

seemingly ubiquitous telephone number, 911, is not the number used by the local community for emergencies. What seems like such a simple concept has not been implemented uniformly throughout the nation. This situation causes consumer confusion that can delay or prevent emergency personnel from reaching people in need. For instance, there are approximately 15 emergency numbers used around the country for wireless calls. These range from 911 to *55, #77, to the acronym of the State highway police, to the local sheriff or police department.

Think about the typical American experience of taking a family vacation. When you are out on the roads of America with your family and you see an accident or get involved in an accident yourself, how do you get help for your loved ones if you don't know how to reach emergency personnel? Take a moment to imagine trying to get emergency help on an interstate highway when you are not certain of your precise location and you may have no idea of what number that State has adopted to call emergency personnel. These scenarios are real and they happen every day.

Thankfully we are making the thoughtful decision through this bill that there should be one number for consumers to dial to reach emergency personnel. This will remove the dialing guessing game and help improve the safety of our citizens.

S. 800 also provides liability parity between wireline and wireless carriers. Wireless carriers have made a compelling case as to why liability parity is justified in this limited instance and how public safety will be enhanced if it is enacted. The public safety community is also strongly supporting this provision recognizing that the deployment of wireless location technology is being stalled because wireless companies are correctly concerned about their exposure to lawsuit for trying to improve the safety of their systems. With over 100,000 wireless emergency calls being placed each day, pinpointing the exact location of wireless calls will be extremely helpful in improving emergency response time. Liability protection will help facilitate the deployment of such technology.

Lastly, S. 800 will provide privacy protections for consumers in the use of subscriber call location information. As call location information technologies are deployed, it is equally important that we ensure that this information is treated confidentially. It is not appropriate to let government or commercial parties collect such information or keep tabs on the exact location of individual subscribers. S. 800 will ensure that such call location information is not disclosed without the authorization of the user, except in emergency situations, and only to specific personnel.

These are well thought-out, well-vetted concepts that have received broad bipartisan support.

I want to thank all Members that have helped us get where we are today. I especially want to thank Senators BURNS, MCCAIN, and HOLLINGS, and their staffs for the work that went into S. 800. I also want to thank the relevant industry parties involved, including the U.S. wireless companies and their trade associations—the Cellular Telecommunications Industry Association and the Personal Communications Industry Association—for their continued support and helpful suggestions. It is also important that we recognize the fine work

of the public safety community, including the ComCARE Alliance, for continuing to remind us that these simple reforms will be so helpful to the safety of Americans. I ask that a letter sent to me by the ComCARE Alliance on this bill be made part of the RECORD.

I urge all Members to support passage of the bill.

Mr. MARKEY. Mr. Speaker, I have no further requests for time, and I yield back the balance of my time.

Mr. TAUZIN. Mr. Speaker, asking all Members to join us in this bill, I have no further requests for time, and I yield back the balance of my time.

The SPEAKER pro tempore (Mr. SHIMKUS). The question is on the motion offered by the gentleman from Louisiana (Mr. TAUZIN) that the House suspend the rules and pass the Senate bill, S. 800.

The question was taken.

Mr. TAUZIN. 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 and the Chair's prior announcement, further proceedings on this motion will be postponed.

HILLORY J. FARIAS DATE-RAPE PREVENTION DRUG ACT OF 1999

Mr. UPTON. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 2130) to amend the Controlled Substances Act to add gamma hydroxybutyric acid and ketamine to the schedules of controlled substances, to provide for a national awareness campaign, and for other purposes, as amended.

The Clerk read as follows:

H.R. 2130

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 "Hillory J. Farias Date-Rape Prevention Drug Act of 1999".

SEC. 2. FINDINGS.

The Congress finds as follows:

(1) Gamma hydroxybutyric acid (also called G, Liquid X, Liquid Ecstasy, Grievous Bodily Harm, Georgia Home Boy, Scoop) has become a significant and growing problem in law enforcement. At least 20 States have scheduled such drug in their drug laws and law enforcement officials have been experiencing an increased presence of the drug in driving under the influence, sexual assault, and overdose cases, especially at night clubs and parties.

(2) A behavioral depressant and a hypnotic, gamma hydroxybutyric acid ("GHB") is being used in conjunction with alcohol and other drugs with detrimental effects in an increasing number of cases. It is difficult to isolate the impact of such drug's ingestion since it is so typically taken with an ever-changing array of other drugs and especially alcohol, which potentiates its impact.

(3) GHB takes the same path as alcohol, processes via alcohol dehydrogenase, and its symptoms at high levels of intake and as impact builds are comparable to alcohol ingestion/intoxication. Thus, aggression and violence can be expected in some individuals who use such drug.

(4) If taken for human consumption, common industrial chemicals such as gamma butyrolactone and 1,4-butanediol are swiftly converted

by the body into GHB. Illicit use of these and other GHB analogues and precursor chemicals is a significant and growing law enforcement problem.

(5) A human pharmaceutical formulation of gamma hydroxybutyric acid is being developed as a treatment for cataplexy, a serious and debilitating disease. Cataplexy, which causes sudden and total loss of muscle control, affects about 65 percent of the estimated 180,000 Americans with narcolepsy, a sleep disorder. People with cataplexy often are unable to work, drive a car, hold their children or live a normal life.

SEC. 3. ADDITION OF GAMMA HYDROXYBUTYRIC ACID AND KETAMINE TO SCHEDULES OF CONTROLLED SUBSTANCES; GAMMA BUTYROLACTONE AS ADDITIONAL LIST I CHEMICAL.

(a) ADDITION TO SCHEDULE I.—

(1) IN GENERAL.—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:

"(d) Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation, which contains any quantity of the following substance having a depressant effect on the central nervous system, or which contains any of their salts, isomers, and salts of isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation:

"(1) Gamma hydroxybutyric acid."

(2) SECURITY OF FACILITIES.—For purposes of any requirements that relate to the physical security of registered manufacturers and registered distributors, gamma hydroxybutyric acid and its salts, isomers, and salts of isomers manufactured, distributed, or possessed in accordance with an exemption approved under section 505(i) of the Federal Food, Drug, and Cosmetic Act shall be treated as a controlled substance in schedule III under section 202(c) of the Controlled Substances Act.

(b) ADDITION TO SCHEDULE III.—Schedule III under section 202(c) of the Controlled Substances Act (21 U.S.C. 812(c)) is amended in (b)—

(1) by redesignating (4) through (10) as (6) through (12), respectively;

(2) by redesignating (3) as (4);

(3) by inserting after (2) the following:

"(3) Gamma hydroxybutyric acid and its salts, isomers, and salts of isomers contained in a drug product for which an application has been approved under section 505 of the Federal Food, Drug, and Cosmetic Act."; and

(4) by inserting after (4) (as so redesignated) the following:

"(5) Ketamine and its salts, isomers, and salts of isomers."

(c) ADDITIONAL LIST I CHEMICAL.—Section 102(34) of the Controlled Substances Act (21 U.S.C. 802(34)) is amended—

(1) by redesignating subparagraph (X) as subparagraph (Y); and

(2) by inserting after subparagraph (W) the following subparagraph:

"(X) Gamma butyrolactone."

(d) RULE OF CONSTRUCTION REGARDING CONTROLLED SUBSTANCE ANALOGUES.—Section 102(32) of the Controlled Substances Act (21 U.S.C. 802(32)) is amended—

(1) by redesignating subparagraph (B) as subparagraph (C); and

(2) by inserting after subparagraph (A) the following subparagraph:

"(B) The designation of gamma butyrolactone or any other chemical as a listed chemical pursuant to paragraph (34) or (35) does not preclude a finding pursuant to subparagraph (A) of this paragraph that the chemical is a controlled substance analogue."

(e) PENALTIES REGARDING SCHEDULE I.—

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

inserting after "schedule I or II," the following: "gamma hydroxybutyric acid in schedule III."

(2) **CONFORMING AMENDMENT.**—Section 401(b)(1)(D) of the Controlled Substances Act (21 U.S.C. 841(b)(1)(D)) is amended by inserting "(other than gamma hydroxybutyric acid)" after "schedule III".

(f) **DISTRIBUTION WITH INTENT TO COMMIT CRIME OF VIOLENCE.**—Section 401(b)(7)(A) of the Controlled Substances Act (21 U.S.C. 841(b)(7)(A)) is amended by inserting "or controlled substance analogue" after "distributing a controlled substance".

SEC. 4. AUTHORITY FOR ADDITIONAL REPORTING REQUIREMENTS FOR GAMMA HYDROXYBUTYRIC PRODUCTS IN SCHEDULE III.

Section 307 of the Controlled Substances Act (21 U.S.C. 827) is amended by adding at the end the following:

"(h) In the case of a drug product containing gamma hydroxybutyric acid for which an application has been approved under section 505 of the Federal Food, Drug, and Cosmetic Act, the Attorney General may, in addition to any other requirements that apply under this section with respect to such a drug product, establish any of the following as reporting requirements:

"(1) That every person who is registered as a manufacturer of bulk or dosage form, as a packager, repackager, labeler, relabeler, or distributor shall report acquisition and distribution transactions quarterly, not later than the 15th day of the month succeeding the quarter for which the report is submitted, and annually report end-of-year inventories.

