perpetuate criminal justice bias.

As I said before, Democratic opposition is primarily based on the fact that there is nothing here to help with support and treatment. If anybody on the other side of the aisle thinks we are just going to criminalize ourselves out of this fentanyl crisis, they are just kidding themselves.

A larger part of this problem is the fact that we need a lot more funding for support and treatment, so that the demand, if you will, for fentanyl is significantly decreased. Right now, the demand is so great, and that is a big part of why we have such a crisis.

If we don't do something about treatment and behavioral health, we are never going to deal effectively with this crisis.

For all of those reasons, I oppose this bill, and I ask my colleagues to vote "no."

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

□ 1330

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

Mr. Speaker, speaking as the primary sponsor on the Republican side of the bipartisan bill, the SUPPORT Act, we do need treatment. We have worked on treatment. We have record treatment that has happened since the SUPPORT Act first passed, and we will work on it again this Congress.

We know it is going to expire by the end of March. What is happening is the scheduling of illicit fentanyl. What that means is, fentanyl is scheduled. What the people in China do who send their recipes for fentanyl to Mexico to be manufactured and sent across the border is if they could slightly change the molecule just enough that it is no longer fentanyl, it is no longer scheduled.

Our police officers have to find it and get it tested. Once they get it tested, they have to go back and say, okay, that is fentanyl. It is deadly. Let's go to Congress and get Congress to put that on the schedule. Then we put that on the schedule. Then they start to process and slightly change it again.

That is the reason we put this in an emergency order to begin with. That is why we want to put it in permanently because we know that it is effective.

We have had testimony to say that it is effective. We had my friend from New York (Ms. GILLEN) come and say that she read that the DEA says this will save lives. Other groups say this will save lives. We have testimony that this will save lives. There is so much we need to do in helping people with their substance use disorders and struggles. There is no doubt there is a lot we need to do.

What we need to do today, what we are going to put our name on and

record our vote on, yes or no, is: Do we believe that derivatives of fentanyl that are being trafficked from China to Mexico across our border, do we believe that should be schedule I and give the tools to our law enforcement officers to fight it?

That is what we are voting on today. I urge my colleagues to vote "yes" on this bill. We had Mr. Cullen from Pennsylvania testify this morning in a hearing on the Committee on Energy and Commerce, Subcommittee for Health, who lost his son.

We all know people who suffer from this. We need to keep up the fight. This is important for us to do, and I encourage a "yes" vote.

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

Mr. BALDERSON. Mr. Speaker, fentanyl has ravaged communities in my district and across Ohio.

In 2023, our state saw more than 3,500 fentanyl overdoses, representing 98 percent of all opioid deaths.

Families are being torn apart and law enforcement is fighting an uphill battle to keep this poison off our streets.

That's why I proudly support the HALT Fentanyl Act, which gives law enforcement the certainty and stability they need to crack down on traffickers and prevent illicit fentanyl from entering our country.

We cannot allow this crisis to continue unchecked. And we must act now to protect our communities, support law enforcement, and save lives.

I urge my House colleagues to support this bill.

The SPEAKER pro tempore (Mr. BOST). All time for debate on the bill has expired.

It is now in order to consider amendment No. 2 printed in part B of House Report 119-2.

AMENDMENT NO. 2 OFFERED BY MRS. TRAHAN

The SPEAKER pro tempore. It is now in order to consider amendment No. 2 printed in part B of House Report 119-2.

Mrs. TRAHAN. Mr. Speaker, as the designee of Congresswoman PETTERSEN, I have an amendment at the desk.

The SPEAKER pro tempore. The Clerk will designate the amendment.

The text of the amendment is as follows:

Page 23, strike lines 13 through 16 and insert the following:

(a) IN GENERAL.—This Act, and the amendments made by this Act, shall take effect on the date that the Secretary of Health and Human Services and the Attorney General certify jointly in the Federal Register that this Act will lead to a reduction in overdose deaths.

The SPEAKER pro tempore. Pursuant to House Resolution 93, the gentleman from Massachusetts (Mrs. TRAHAN) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentleman from Massachusetts.

Mrs. TRAHAN. Mr. Speaker, I rise to offer amendment 2 on behalf of my colleague, Congresswoman BRITTANY

PETTERSEN, who welcomed her second son, Sam, last week.