"(2) That all annual inventory reports shall be filed no later than January 15 of the year following that for which the report is submitted and include data on the stocks of the drug product, drug substance, bulk drug, and dosage forms on hand as of the close of business December 31, indicating whether materials reported are in storage or in process of manufacturing.

"(3) That every person who is registered as a manufacturer of bulk or dosage form shall report all manufacturing transactions both inventory increases, including purchases, transfers, and returns, and reductions from inventory, including sales, transfers, theft, destruction, and seizure, and shall provide data on material manufactured, manufactured from other material, use in manufacturing other material, and use in manufacturing dosage forms.

"(4) That all reports under this section must include the registered person's registration number as well as the registration numbers, names, and other identifying information of vendors, suppliers, and customers, sufficient to allow the Attorney General to track the receipt and distribution of the drug.

"(5) That each dispensing practitioner shall maintain for each prescription the name of the prescribing practitioner, the prescribing practitioner's Federal and State registration numbers, with the expiration dates of these registrations, verification that the prescribing practitioner possesses the appropriate registration to prescribe this controlled substance, the patient's name and address, the name of the patient's insurance provider and documentation by a medical practitioner licensed and registered to prescribe the drug of the patient's medical need for the drug. Such information shall be available for inspection and copying by the Attorney General.

"(6) That section 310(b)(3) (relating to mail order reporting) applies with respect to gamma hydroxybutyric acid to the same extent and in the same manner as such section applies with respect to the chemicals and drug products specified in subparagraph (A)(i) of such section."

SEC. 5. DEVELOPMENT OF FORENSIC FIELD TESTS FOR GAMMA HYDROXYBUTYRIC ACID.

The Attorney General shall make a grant for the development of forensic field tests to assist law enforcement officials in detecting the pres-

ence of gamma hydroxybutyric acid and related substances.

SEC. 6. ANNUAL REPORT REGARDING DATE-RAPE DRUGS; NATIONAL AWARENESS CAMPAIGN.

(a) **ANNUAL REPORT.**—The Secretary of Health and Human Services (in this section referred to as the "Secretary") shall periodically submit to the Congress reports each of which provides an estimate of the number of incidents of the abuse of date-rape drugs (as defined in subsection (c)) that occurred during the most recent one-year period for which data are available. The first such report shall be submitted not later than January 15, 2000, and subsequent reports shall be submitted annually thereafter.

(b) **NATIONAL AWARENESS CAMPAIGN.**—

(1) **DEVELOPMENT OF PLAN; RECOMMENDATIONS OF ADVISORY COMMITTEE.**—

(A) **IN GENERAL.**—The Secretary, in consultation with the Attorney General, shall develop a plan for carrying out a national campaign to educate individuals described in subparagraph (B) on the following:

(i) The dangers of date-rape drugs.

(ii) The applicability of the Controlled Substances Act to such drugs, including penalties under such Act.

(iii) Recognizing the symptoms that indicate an individual may be a victim of such drugs, including symptoms with respect to sexual assault.

(iv) Appropriately responding when an individual has such symptoms.

(B) **INTENDED POPULATION.**—The individuals referred to in subparagraph (A) are young adults, youths, law enforcement personnel, educators, school nurses, counselors of rape victims, and emergency room personnel in hospitals.

(C) **ADVISORY COMMITTEE.**—Not later than 180 days after the date of the enactment of this Act, the Secretary shall establish an advisory committee to make recommendations to the Secretary regarding the plan under subparagraph (A). The committee shall be composed of individuals who collectively possess expertise on the effects of date-rape drugs and on detecting and controlling the drugs.

(2) **IMPLEMENTATION OF PLAN.**—Not later than 180 days after the date on which the advisory committee under paragraph (1) is established, the Secretary, in consultation with the Attorney General, shall commence carrying out the national campaign under such paragraph in accordance with the plan developed under such paragraph. The campaign may be carried out directly by the Secretary and through grants and contracts.

(3) **EVALUATION BY GENERAL ACCOUNTING OFFICE.**—Not later than two years after the date on which the national campaign under paragraph (1) is commenced, the Comptroller General of the United States shall submit to the Congress an evaluation of the effects with respect to date-rape drugs of the national campaign.

(c) **DEFINITION.**—For purposes of this section, the term "date-rape drugs" means gamma hydroxybutyric acid and its salts, isomers, and salts of isomers and such other drugs or substances as the Secretary, after consultation with the Attorney General, determines to be appropriate.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Michigan (Mr. UPTON) and the gentleman from Ohio (Mr. BROWN) each will control 20 minutes.

The Chair recognizes the gentleman from Michigan (Mr. UPTON).

GENERAL LEAVE

Mr. UPTON. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks on H.R. 2130.

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

There was no objection.

Mr. UPTON. Mr. Speaker, I ask unanimous consent that the gentleman from Ohio (Mr. CHABOT) be recognized to control half of my time, or 10 minutes.

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

There was no objection.

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

Mr. Speaker, I rise in support of H.R. 2130. I particularly want to appreciate the good work of the gentleman from Virginia (Chairman BLILEY) and the gentleman from Florida (Chairman BILIRAKIS), both of whom would be here except for subcommittee hearings going on.

I thank my colleagues, all of the Michigan delegation, and in particular, the gentleman from Michigan (Mr. STUPAK) who serves with me on the Committee on Commerce, for his diligent work on this effort, and the gentlewoman from Texas (Ms. JACKSON-LEE) for her fine efforts, and obviously the gentleman from Michigan (Mr. DINGELL) as well.

I also want to compliment Senator ABRAHAM, who has introduced similar legislation in the Senate, as well as Chairman HATCH, chairman of the Committee on the Judiciary in the Senate, as he has apparently indicated that they want to move fairly quickly in the Senate with hearings and action over there very soon, perhaps as early as next week.

Mr. Speaker, I was a relatively new chairman of the Subcommittee on Oversight and Investigations in the Committee on Commerce this last year. There were two stories in Michigan that prevailed in a major way last January.

One was the terrible cold and snow. The high temperature I think in my part of the State was about 20 below for about 1½ weeks. The other story was a very sad story about two teenage women from the district of the gentleman from Michigan (Mr. DINGELL) who went to a party and, sadly, someone allegedly laced their soft drinks with a date-rape drug called GHB or GBL. One of those women died. It was a nightmare, a nightmare that no family wants to experience or get that phone call.

I did not know very much about date rape drugs, and I thought, as the new chairman of the subcommittee, that we ought to have a look at it. We called a number of witnesses. In fact, we heard from a victim from this area, the Washington-Virginia-Maryland area, a woman who at the age of 14 or 15 had had her soft drink laced with this same type of drug. She was a serious victim of sexual assault. She, thank goodness, lived, but it was an experience that no family wants to experience.

Mr. Speaker, we heard in August from the Kansas City TV station, where they thought that perhaps as many as 6,000 or 7,000 cases of date rape

drugs had happened in the greater Kansas City area, and they were very interested in watching this legislation move forward. I heard from a mom in Ohio whose daughter's bottled water had been laced with this stuff and she was on life support, the daughter.

As we found out a little bit about this drug, we found that it was odorless, colorless, tasteless, and it is virtually available on every college campus across the country. We found out that on the Internet, virtually anyone with a credit card could get this stuff for as little as \$20 overnight.

Mr. Speaker, this is a nightmare that needs to end. We found out that because of a number of loopholes in a number of States, these drugs were actually legal. They were legitimate. We found out that those States would try as hard as they may to try and ban some of these drugs. With a simple change in the chemical balance of these drugs, it could be made from GHB to GBL to who knows what, and the circumstance would be the same.

Mr. Speaker, this legislation that I introduced, along with my colleagues, the gentlemen from Michigan, Mr. STUPAK and Mr. DINGELL, the gentleman from Virginia (Mr. BLILEY), and the gentleman from Florida (Mr. BILIRAKIS), closes the door on these drugs. It makes them a Schedule I. It will take it, I hope, off the Internet.

It will make sure that on college campuses, in high schools across the country, that there will be a force that the law enforcement agencies will have where they can take this stuff off the street and save families from the nightmares that they would otherwise have.

We heard testimony that perhaps as many as 90 kids have died in the last couple of years because of these drugs, and certainly thousands and thousands of cases of abuse across the country. In many cases, when these kids, women, are brought to the ER rooms, the hospital has no idea what might have struck these kids because it is natural, in many cases. In many cases these drugs are a naturally-produced substance with a relatively short half-life, and without knowing specifically what to look for in this stuff, the ER room misses it and perhaps that child dies.

Mr. Speaker, I would urge my colleagues to support this legislation.

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

Mr. BROWN of Ohio. Mr. Speaker, I ask unanimous consent to yield 10 minutes to the gentlewoman from Texas (Ms. JACKSON-LEE) for her to control on behalf of the Committee on the Judiciary.

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

There was no objection.

Mr. BROWN of Ohio. Mr. Speaker, I yield such time as he may consume to the gentleman from Michigan (Mr. STUPAK), the sponsor of the bill who has worked tirelessly on this with the

gentlewoman from Texas (Ms. JACKSON-LEE) and the gentlewoman from Michigan (Ms. STABENOW).

Mr. STUPAK. I thank the gentleman for yielding time to me, Mr. Speaker.

Mr. Speaker, I rise in strong support of H.R. 2130, the Hillory T. Varias Date-Rape Prevention Drug Act of 1999.

As many of my colleagues know, with my background in law enforcement, I have been concerned with the problem of drug abuse and date rape. In fact, the first bill that I ever passed in the U.S. Congress in 1993 was the Chemical Diversion Act of 1993, which wiped out cat or methcatadone, as we call it.

But in addition to this and other efforts, we are here today on H.R. 2130, as amended. We did a lot of work in committee. We put my substitute as the committee bill, and it is a product of a lot of compromise worked out by numerous parties in the Committee on Commerce and the Committee on the Judiciary to address the concerns and needs of both law enforcement and patients.

By scheduling GHB, we will be giving the Drug Enforcement Agency strong controls over the drug and allow them to combat the rampant abuse of this drug which we are currently seeing.

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Just a few months ago, five Lake City teenagers were brought into the emergency room in convulsions and described as comatose due to the overdose of GHB. Even more recently, October 1 of this year, article right here about eight Ann Arbor University of Michigan students up in the hospital over the weekend because of taking GHB that was slipped into their drinks while they were out partying in Ann Arbor.

Not only in Michigan, Mr. Speaker, but all over the country this drug is spreading in popularity. I know my colleague, from the gentleman from Michigan (Mr. UPTON), estimated 90 people. Even modest estimates put it at 32 people have died from exposure to this drug, most of them because it has been dangerously mixed with alcohol.

Countless others have overdosed or suffered rape as a result of this unpredictable and uncontrolled substance. Furthermore, GHB is one of the first drugs in which the recipe for manufacture at home was widely available over the Internet. People were literally cooking up the drug in their house by obtaining the ingredients and instructions over the Internet.

H.R. 2130 addressed this issue by requiring tracking and reporting of possible misuse of GBL and other precursor chemicals.

Finally, the bill requires the Department of Justice to develop a forensic test to aid law enforcement officials in determining when GHB or a GHB-related compound is involved in a criminal activity. This will be helpful to law enforcement officials who currently have no way of determining GHB's in-

volvement in a crime or situation without laboratory testing.

This bill also recognizes that well-designed legislative efforts should not throw out the baby with the bath water, so to speak. By this, I mean that the abusive use of GHB we have been focusing on should not prevent possible legitimate or beneficial uses of this drug. For example, GHB has shown considerable promise for the treatment of narcolepsy. Specifically, this drug could benefit the approximately 30,000 people who suffer from a form of cataplexy or a sudden loss of muscle control.

Good public policy recognizes these patients and the important research which is being done attempting to address their serious medical concerns.

H.R. 2130 places GHB into Schedule I; but when it is approved by the FDA for medical use, it will then move to a Schedule III with Schedule I criminal penalties. It allows an exemption from the security requirements imposed for Schedule I controlled substances, which will allow the manufacturers of medical-grade GHB to continue their research without the need to construct an expensive vault for storage of the product.

This bill also allows patients to receive their drugs directly from the manufacturer, because it places a medically-approved GHB drug automatically into Schedule III.

Mr. Speaker, a lot of work has gone into reaching this bipartisan legislation. I want to thank the gentlewoman from Texas (Ms. JACKSON-LEE) for her work on this issue. I want to thank the chairman of the Committee on Commerce, the gentleman from Virginia (Mr. BLILEY), as well as my good friend, the gentleman from Michigan (Mr. UPTON) of the Subcommittee on Oversight, Investigations and Emergency Management for holding the first hearing on this matter, and the gentleman from Florida (Mr. BILIRAKIS) who were crucial in moving this bill through the Committee on Commerce.

Finally and most heartfelt, I would like to thank the gentleman from Michigan (Mr. DINGELL), as well as the gentleman from Ohio (Mr. BROWN), the gentleman from Pennsylvania (Mr. KLINK), and the gentlewoman from Michigan (Ms. STABENOW) for working with us on our side to move this bill.

I urge the House to pass this bill so we can prevent more deaths from the misuse of this dangerous substance, and I urge the other body to move this legislation expeditiously.

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

Mr. Speaker, I rise in strong support of H.R. 2130. One of the most pernicious recent developments in our Nation's battle against illegal drug use is the emergence of so-called date rape drugs. These drugs are being used by sexual predators to incapacitate their victims before they are sexually assaulted. Many of these drugs are odorless and

tasteless as the gentleman from Illinois has already mentioned, and they dissolve quickly and easily in alcohol.

Alcohol enhances the drug's intoxicating effect and leaves the victim utterly helpless. What makes the use of these drugs even more contemptible is that the victims are likely to suffer memory loss, and this makes it virtually impossible for them to recount to law enforcement officers the circumstances surrounding the assault. These victims suffer the knowledge that they have been sexually assaulted, but they just cannot remember the details or explain how it happened and that makes it virtually impossible to prosecute many of these cases, and that is why they are particularly heinous.

H.R. 2130 builds on past efforts by the Committee on Commerce and the Committee on the Judiciary to address the problem of date rape drugs. In 1998, a bill I introduced, the Controlled Substances Trafficking Prohibition Act, passed both the House and the Senate and was signed into law by the President. H.R. 2366 closed a gaping loophole in U.S. drug policy, the so-called personal use exemption to the Controlled Substances Act that allowed American drug dealers to bring large quantities of prescription drugs, even the most notorious types of date rape drugs, into this country without a legitimate doctor's prescription or medical purpose.

This exemption was so lax that studies along the Texas border found records of people bringing thousands of these pills into this country in one day; multiple drugs and thousands of pills in a single day supposedly for personal use. These date rape drugs ultimately found their way far too often to the streets and to college campuses, putting young women at risk.

In October 1996, Congress also passed the Drug Induced Rape Prevention and Punishment Act of 1996. That law addressed the abuse of the drug flunitrazepam and established the precedent that H.R. 2130 now follows.

Others have ably described the provisions of this legislation so I will only highlight a few of its key aspects. It places GHB in Schedule I of the Controlled Substances Act; thereby providing the maximum penalties for those who clandestinely produce the drug at home and those who use GHB to commit date rape. It also establishes GBL, the precursor chemical used to make GHB, as a list one chemical, the most regulated chemical category.

The legislation allows for the ongoing, promising clinical development of GHB for the treatment of narcolepsy and more specifically for the treatment of cataplexy. It does so by providing that if and when GHB is approved by the FDA for the treatment of cataplexy, it will then be placed in Schedule III of the Controlled Substances Act. Such scheduling would facilitate use of the drug for such treatment. At the same time, however, the bill provides that the illegal use of GHB will receive Schedule I penalties.

Mr. Speaker, H.R. 2130 is another good example of how this Congress and recent Congresses are working both smarter and harder to combat the scourge of illegal drugs.

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

Ms. JACKSON-LEE of Texas. Mr. Speaker, I yield myself such time as I may consume.

(Ms. JACKSON-LEE of Texas asked and was given permission to revise and extend her remarks.)

Ms. JACKSON-LEE of Texas. Mr. Speaker, over this past weekend we lost 6 young people in a tragic accident near College Station, and before I begin my remarks I would like to offer my sympathy to their families and their universities.

Any time we lose young people, it is a tragedy and that is why this bill is so particularly important to those of us in Texas and around this country. So I am pleased to stand here today in strong support of the Hillory J. Farias Date-Rape Preservation Act of 1999, and I was delighted this summer to join the members of the Committee on Commerce, the gentleman from Michigan (Mr. UPTON), the gentleman from Michigan (Mr. STUPAK), and the gentleman from Virginia (Mr. BLILEY), to introduce this bipartisan legislation.

I want to take this time now to acknowledge the leadership of the gentleman from Michigan (Mr. UPTON) and the gentleman from Michigan (Mr. STUPAK) and to thank them for their collaborative kindness, to thank the gentleman from Ohio (Mr. BROWN) and the gentlewoman from Michigan (Ms. STABENOW) for their interest and participation. We have waited a long time for this day; and I look forward to the next step for this legislation, which is final passage today in the House and later in the Senate.

This day has been a long time coming, but it is a victory for those of us who are concerned about date rape drugs. This drug, GHB, has been used in innumerable rapes around the country and has been implicated in at least 40 deaths. In addition to date rape, this drug is very popular on the party scene in many cities and it is widely abused. In my home city of Houston, GHB has become known as a rage at some Houston area clubs where it is clandestinely being dispensed by party goers in clear liquid form from designer water bottles. This drug which goes by the names of "easy lay," "grievous bodily harm," "gook," "Gamma 10," and "liquid X" cannot be detected with a routine drug screen. That is why the deaths of so many of the victims have remained a mystery.

I was prompted to act to control the illicit use of GHB 3 years ago because of the death of Hillory J. Farias for whom this bill is named after, proudly so, of La Porte, Texas, on August 5, 1996, who was killed by this drug.

There is no pride in her death, but there is pride in this tribute to her today. I introduced a GHB bill in 1997

and again in 1998 and in 1999, and I have continued to advocate for its passage to prevent women from being victimized by date rape drugs.

Hillory J. Farias was a 17-year-old high school student, model student and varsity volleyball player, who died as a result of GHB slipped in her soft drink. It was at this time that her family refused to believe that she died of a self-induced drug overdose, and in their persistence they had the new Harris County medical center, Dr. Joy Carter, to again retest or reexamine and determine the death or the reason of the death of Hillory J. Farias.