Unfortunately, outdated House rules prevent Congresswoman PETTERSEN from voting remotely while she recovers and cares for her newborn. I am proud to stand here today to advance the critical amendment that she authored, one that ensures the legislation before us does what it is intended to do: Save lives.

This amendment adds a straightforward but essential guardrail. Before this bill can take effect, the Secretary of Health and Human Services and the Attorney General must certify that it will actually reduce overdose deaths.

Mr. Speaker, we are at a pivotal point in the fight against the opioid crisis. For the first time since 2018, overdose deaths have declined over a 12-month period. That is not by chance. It is because of evidence-based strategies, including many championed by the Bipartisan Mental Health and Substance Use Disorder Task Force.

The investments we have made to disrupt the illicit drug trade, expand access to treatment and recovery support, and make naloxone widely available, they are working. We should be building on this progress, not undermining it.

That is what this amendment ensures. While we have made real strides in this fight, the reality is still devastating: More than 80,000 Americans lost their lives to overdoses in 2024. This crisis remains a national emergency, one that demands a public health response, not a return to failed policies that devastated communities for generations.

Everyone in this Chamber agrees that we must keep fentanyl and other illicit substances out of our neighborhoods, and we have to do it in a way that actually reduces overdose deaths. That is why I urge my colleagues to support this amendment because it guarantees that this bill will save lives. We cannot afford to go backward. Let's keep moving forward.

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

Mr. GUTHRIE. Mr. Speaker, I rise in opposition to the amendment.

The SPEAKER pro tempore. The gentleman from Kentucky is recognized for 5 minutes.

Mr. GUTHRIE. Mr. Speaker, we know that if this emergency declaration expires, that illicit fentanyl will no longer be scheduled and individuals will no longer be subject to arrest and prosecution.

I don't believe we need to study this. That is why we have the emergency in place because of the problem. Putting this off until a study comes back, people are going to die. I don't think we need to certify that people are going to die. I think that is self-evident.

Mr. Speaker, I urge opposition to this amendment, and I reserve the balance of my time.

Mrs. TRAHAN. Mr. Speaker, may I inquire as to the time remaining.

THE SPEAKER pro tempore. The gentlewoman from Massachusetts has 3 minutes remaining.

Mrs. TRAHAN. Mr. Speaker, I yield such time as she may consume to the gentlewoman from Oregon (Ms. DEXTER).

Ms. DEXTER. Mr. Speaker, I appreciate the opportunity to speak, and I rise to strongly support this amendment. If we want to save lives, if that is truly what we are all here to do, let's make sure that is the outcome before we move forward.

As I stated, I am a physician. I am a lung doctor. I have taken care of people with addiction for 20 years. I know, Mr. Speaker, that people have to fail before they succeed most times when they struggle with addiction.

Criminalizing all use of fentanyl derivatives means that people will be driven into the shadows because they fear going to jail should they have an addiction. This is a chronic disease.

If we believe criminalization is the path to helping save lives, I want to see that because that has not been our experience in Oregon where it has been nationally recognized that we have struggled.

The other point I will make is that the scheduling of all fentanyl derivatives ties our hands. We cannot develop treatments that are derivatives of fentanyl if we criminalize all fentanyl-related derivatives.

Mr. Speaker, not only do we deny ourselves the opportunity for treatment upstream, but downstream, we criminalize people into the shadows where they are more likely to die of overdose.

Mr. GUTHRIE. Mr. Speaker, I yield 1 minute to the gentleman from Pennsylvania (Mr. BRESNAHAN).

Mr. BRESNAHAN. Mr. Speaker, I rise in strong support of H.R. 27, the HALT Fentanyl Act, and oppose the amendment.

It takes only 2 milligrams of fentanyl to kill a person. That is the weight of a single grain of sand. In fact, on average, one Pennsylvanian dies from a drug overdose every 2 hours. These aren't strangers.

The fentanyl that has poured in across our borders during the past few years has wreaked havoc on our families, neighbors, and communities. This includes me. My 16-year-old cousin lost her life to this crisis.

No race, no gender, no ZIP Code is immune from the fentanyl epidemic. This is why I am proud that we are wasting no time in bringing the HALT Fentanyl Act to the floor.

This bill should have passed both Chambers in the last Congress. It should have passed with unanimous support, but here with are. Let's show the American people we are prepared to fight for them and address this crisis. Let's deliver a tangible victory for our families and neighbors back home.