Her family now, Lydia Farias, her grandmother; and Ray Farias, her grandfather; Rubin Farias, her uncle; Rosey Farias, her mother; and Hernando Farias, her uncle have gathered throughout these 3 years to persist in finding some truth to what happened to Hillory but also to help pass this legislation so that it could not happen to others again.

Hillory and two of her girlfriends went out to a club where they consumed only soft drinks. At some point during the evening, GHB was slipped into Hillory's drink and soon afterwards Hillory complained of feeling sick with a severe headache. She went home to bed, but the next morning Hillory was found by her grandmother unconscious and unresponsive. Hillory was rushed to the hospital where she later died. The cause of Hillory's death remained a mystery until it was finally detected by medical examiners, in this instance Dr. Joy Carter, as I indicated, after receiving a report from the Harris County Organized Crime and Narcotics Task Force about a new date-rape drug that was starting to show up in area nightclubs.

I introduced H.R. 1530 on May 5, 1997. The bill has several cosponsors, the gentlewoman from Georgia (Ms. MCKINNEY), the gentlewoman from Florida (Mrs. MEEK), the gentlewoman from California (Mrs. TAUSCHER), the gentlewoman from Michigan (Ms. KILPATRICK), the gentlewoman from New York (Mrs. LOWEY), the gentlewoman from Maryland (Mrs. MORELLA), the gentlewoman from New York (Ms. VELÁZQUEZ), the gentlewoman from California (Ms. MILLENDER-MCDONALD), the gentleman from Georgia (Mr. BISHOP), the gentleman from New Jersey (Mr. PALLONE), the gentleman from Florida (Mr. WEXLER), the gentlewoman from Michigan (Ms. STABENOW), the gentlewoman from Missouri (Ms. MCCARTHY), the gentlewoman from California (Ms. ROYBAL-ALLARD), the gentleman from Texas (Mr. BENTSEN), the gentlewoman from Connecticut (Ms. DELAURO), the gentleman from Texas (Mr. HINOJOSA), the gentleman from Texas (Mr. RODRIGUEZ), the gentleman from Texas (Mr. REYES), and the gentleman from New York (Mr. SERRANO).

The Subcommittee on Crime held a hearing in July 1998, where Hillory's uncle traveled long distance to come

along with Dr. Joy Carter who was a witness.

H.R. 1530 received bipartisan support of the Subcommittee on Crime. Earlier this session, we introduced H.R. 75, and this summer again I worked closely with the gentleman from Michigan (Mr. UPTON), the gentleman from Michigan (Mr. STUPAK), the gentleman from Virginia (Mr. BLILEY), and the gentleman from Michigan (Mr. DINGELL) to bring us to this point.

The Houston Poison Control reports indicate that as many as 30 people have overdosed on the drug and been treated in emergency rooms in the past 6 months. In fact, Mike Ellis, director of poison control, stated in 1996, that the majority of cases that this agency has been seeing over the past few years have resulted from people rushed to the hospitals because they could not breathe or they passed out in their cars and nobody could rouse them.

My office has been contacted by many families. Fifteen year old Samantha Reid died in Michigan. The office of the gentleman from New York (Mr. LAFALCE) told us of the story of Kerri Breton who died in Syracuse, New York, who died from this drug being slipped into her drink.

A young man from the Chicago area overdosed and almost died last September. His family called our office pleading for help. There was also a recent incident in Michigan where four teenagers died. One Houston, Texas, resident by the name of Craig told the media officials that the use of the drug is rampant.

These tragedies underscore the importance of this legislation. Without this bill, illicit use of GHB would increase dramatically. It is being made in bathtubs. It is being made on the Internet.

Mr. Speaker, I would like to thank those who have helped us come this far, and I would like to also acknowledge that we have provided in this bill the exception for narcolepsy, which I think is extremely important.

□ 1845

This bill reflects a compromise. This bill enables law enforcement to permit anyone who abuses GHP to the full extent of the law by placing the drug on Schedule I of the Controlled Substances Act. By doing so, it allows those who use the drug for sexual assault to suffer the penalties under the Drug-Induced Rape Prevention and Punishment Act. In addition, it provides for the use of this drug medically.

I would like to thank someone who has been very helpful, Mr. Speaker, one such person, Trinkia Porrata, a retired member of the Los Angeles Police Department. She has advocated for scheduling GHB on Schedule I for years and years.

So we come to this point where I would like to finally thank John Ford with the minority commerce staff, John Manthei with the majority staff. I would like to also thank my staff

members Leon Buck, Ayanna Hawkins, Oliver Kellman.

I would like to finally thank the gentleman from Virginia (Mr. SCOTT); the gentleman from Michigan (Mr. CONYERS), ranking member; the gentleman from Florida (Mr. MCCOLLUM); and the gentleman from Illinois (Mr. HYDE) of the Committee on the Judiciary.

I would like to continue again or to emphasize that this has been a bipartisan effort working with the Committee on the Judiciary and the Committee on Commerce; and we have come this far, and I look forward to my colleagues supporting this legislation, the Hillory J. Farias Date-Rape Prevention Drug Act.

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

Mr. UPTON. Mr. Speaker, may I ask how much time the four of us have remaining.

The SPEAKER pro tempore (Mr. SHIMKUS). The gentleman from Michigan (Mr. UPTON) has 5 minutes remaining. The gentleman from Ohio (Mr. CHABOT) has 6 minutes remaining. The gentleman from Ohio (Mr. BROWN) has 5 minutes remaining. The gentlewoman from Texas (Ms. JACKSON-LEE) has 2 minutes remaining.

Mr. BROWN of Ohio. Mr. Speaker, I yield 2 minutes to the gentlewoman from Michigan (Ms. STABENOW), a leader in this effort on this legislation.

Ms. STABENOW. Mr. Speaker, I thank the gentleman from Ohio for yielding me this time.

Mr. Speaker, I want to first thank the gentleman from Michigan (Mr. UPTON) for his efforts and the gentleman from Michigan (Mr. STUPAK), who I know has been working for 3 years on this issue. I very much appreciate their leadership on this issue, as well as the gentlewoman from Texas (Ms. JACKSON-LEE), and all of the others that have been mentioned concerning this very important issue.

I come to the floor today, and I am a cosponsor of this legislation, not only as a Member of the House of Representatives from Michigan where we have seen tragedies occur, but also as a mother of a college-age daughter.

I share my colleagues' support for classifying GHB as a Schedule I drug, placing it in the most highly regulated category of drugs. It depresses the central nervous system and as we know has reportedly been abused to produce intense highs and to assist in the commission of sexual assaults.

GHB is a very dangerous drug when used in this context. It has been involved in acquaintance or date rapes, which happen to young women most likely between the ages of 16 and 24 more than any other group of women. Compared to stranger rape, it is grossly underreported, mainly because many women do not recognize such encounters as rape, particularly if there is minimal violence. Yet, it is rape, and it is a crime.

The statistics on date rape are frightening. It is estimated that one in four

college women have been the victim of date rape. In a recent study, 84 percent of rape victims knew their attacker, and 57 percent of those were raped on a date. According to Virginia's Council Against Sexual Assault, those figures make acquaintance and date rape more common than heart attacks or alcoholism.

This is a serious issue, and I am very pleased to be joining my colleagues to bringing this to the floor. I urge that we have an overwhelming bipartisan support for this bill.

Mr. CHABOT. Mr. Speaker, I yield 3 minutes to the gentleman from Alabama (Mr. BACHUS), who is a member of the Committee on the Judiciary.

Mr. BACHUS. Mr. Speaker, I commend the gentleman from Michigan (Mr. UPTON) for bringing this legislation.

The gentleman from Michigan (Mr. UPTON) mentioned the word "nightmare." He said it is time to put an end to this nightmare. That is exactly what this legislation is about. Every parent's worst nightmare is to receive that call in the middle of the night telling us that one of our children has been harmed.

Now, the gentlewoman from Texas (Ms. JACKSON-LEE), who has worked very hard on this bill, mentioned those six young people that were killed at College Station, Texas. I think all of us who had young daughters and sons on campuses, we identified with that.

In Birmingham, there has been a different kind of call in the night, a different nightmare. It is a call that our daughters have been given this drug GHB. It is clear. It is tasteless. They were at a party. They were at a club, and someone slipped it into their drink. The unfortunate ones lapsed into unconsciousness, then into a coma, and they never recovered. The more fortunate ones do recover, but they are scarred. Their parents and they live through this nightmare.

In Birmingham, Alabama this year alone there have been almost a dozen cases of people suffering from overdoses of GHB—the active ingredient in date rape drugs. In the past year, Birmingham's South Precinct drug task force has made 20 GHB-related arrests.

It is time to put a stop to it. It is the only responsible thing for us to do. That is what this legislation will move to do. It will empower law enforcement officers to get these sexual predators that would prey on our daughters and our sisters and our neighbors to get them off the street and get them behind bars.

We have had people that have come before the Committee on the Judiciary, young ladies who were victims of GHB. They have described to us in horrible detail the abuse they suffered from a date using GHB. It has been sobering for all of us.

We have a responsibility to those young ladies and to all young women and their parents to address this problem.

By passing this legislation today, we will take a major step in giving our law

enforcement officers the tools they need.

I would like to commend, not only the gentleman from Michigan (Mr. UPTON), the gentlewoman from Texas (Ms. JACKSON-LEE), I would like to also commend the gentleman from Florida (Mr. MCCOLLUM), the Subcommittee on Crime chair, for his excellent work on this.

I would like to commend the gentlemen from Ohio (Mr. CHABOT) and the gentleman from Ohio (Mr. BROWN) for their work on this.

I commend the staff of the Committee on the Judiciary, and especially Dan Bryant, for their dedicated service in highlighting this dangerous drug and its consequences.

Hopefully, as a result of this legislation, a few less parents will receive that dreaded phone call in the middle of the night, and this Congress will have done something positive in a bipartisan way. I thank the gentleman from Ohio (Mr. CHABOT) for the opportunity to speaking in support of this legislation.

Mr. CHABOT. Mr. Speaker, I ask unanimous consent to yield the balance of my time to the gentleman from Michigan (Mr. UPTON).

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

There was no objection.

Mr. BROWN of Ohio. Mr. Speaker, I reserve my time.

Ms. JACKSON-LEE of Texas. Mr. Speaker, I yield 1½ minutes to the distinguished gentlewoman from New York (Mrs. MALONEY), who is the co-chair of the Women's Caucus and has worked very hard on issues dealing with women and children.

Mrs. MALONEY of New York. Mr. Speaker, I thank the gentlewoman from Texas (Ms. JACKSON-LEE) for her hard work on this bill, as well as the gentleman from Virginia (Chairman Bliley), the gentleman from Michigan (Mr. DINGELL), the gentleman from Michigan (Mr. STUPAK), the gentleman from Michigan (Mr. UPTON), and many others.

As the mother of two young women, I urge my colleagues to pass this important bipartisan bill, to prevent future tragedies like the one that took the life of Hillory J. Farias.

After an innocent evening at a teenage dance hall, Hillory died, never knowing what hit her, never knowing that someone had slipped a lethal dose of GHB into her Sprite.

Mr. Speaker, this bill is about protecting children and young women. It is about regulating access to dangerous, unpredictable substances like GHB, which is known as a date-rape drug. GHB may not always be harmful. It may, indeed, have an appropriate medical use.

But I say to my colleagues, Mr. Speaker, it should not be in the hands of partying teenagers, of preying sex offenders, of uninformed consumers.

I believe that this drug belongs in the hands of professionals, of pharmacists,

of health care providers who know the legitimate uses as well as the risks of GHB. Only then will young women and children be safe from the crime and tragic death to which GHB is an accomplice.

I urge passage of this bill.

Mr. UPTON. Mr. Speaker, I yield 4 minutes to the gentlewoman from Maryland (Mrs. MORELLA), a cosponsor of the bill.

Mrs. MORELLA. Mr. Speaker, I rise in very strong support of H.R. 2130. I really want to thank and commend the gentleman from Michigan (Mr. UPTON) and the gentlewoman from Texas (Ms. JACKSON-LEE) for introducing this very important piece of legislation and bringing the continuing problem of date rape to our attention.

As has been mentioned, parenthood enters into this, too. As someone who has raised six daughters, I am particularly grateful for this legislation. It would amend the Controlled Substance Act to add GHB to the Drug Enforcement Agency's most-regulated category.

GHB, as my colleagues may have heard, it deserves repeating, is a central nervous system depressant. It is approved as an anesthetic in some countries; however, with exception of the investigational research, it is not approved for any use in the United States.

GHB has become one of several agents characterized as a date-rape drug. Restricting the use of GHB will undoubtedly protect people all over the country, especially young women from being drugged and victimized.

This dangerous drug is considered to be a sleep aid among those who know of its effects. A dose is inserted in a drink and orally ingested. The reaction to the drug is immediate and grave. Unconsciousness can occur within 15 minutes, and a profound coma may arise within 30 to 40 minutes after initial consumption.

The purpose of having another ingest this drug is to render the victim helpless. The victim is unable to defend oneself and often has no memory of the attack.

GHB is responsible for many of the rapes that occur. It is connected to 40 deaths also around the country. Many more deaths may also be at the hands of GHB, but this drug is not currently included in a standard toxicology screen.

Adding GHB to the list of controlled substances will help to identify how often this drug is abused and who falls victim to its effects.

The people who can medically benefit from some form of GHB are protected through the Federal drug administration when its use is determined. With FDA approval, health care professionals will be able to treat patients through prescriptions.

H.R. 2130, the Date Rape Prevention Drug Act seeks to prevent violations in sexual attacks. The bill provides protection for anyone who may become a

victim of GHB, while securing measures for those who benefit from it. The legislation also enables enforcement to the full extent of the law against anyone who uses GHB for sexual assault crimes.

Offenders could now be sentenced to 20 years in prison under the Drug Induced Rape Prevention and Punishment Act. I certainly urge my colleagues to support this legislation.

I also again wanted to commend the authors of the legislation for introducing it, all of the cosponsors, all of the members of the committee, the chairman, the ranking member of the full committee and of the subcommittee.

I urge my colleagues to support this legislation to minimize the use of date-rape drugs and expand the protection for the victims of sexual attack.

Mr. UPTON. Mr. Speaker, I have no further speakers, though I wish to close.

Ms. JACKSON-LEE of Texas. Mr. Speaker, may I inquire of the order for closing.

The SPEAKER pro tempore. The order is as follows: the gentlewoman from Texas (Ms. JACKSON-LEE) will proceed first, followed by the gentleman from Ohio (Mr. BROWN) second, closed by the gentleman from Michigan (Mr. UPTON).

The gentlewoman from Texas (Ms. JACKSON-LEE) has 30 seconds remaining.

Ms. JACKSON-LEE of Texas. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, all I can say is that it is now time for us to pay tribute to the tragic lives that have been lost, like Hillory, the lives in Michigan, the lives across this country, young women who were duped with a mickey, volleyball players, athletes, good young women who did nothing but wanted to live.

This bill says that, if one uses GHB to undermine and to do illegal acts and to sexually assault, one will be held in violation of Schedule I drugs with up to 20 years in jail.

□ 1900

I ask my colleagues to support this legislation. I ask my colleagues to pay tribute to Hillory and all the other young women.

I am pleased to stand here today in strong support of the Hillory J. Farias Date Rape Prevention Act of 1999. This summer, I joined the members on the Commerce Committee, Representatives UPTON, STUPAK, and BLILEY, to introduce this bipartisan bill. I have waited a long time for this day, and I look forward to the next step for this legislation, which is final passage today in the House, and later, in the Senate.

This day has been a long time coming, but it is a victory for those of us who are concerned about date rape drugs. This drug, GHB (Gamma Hydroxy-butyrate) has been used in innumerable rapes around the country and has been implicated in at least 40 deaths. In addition to date rape, this drug is very popular on the party scene in many cities and it is widely abused.

In my home city of Houston, GHB has become known as the rage at some Houston area clubs where it is clandestinely being dispensed by partygoers in clear liquid form from designer water bottles. This drug—which goes by the nicknames Easy Lay, Greivous Bodily Harm, Gook, Gamma 10 and liquid X—cannot be detected with a routine drug screen. That is why the deaths of many of its victims have remained a mystery.

I was prompted to act to control the illicit use of GHB three years ago because of the death of Hillory J. Farias, of Laporte, Texas on August 5, 1996, who was killed by this drug. I introduced a GHB bill in 1997 and again in 1998, and 1999 and I have continued to advocate for its passage to prevent more women from being victimized by date rape drugs.

Hillory Farias was a 17-year-old high school senior, model student and varsity volleyball player who died as a result of GHB slipped into her soft drink.

Hillory and two of her girlfriends went out to a club where they consumed only soft drinks. At some point during the evening, GHB was slipped into Hillory's drink and soon afterwards, Hillory complained of feeling sick with a severe headache.

She went home to bed, but the next morning, Hillory was found by her grandmother unconscious and unresponsive. Hillory was rushed to the hospital where she later died. The cause of Hillory's death remained a mystery until it was finally detected by medical examiners after receiving a report from the Harris County Organized Crime and Narcotics Task Force about a new date-rape drug that was starting to show up in area nightclubs.

I introduced H.R. 1530 on May 5, 1997. The bill had several cosponsors—Representatives MCKINNEY, MEEK, TAUSCHER, KILPATRICK, LOWEY, MORELLA, VELÁZQUEZ, MILLENDER-MCDONALD, BISHOP, PALLONE, WEXLER, STABENOW, MCCARTHY of Missouri, ROYBAL-ALLARD, BENTSEN, DELAURO, HINOJOSA, RODRIGUEZ, REYES, and SERRANO.

The Subcommittee on Crime held a hearing in July 1998 in which there were several witnesses. These witnesses included Raul Farias, Hillory's uncle and Dr. Joye Carter, the Harris County Medical Examiner who determined that GHB was the official cause of Hillory's death.

H.R. 1530 received the bipartisan support of the Crime Subcommittee and was reported favorably for consideration on the floor.

Earlier this session, I introduced H.R. 75, similar to H.R. 1530 from the 105th Congress. This summer, I worked closely with Members of the Commerce Committee, Representatives UPTON, STUPAK and BLILEY and Mr. DINGELL for this version under the consideration, H.R. 2130.

Unfortunately, Hillory's death was not the only tragedy of this drug. The Houston Poison Control reports indicate that as many as 30 people have overdosed on the drug and been treated in emergency rooms in the past six months. In fact, Mike Ellis, Director of Poison Control, stated back in 1996 that the majority of cases that his agency has been seeing over the past few years have resulted from people rushed to the hospitals because they could not breathe or they passed out in their cars and nobody could rouse them. My office has been contacted by the families of several victims of this drug since March of this year telling stories of how the drug, GHB has impacted their lives.