Mr. GUTHRIE. Mr. Speaker, I yield 1½ minutes to the gentlewoman from Colorado (Ms. BOEBERT).

Ms. BOEBERT. Mr. Speaker, I am totally focused on codifying President Trump's executive actions to Make America Great Again. This bill will do just that, permanently solidifying President Trump's decision to classify fentanyl-related substances and fentanyl as schedule I drugs.

Really, maybe it doesn't go far enough. I think fentanyl should be a weapon of mass destruction. I have a bill to do exactly that. Maybe that will be the next bill that we are debating on the floor this Congress.

In Colorado, I can't even go into the grocery store, the gas station, or the local firearms store without meeting someone who has had a loved one die from fentanyl.

According to the CDC in 2022 alone, fentanyl was responsible for over 73,000 deaths. That is like losing seven of my rural communities in just 1 year. Guess what? Now, it is the leading cause of death for Americans aged 18 to 45. It is a shame because it didn't have to be this way.

The Biden-Harris regime sacrificed American lives at the altar of open borders. Shame on them. Enough is enough. It is time we put an end to this crisis that was completely preventable and wasn't happening until Democrats enabled China and cartels with wide-open border policies.

Let's pass the HALT Fentanyl Act. Let's codify President Trump's executive orders, and let's put American lives ahead of open-border extremist policies.

Mrs. TRAHAN. Mr. Speaker, it is a very spirited debate on the other side, but this is on the amendment. This amendment would just make sure that the underlying bill actually does what it is intended to do, which is save lives simply by ensuring that the Secretary of Health and Human Services and the Attorney General certify that this bill will reduce overdose deaths.

Mr. Speaker, I urge my colleagues, in order to make this legislation effective, vote "yes" on this amendment, and I yield back the balance of my time.

Mr. GUTHRIE. Mr. Speaker, all I will say is that we know, and we have had testimony. We have had testimony from so many people who have come before our committee. We know that if we have illicit fentanyl that is no longer illegal, it is not going to save lives. It is going to cost lives.

We know this emergency order is expiring at the end of March. This needs to be done. It has to go to the Senate. Somebody mentioned earlier on the other side that it lingered in the Senate. We now have a Senate that will take this up. We have a President that will sign it.

We need to get this done so we can protect children and not delay this until we have another study when we know what is going on in our neighborhoods, our homes, our communities, and our country.

Mr. Speaker, I urge the defeat of this amendment and support the underlying

bill. I yield back the balance of my time.

THE SPEAKER pro tempore. Pursuant to the rule, the previous question is ordered on the bill, as amended, and on the amendment offered by the gentlewoman from Massachusetts (Mrs. TRAHAN).

The question is on the amendment by the gentlewoman from Massachusetts.

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

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

The yeas and nays were ordered.

THE SPEAKER pro tempore. Pursuant to clause 8 of rule XX, further proceedings on this question will be postponed.

#### RECESS

THE SPEAKER pro tempore. Pursuant to clause 12(a) of rule I, the Chair declares the House in recess subject to the call of the Chair.

Accordingly (at 1 o'clock and 43 minutes p.m.), the House stood in recess.

□ 1600

#### AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Mr. MURPHY) at 4 p.m.

#### ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

THE SPEAKER pro tempore. Proceedings will resume on questions previously postponed.

Votes will be taken in the following order:

Amendment No. 2 to H.R. 27 offered by Mrs. TRAHAN from Massachusetts; and

Passage of H.R. 27, if ordered.

The first electronic vote will be conducted as a 15-minute vote.

Pursuant to clause 9 of rule XX, the remaining electronic vote will be conducted as a 5-minute vote.

#### HALT ALL LETHAL TRAFFICKING OF FENTANYL ACT

THE SPEAKER pro tempore. Pursuant to clause 8 of rule XX, the unfinished business is the question on amendment No. 2 to the bill, H.R. 27, to amend the Controlled Substances Act with respect to the scheduling of fentanyl-related substances, and for other purposes, printed in part B of House Report 119-2, offered by the gentlewoman from Massachusetts (Mrs. TRAHAN) on which further proceedings were postponed and on which the yeas and nays were ordered.

The Clerk will redesignate the amendment.

The Clerk redesignated the amendment.

THE SPEAKER pro tempore. The question is on the amendment offered