In January of this year, 15-year-old Samantha Reid, from Michigan, died as a result of this drug and another 14-year-old girl who was also poisoned with GHB went into a coma. Four young men have been indicted in this crime.

My office was contacted by Representative LAFALCE's office with the story of Kerri Breton, from Syracuse, New York who also died from this drug being slipped into her drink.

Ms. Breton was away on a business trip and was having a drink in the hotel bar with a colleague. She was found the next day dead on the bathroom floor of her hotel room. Her stepfather shared this painful story in hope that it would alert others to the dangers of this drug.

A young man from the Chicago area overdosed and almost died last September. He was a bodybuilder who had abused drugs for years. The doctors and law enforcement officials in the Chicago area did not know anything about GHB. If his sister had not been around when he lost consciousness, he would have surely died. She called my office to share the painful account of how her family almost had to prepare for her brother's death.

There was also a recent incident in Michigan where four teenagers at a party ingested GHB and lapsed into comas. This occurred during the Fourth of July holiday.

One Houston, Texas area resident by the name of Craig told media officials that "the use is rampant." "Drug use GHB spread to many of the area after-hours clubs." Craig grew interested in GHB after reading about the drug on the Internet and in a book he found in a popular bookstore. The book described using GHB to increase one's sense of touch and sexual prowess. So he bought a quantity of it—generally it costs about \$10 a capful—from someone in a nightclub. He then distributed it to friends at a private party. GHB made Craig pass out and he remembered nothing of the party.

These tragedies underscore the importance of this legislation. All of these incidents among young people are strong evidence that this drug has a high potential for abuse and must be placed on the schedule for the Controlled Substances Act.

Without this bill, illicit use of GHB would increase dramatically. There are undoubtedly other deaths that may not have been classified as GHB-related because the drug is not a part of a standard toxicology screen.

GHB has been used to render victims helpless to defend against attack and it even erases any memory of the attack. The recipe for this drug and its analogs can be accessed on the Internet. Currently, GHB is not legally produced in the United States. It is being smuggled across our borders or it is being illegally created here by "bathtub" chemists.

As a drug of abuse, GHB is generally ingested orally after being mixed in a liquid. The onset of action is rapid, and unconsciousness can occur in as little as 15 minutes. Profound coma can occur within 30 to 40 minutes after ingestion.

GHB has also been used by drug abusers for its alleged hallucinogenic effects and by bodybuilders who abuse GHB for an anabolic agent or as a sleep aid.

I believe that by classifying this drug now, we send a strong message to those who would use this drug and its analogs to commit crimes against women.

However, my position on the illicit use of GHB does not mean that I am insensitive to the concerns of patients that might be helped with this drug. This drug has shown some benefits to patients with a specific form of narcolepsy in clinical trials.

There is a possibility that GHB can be developed for the treatment of cataplexy, a rare form of narcolepsy. Cataplexy is a rare disorder that causes sudden and total loss of muscle control.

People with cataplexy are unable to work, drive or lead a normal life. Like my Colleagues, I understand the situation that affects these patients and I am sensitive to their need for treatment of that disorder.

This bill reflects a compromise that takes into account the needs of the patient group and the needs of law enforcement. This bill enables law enforcement to prosecute anyone who abuses GHB to the full extent of the law by placing the drug on Schedule I of the Controlled Substances Act.

Scheduling GHB on the Federal Controlled Substances Act allows prosecutors to punish anyone who uses this scheduled drug in any sexual assault crime to suffer penalties under the Drug Induced Rape Prevention and Punishment Act. This bill would increase the sentence for someone using GHB to commit a sex crime to 20 years imprisonment.

However, this bill protects people with cataplexy by providing an exemption for those enrolled in clinical trials now, and later it reschedules the drug once it has been approved by the FDA.

The distribution of the drug would be strictly controlled to ensure that only patients in need of this drug would have access to it. Any illicit use of GHB would result in the enhanced sentence penalties.

This bill also provides for a grant by the Department of Justice to research a forensic test to assist law enforcement in detecting GHB on the street. This would improve the ability to prosecute date rape and other crimes involving this substance. This provision provides law enforcement with a crucial tool in fighting this drug on the street.

This bill reaches a compromise that will benefit the patients who desperately need this drug for treatment and law enforcement agencies that need the tools to fight the use of this drug among young people.

As I stated earlier, I have been working to pass legislation to schedule this drug for a long time now because I do not want to see any more young lives cut short by GHB. There are many people who have been resources to my staff these three years and I would like to thank them publicly for their work.

I would like to thank all of the people who have been involved with this process from the beginning and who provided me with information about this drug. One such person is Trinkia Porrata, a retired member of the Los Angeles police department. She has been a strong advocate for this legislation.

I would like to thank the Farias family for sharing their story to help us inform others about this drug. Their tragedy and loss cannot be overlooked and I appreciate their patience with us. We have worked closely with Hillory's family and the Harris County medical examiner, Dr. Joye Carter since I first introduced this bill.

I would also like to thank the other families of the other victims who have shared their

stores with us as well. With the passage of this bill today, I hope that there will some comfort brought to those families that their loved ones did not die or suffer in vain.

I would also like to thank my colleagues on the Commerce Committee, for helping to move this legislation through that Committee—Representatives UPTON, STUPAK, BLILEY, DINGELL and BILIRAKIS. I would also like to thank the staff members at the Commerce Committee for their hard work, especially John Ford with the Minority staff and John Manthei with the Majority staff. Also my staff members, Leon Buch, Ayonna Hawkins, and Oliver Kellman.

I would also like to thank the Members of the Judiciary Committee for their work on this issue last year and this year—especially Ranking member CONYERS, Representatives SCOTT, MCCOLLUM and Chairman HYDE. Last year we had a hearing on the issue in the Crime Subcommittee and it shed a lot of light on the issue of date rape and illicit drug abuse of GHB.

I also want to thank Mr. BROWN, Congresswoman STABENOW of Michigan for their efforts.

Finally, I would like to thank my staff for their hard work on this issue. Again, I thank my colleagues for their support of this legislation.

Mr. Speaker, I submit for the RECORD "While You Were Sleeping," a chronicle of a GHB trip by Trinka Porrata, as well as correspondence from the DEA.

WHILE YOU WERE SLEEPING . . . (AKA—THE TRUTH ABOUT GAMMA HYDROXY BUTYRATE)

TO PROTECT AND SERVE—AND IN THIS CASE TO HOPEFULLY SAVE YOU FROM YOURSELF

(By Trinka Porrata)

You thought it was a good trip, but . . . while you were sleeping . . . Your body endured a reeeeeeally BAD trip!

First, you took that little capful of salty tasting stuff that your "friend" told you would help develop lean muscle mass or lose weight or improve your sex life, or well, just give you a buzz—(but did your friend tell you it is degreasing solvent—or floor stripper—mixed with drain cleaner?!?!?)

Maybe it was even in a bottle marked "Blue Nitro" or "Renewtrient" or Revivarant" or "Fire Water" or "Remforce."

Ok, that's still just floor stripper.

Anyway—maybe you were trying to impress your buddies and took a big slug of that nasty stuff instead of just the capful they told you to take . . .

Or—maybe your "friend" told you nothing and just slipped it into your drink—talked you into trying a Long Island Ice Tea maybe—or some other unusual drink.

And you sort of remember that really sudden, wild, giddy high you felt from it. You remember how the bass beat of the music became overwhelmingly loud and . . . you remember walking across the dance floor, but it was sort of like . . . it was happening to you, but like you were watching yourself move on TV. Sort of an "out of body" gig.

Of course, you may (or may not) remember dancing wildly and sexually groping those around you—with little regard for which gender you were grabbing (you see, it is disinhibiting—and gender concerns may fade).

And maybe you remember (or maybe not) wildly climbing all over that virtual stranger who bought you that unusual drink.

Or maybe you're the "mean drunk" kind and you got obnoxious with all around you, waiting to fight anyone in your way.

Then maybe you remember feeling so safe and secure, just a little tired. You remember feeling all was A-OK, but you just wanted to take a comfy nap. You slumped to the floor, but you weren't at all mindful of where you were. The floor or a chair or couch or bed—it just didn't matter. You were so very very cool.

Now about that comfy nap you wanted to take. You thought you were just nodding off. You know, head bobbing just a little to the side—gently as you were trying to doze off. That's how YOU recall it. Well, to those standing around you it was much different. Your body was jerking away. Some call it seizures. Doctors call it clonic muscle movements—Whatever. In any case, it was much more dramatic than your mind remembers it. Your body was having a really, really bad day.

Then there's that g-r-o-s-s vomiting you were doing.

Like it was just normal.

Like you were spitting tobacco in a spittoon.

Don't remember it at all do you?

Your body was having a bad, bad, really bad day with that.

By now your pulse was slowing. Respirations were slowing. Your blood pressure was down a bit.

Then your twitching, jerking, stinky body just stopped moving completely. You didn't respond at all to people talking to you or shaking you. You weren't breathing regularly (also known as apnea) and had very depressed breathing. Like maybe just six times per minute.

Your level of consciousness at this stage in the ER is called a Glasgow Coma Score of 3 (on a scale of 3-15).

If you were in an ER now, they'd be pinching your fingernails and beating on your sternum to test for your level of consciousness.

Oh, and, dig this, a cadaver (a dead body) scores a GCS 3 too.

You were nearly dead. Of course, if you were the one trying to impress your pals and took a big slug of it—you may have skipped right on through most of these stages and began frothing up blood right away—and came to this standstill really fast. . . .

Meanwhile, your good "friends" were partying around you.

They tossed you into a corner to let you sleep it off. Part of the time you may have been breathing loudly, but not necessarily.

They couldn't hear you anyway because of the loud music.

They elect not to call 911 because some goofball on the Internet says not to bother—you'll just sleep it off and calling 911 could be expensive if they try to nail you for the hospital bill and besides, it'll attract attention from the police.

So they leave you there—and check on you once in a while . . .

HELLO—

Check on you for what?

So while they are partying, you just forget to breathe. Or that chewing gum in your mouth rolls into the back of your throat and seals off the airway (you don't have a gag reflex now, thanks to GHB, that might make you cough and save yourself).

Or you vomit and you're lying on your back and you literally drown in it because, again, you can't gag and save yourself.

You are in an unarousable coma.

It isn't what life is supposed to be about.

Or maybe during this time—your new "friend" is raping you.

And then, about four or five hours after you took that fateful drink—maybe you wake up suddenly and it's all over!

Of course, you may wonder where that vomit came from, because you may not re-

member ever feeling ill—just that pleasant want-to-take-a-nap thing you felt early on.

Or maybe you don't wake up—EVER. Maybe your body had the ultimate bad day.

U.S. DEPARTMENT OF JUSTICE—
DRUG ENFORCEMENT ADMINISTRATION,
Washington, DC, October 12, 1999.

Hon. SHEILA JACKSON-LEE,

U.S. House of Representatives, Washington, DC.

DEAR CONGRESSWOMAN JACKSON-LEE: I am pleased to provide you with the Drug Enforcement Administration's (DEA) position on H.R. 2130, which schedules gamma-hydroxybutyrate (GHB) under the Controlled Substances Act (CSA). We in DEA appreciate your steadfast support for controlling GHB, which has taken a terrible toll on too many individuals.

The DEA continues to be concerned about the illicit production, trafficking, diversion and public health risks associated with abuse of GHB. GHB has not been approved for medical use in the United States by the Food and Drug Administration (FDA). Although the importation, distribution and use of GHB as a drug are not allowed by the FDA, except for research, the data available to DEA shows that there is a significant and widespread abuse problem with GHB. This information has been collected through traditional data sources, including the Drug Abuse Warning Network (DAWN), the Centers for Disease Control (CDC), and toxicological laboratories, emergency rooms, and medical examiners. The DEA has documented 5,500 cases of overdose, toxicity, dependence and law enforcement encounters. DEA has obtained documentation in the form of toxicology, autopsy and investigator reports from medical examiners on 49 deaths that involved GHB.

In light of the continued illicit production, trafficking, abuse and public health risk of GHB, the DEA strongly supports the control of GHB in Schedule I of the CSA. In addition, the DEA supports the treatment of gamma butyrolactone (GBL) and 1,4-butanediol as controlled substance analogues when intended for human consumption and the listing of GBL, the precursor to GHB, as a List I chemical.

Placing GHB in Schedule I under the CSA, which your legislation proposes, imposes the severest criminal penalties and appropriate regulatory requirements necessary for a drug with high abuse potential and which is not currently available for marketing. Such a placement sends the appropriate message to federal, state and local law enforcement organizations, prosecutors, medical professionals, educators, and others that GHB is a highly abuseable drug and will give those law enforcement officers and prosecutors the necessary legal tools to combat this growing problem.

If GHB is approved for marketing by the FDA, GHB will have a currently accepted medical use in treatment in the United States. Should that occur, the DEA would move the GHB-containing product into whatever Schedule is justified by its actual abuse and the scientific knowledge about its abuse and dependence potentials at that time. The data collected to date would support control of the GHB product in Schedule II.

If I may be of further assistance to you in this matter, please do not hesitate to contact me.

Sincerely,

CATHERINE H. SHAW,
Chief, Office of Congressional and
Public Affairs.

Mr. BROWN of Ohio. Mr. Speaker, I yield myself the balance of my time.

Mr. Speaker, again I would like to commend the authors of the bill, the

gentlewoman from Texas (Ms. JACKSON-LEE) and the gentleman from Michigan (Mr. UPTON) and especially the gentleman from Michigan (Mr. STUPAK), who pointed out in committee and on the floor that this legislation, aimed at getting GHB out of the hands of children and criminals, should not at the same time inadvertently stifle beneficial use of the drugs.

GHB holds promises and treatment for narcolepsy, a debilitating and potentially fatal illness that affects 250,000 Americans; and this bill, Mr. Speaker, allows under carefully circumscribed conditions the use of GHB for medical research and treatment.

It certainly has its insidious uses. That is the main thrust of this bill, as it should be. It also has some potentially miraculous ones. This bill I believe, Mr. Speaker, successfully addresses both. I look forward to its passage this year.

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

The SPEAKER pro tempore (Mr. SHIMKUS). The gentleman from Michigan (Mr. UPTON) has 4 minutes remaining.

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

Mr. Speaker, again I wanted to thank my colleagues. This bill would not have happened without the great work done on both sides of the aisle, and in particular, the gentlewoman from Texas (Ms. JACKSON-LEE) who came to our committee and testified and her work in the previous Congress, as well.

This morning, I met with a number of students in my district on a college campus. I know we have done some very good things here. The awareness level is up. Whereas, a year or two ago, I do not think that awareness level was there. But now, in fact, warnings are posted in a lot of dorms and many campuses across the country. The word is out, particularly among college women, that they have to be careful and they need to go to parties with a friend and they need to make sure that whatever they are drinking, a soft drink or whatever it might be, it needs to be watched carefully.

There is an awareness, too, by parents warning their daughters in particular as they go off to school, particularly now as this school year has started off, to be careful.

This is a nightmare. It needs to end. This bill does that in a very strong and bipartisan way that deserves enactment into law.

I appreciate everyone's support, everyone's statements today.

Ms. JACKSON-LEE of Texas. Mr. Speaker, will the gentleman yield?

Mr. UPTON. I yield to the gentlewoman from Texas.

Ms. JACKSON-LEE of Texas. Mr. Speaker, I want to thank the gentleman from Michigan (Mr. UPTON) again for the persistence, for the determination in which he led his subcommittee, the gentleman from Florida (Mr. BILIRAKIS), the gentleman

from Michigan (Mr. STUPAK), the gentleman from Michigan (Mr. DINGELL), and the gentleman from Virginia (Mr. BLILEY) in conjunction with the Committee on the Judiciary. This is the finest hour of those two committees working together.

I might add as I close in thanking the gentleman from Michigan (Mr. UPTON) especially, as we have worked together, is that those young women in taking that drug would fail to remember anything that ever happened to them and could not provide any evidence to police if they were sexually assaulted. It is the worst kind of drug.

So I hope the efforts that we are trying with the campaign, with the attorney general, and the Health and Human Services Secretary will make this go away.

But again, I thank the gentleman very much for his leadership on this issue.

Mr. UPTON. Mr. Speaker, reclaiming my time, I appreciate the comments of the gentlewoman.

Mr. Speaker, I also want to thank the staff from the committees from the get-go to make sure that we drafted and crafted a bill that would muster the test that all of us want with the appropriate end result.

Mr. BILIRAKIS. Mr. Speaker, I rise in strong support of H.R. 2130, "The Hillary J. Farias Date Rape Prevention Drug Act of 1999." This important, bipartisan legislation was unanimously approved by my Health and Environment Subcommittee in July of this year, and the full Commerce Committee passed the measure in August.

H.R. 2130 was introduced by Representative FRED UPTON, joined by Representatives TOM BLILEY, BART STUPAK and SHELIA JACKSON-LEE. The bill amends the Controlled Substances Act to make GHB a Schedule I drug, the DEA's most intensively regulated category of drugs. GHB is a central nervous system depressant that has been abused to assist in the commission of sexual assaults.

H.R. 2130 also schedules ketamine, an animal tranquilizer that has been similarly abused, as a Schedule III drug. As a further protection, H.R. 2130 lists GBL, the primary precursor used in the production of GHB, as a List I chemical. These three compounds—GHB, ketamine, and GBL—are more commonly known as "date rape" drugs.

The bill before us includes language designed to protect very important and promising research on an orphan drug that contains GHB and is used in the treatment of narcolepsy patients. These provisions were adopted as an amendment when the bill was considered by my Health and Environment Subcommittee.

I urge my colleagues to join me in supporting passage of H.R. 2130, the Hillary J. Farias Date Rape Prevention Drug Act of 1999.

Mr. UPTON. Mr. Speaker, I rise in support of H.R. 2130, the Hillary J. Farias Date Rape Prevention Act of 1999. I introduced this legislation with my colleagues Mr. BLILEY, the Chairman of the Commerce Committee, and Mr. STUPAK and Ms. JACKSON-LEE, who have been real leaders in the fight to control date rape drugs.

As you may know, Mr. Speaker, this legislation is the product of an Oversight and investigations Subcommittee hearing I held earlier this year that focused on the abuse of "date rape" drugs, the law enforcement challenges in battling their abuse, and the administrative procedures involved in scheduling the drugs under the Controlled Substances Act. I held that hearing after reading about two young Michigan women whose drinks were laced with GHB at a party they were attending. Both fell into a coma, and sadly, one died.

Since that hearing, I have read far too many other stories of young women in Michigan and across the nation being given GHB and similar drugs, such as GBL, a precursor to GHB, and ketamine, a fast-acting anesthetic used in veterinary medicine. Simply put, these drugs are killing our young people. Those who survive ingesting these drugs are too often dealing with the painful consequences of rape or other sexual abuse.

The abuse of "date rape" drugs, principally GHB, ketamine, and GBL, has substantially increased in recent years and continues to grow. The Drug Enforcement Administration, the DEA, has documented over 4,000 overdoses and law-enforcement encounters with GHB and 32 GHB-related deaths. At least 20 States have scheduled GHB under state drug control statutes, and law enforcement officials continue to see an increased presence of the drug in sexual assault, driving under the influence (DWI), and overdose cases involving teenagers.

With respect to ketamine, from 1992 through 1998 the DEA has documented more than 560 incidents of the sale and/or use of ketamine in our nation's junior highs, high schools, and college campuses.

This abuse has to stop. By passing this bill today, we are taking a significant step forward in getting these products out of the hands of sexual predators and protecting our nation's youth.

Following the recommendations of the DEA, H.R. 2130 would amend the Controlled Substances Act to make GHB a Schedule I drug, the DEA's most intensively regulated category of drugs. In addition, H.R. 2130 places ketamine in Schedule III of the Controlled Substances Act and lists GBL, the primary precursor used in the production of GHB, as List I chemical.

H.R. 2130 would thus provide law enforcement officers and prosecutors with tough new tools to prosecute those who would use these drugs for criminal purposes or otherwise abuse them. In addition, it would control chemicals being increasingly used to produce a "GHB effect," and would strike at the very source of many of these illegal substances—chemicals ordered over the Internet and shipped by mail.

At the same time, it protects the legitimate medical use of these substances. I know that many of you have heard from narcolepsy researchers and patients who are concerned that by placing GHB in Schedule I, we will disrupt promising clinical trials testing this drug as a treatment for a particularly severe form of narcolepsy. I want to assure everyone that this concern was addressed when the bill was in committee. It was amended to place GHB which is being used in an FDA-approved clinical trial in Schedule III, but with Schedule I penalties for its misuse. Further, should the FDA approve GHB as a treatment for narcolepsy, the prescription form will be in Schedule

III, but only for the prescribed use. Again, Schedule I penalties would apply. An individual with a prescription for a GHB product who is passing the drug around at a party will be committing a crime punishable by the severest penalties under the Controlled Substances Act.

This bill attacks date rape drug abuse by educating young people, law enforcement officers, educators, and medical personnel about the dangers of these drugs and the penalties for their abuse. It would further assist law enforcement officers by providing for the development of a forensic field test to detect the presence of GHB and related substances.

Finally, it provides for an annual report on incidence of date-rape drug abuse so that we can ensure that the steps we are taking with this bill and in other areas are working to protect our young people and discourage the use of these substances.

Mr. BLILEY. Mr. Speaker, I rise in support of H.R. 2130, "The Hillory J. Farias Date Rape Prevention Drug Act of 1999." As you know, along with Mr. UPTON, Mr. STUPAK, and Ms. JACKSON-LEE, I am an original sponsor of this important legislation to address the growing problem of the abuse of "date rape drugs" and I strongly urge all of my colleagues to vote in favor of this bipartisan bill.

Earlier this year, the Commerce Committee's Oversight and Investigations subcommittee held a hearing on Date Rape drugs, and the problems in battling their abuse. At the hearing, we heard from the DEA, the Department of Justice, the FDA, and many state and local law enforcement officials, and all of them urged Congress to have these drugs listed as controlled substances.

The bill does just that. These drugs are all powerful sedatives, which in certain dosages can cause unconsciousness or even death. The numbers of emergency room admissions which are related to these drugs have dramatically increased in recent years. For example, as many of you know earlier this summer 5 teenagers in Michigan shared a drink that was laced with GHB. All 5 lapsed into comas, and nearly died. Also, as many of you know, this legislation is named after a young Texas woman, Hillory Farias, who died after a dose of GHB.

Significantly, the legislation before us today also protects years of promising research by providing for a limited exemption from Schedule I manufacturing and distributing facility security requirements for facilities manufacturing and distributing GHB for a FDA approved clinical study, and, following the recommendations of the Department of Health and Human Services, places an FDA approved GHB drug product into Schedule III of the Controlled Substances Act. However, to ensure that the drug products are not improperly abused, the bill adds additional reporting and accountability requirements similar to the requirements for Schedule I substances, Schedule II drugs, and Schedule III narcotics. For example, if new narcolepsy drugs receive FDA approval, H.R. 2130 will still maintain the strict Schedule I criminal penalties for the unlawful abuse of the approved drug product. Simply put, these additional requirements and penalties in my opinion provide greater protection to our nation's youth, and to give law enforcement agencies the ability to penalize those who abuse this product, while protecting certain important advances in new drug development.

By passing H.R. 2130 we will take a significant step forward in giving law enforcement organizations the tools they need to get "date rape" drugs off of the streets and to protect our nation's children. By doing so, hopefully we can ensure that further incidents similar to the events in Michigan and Texas do not occur again.

Once again, I would like to take this opportunity to commend Mr. UPTON, Mr. STUPAK, and Ms. JACKSON-LEE for their leadership on this issue, and I look forward to seeing H.R. 2130 passing the Full House and being signed into law.

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

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Michigan (Mr. UPTON) that the House suspend the rules and pass the bill, H.R. 2130, as amended.

The question was taken.

Mr. UPTON. Mr. Speaker, I object to the vote on the ground that a quorum is not present and make the point of order that a quorum is not present.

The SPEAKER pro tempore. Pursuant to clause 8, rule XX, and the Chair's prior announcement, further proceedings on this motion will be postponed.

The point of no quorum is considered withdrawn.

INTERIM CONTINUATION OF ADMINISTRATION OF MOTOR CARRIER FUNCTIONS BY THE FEDERAL HIGHWAY ADMINISTRATION

Mr. PETRI. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 3036) to provide for interim continuation of administration of motor carrier functions by the Federal Highway Administration, as amended.

The Clerk read as follows:

H.R. 3036

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

SECTION 1. MOTOR CARRIER SAFETY ENFORCEMENT AUTHORITY.

Section 338 of the Department of Transportation and Related Agencies Appropriations Act, 2000 is amended by striking "521(b)(5)" and inserting "chapters 5 and 315".

SEC. 2. EFFECTIVE DATE.

This Act (including the amendment made by this Act) shall take effect on October 9, 1999.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Wisconsin (Mr. PETRI) and the gentleman from West Virginia (Mr. RAHALL) each will control 20 minutes.

The Chair recognizes the gentleman from Wisconsin (Mr. PETRI).

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

Mr. Speaker, the Department of Transportation Appropriations Act for budget year 2000, which was signed by our President on Saturday, contains a provision that is clearly authorizing in nature, prohibiting the Federal Highway Administration from carrying out

the Federal Motor Carrier Safety Program. The intent of this provision is to force a transfer of the Office of Motor Carriers out of the Federal Highway Administration.

The provision, however, has a serious unintended effect. It did not transfer all the legal authorities required to enforce Federal truck safety regulations. And so, in effect, it left some of these authorities stranded within the Federal Highway Administration and prevented them from being carried out by any entity within the Department of Transportation.

Last Thursday, the Subcommittee on Ground Transportation of the Committee on Transportation and Infrastructure held a hearing on this provision to hear from the Department of Transportation on how this provision would be implemented and how it will impact the ability of the Department of Transportation to ensure our Nation's highways are safe.

The Department's general counsel described how the Department of Transportation will be hampered in its truck safety enforcement efforts. For example, the Department will no longer be able to work with the U.S. Attorney's Office, the Inspector General's Office, or the Federal Bureau of Investigation. The Department will no longer be able to assess fines for safety violations.

Clearly, the appropriations act provision has the effect of reducing highway safety by denying important enforcement tools to the Department. Improving motor carrier safety has been a major priority of this Congress and of this committee. Last year, the House Committee on Appropriations made an effort to strip the Federal Highway Administration of its motor carrier safety authority and move it to another area.

As the authorizing committee with jurisdiction over motor carrier safety, we oppose this since it had never been considered by the committees of the House or Senate with authorizing authority.

Ultimately, the provision was dropped and we pledged that we would look very carefully at the issue of motor carrier safety, and we have done so. We held a series of comprehensive hearings and have produced what we feel is a solid bipartisan bill, H.R. 2679, that will be considered by the House probably later this week.

H.R. 2679 creates a new agency, the National Motor Carrier Administration, to oversee all Federal truck safety efforts and include important safety reforms. The bill we are considering today does not overturn the appropriations act provision in any way. It simply fixes its unintended consequences. The bill amends the appropriations act to ensure that all the enforcement powers are restored to the Secretary for budget year 2000.

The bill restores all safety enforcement powers to the Department, where they will be administered by the Office of the Secretary so that safety is not