children and recommended funding the program at $37.5 million per year.

H.R. 479, the Wakefield Act, has bipartisan, bicameral support. The bill is also endorsed by over 50 organizations, including the American Academy of Pediatrics, the American College of Emergency Physicians, the American Medical Association, the Emergency Nurses Association, and many more. I would like to thank Energy and Commerce Committee Chairman WAXMAN and his staff for working with me and my staff to move this legislation forward.

Last year, the House passed this bill on a vote of 390–1. I urge every Member to support this important legislation once again—together, we can work to ensure that our nation's children have the best possible medical care during emergencies.

Mr. KING of New York. Mr. Speaker, today I rise in strong support of H.R. 479, the Wakefield Act, which will reauthorize the Emergency Medical Services for Children program for an additional four years.

Since its establishment in 1985, the Emergency Medical Services for Children program, also known as EMSC, has provided grants to all fifty states, the District of Columbia, and five U.S. territories to ensure that every child in America has access to quality, appropriate care in a health emergency. The EMSC program has improved the availability of child-appropriate equipment in ambulances and emergency departments, supported hundreds of programs to prevent injuries, and provided thousands of hours of training to EMTs, paramedics, and other emergency medical care providers.

In my home state, New York's EMSC program is working to provide ongoing assessment and improvement of medical care for critically ill or injured children. The state EMSC Advisory Committee continually meets to discuss plans for designating health care resources to optimally serve the needs of critically ill or injured pediatric patients. This Committee is currently designing a road map of resources, standards, and roles for hospitals within the state and for the statewide EMS system as a whole. The plan will improve the state's ability to bring children to the hospitals that are best equipped to treat them as well as establish a general set of interfacility guidelines.

Kids are not just small adults. Methods to treat children in emergencies vary greatly from methods used with adults in the same situations. The EMSC program is an integral part of preparing our nation's healthcare providers and giving them the tools they need to treat children in an emergency. This is especially significant at a time in our history that disaster preparedness, both due to natural disasters as well as potential terrorist attacks, is so important.

I would like to thank Representative MATHESON for his leadership on this issue, as well as Representatives CASTOR and REICHERT for their continued support. I urge my colleagues on both sides of the aisle to support this imperative bill.

Mr. SCALISE. Mr. Speaker, I have no speakers. I yield back the balance of my time.

Mr. PALLONE. Mr. Speaker, I yield back the balance of my time, and ask for passage of the bill.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New Jersey (Mr. PALLONE) that the House suspend the rules and pass the bill, H.R. 479, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. BROUN of Georgia. 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.

DEXTROMETHORPHAN DISTRIBUTION ACT OF 2009

Mr. PALLONE. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 1259) to amend the Federal Food, Drug, and Cosmetic Act with respect to the distribution of the drug dextromethorphan, and for other purposes.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 1259

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 ''Dextromethorphan Distribution Act of 2009''.

SEC. 2. RESTRICTIONS ON DISTRIBUTION OF BULK DEXTROMETHORPHAN.

The Federal Food, Drug, and Cosmetic Act (21 U.S.C. 321 et seq.) is amended—

(1) in section 501, by inserting at the end the following:

''(j) If it is unfinished dextromethorphan and is possessed, received, or distributed in violation of section 506D.''; and

(2) by inserting after section 506C the following:

''SEC. 506D. RESTRICTIONS ON DISTRIBUTION OF BULK DEXTROMETHORPHAN.

''(a) RESTRICTIONS.—No person shall—

''(1) possess or receive unfinished dextromethorphan, unless the person is registered under section 510 or otherwise registered, licensed, or approved pursuant to Federal or State law to engage in the practice of pharmacy, pharmaceutical production, or manufacture or distribution of drug ingredients; or

''(2) distribute unfinished dextromethorphan to any person other than a person registered under section 510 or otherwise registered, licensed, or approved pursuant to Federal or State law to engage in the practice of pharmacy, pharmaceutical production, or manufacture or distribution of drug ingredients.

''(b) EXCEPTION FOR COMMON CARRIERS.—This section does not apply to a common carrier that possesses, receives, or distributes unfinished dextromethorphan for purposes of distributing such unfinished dextromethorphan between persons described in subsection (a) as registered, licensed, or approved.

''(c) DEFINITIONS.—In this section:

''(1) The term 'common carrier' means any person that holds itself out to the general public as a provider for hire of the transportation by water, land, or air of merchandise, whether or not the person actually operates the vessel, vehicle, or aircraft by which the transportation is provided, between a port or place and a port or place in the United States.

''(2) The term 'unfinished dextromethorphan' means dextromethorphan that is not contained in a drug that is in finished dosage form.''.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from New Jersey (Mr. PALLONE) and the gentleman from Louisiana (Mr. SCALISE) each will control 20 minutes.

The Chair recognizes the gentleman from New Jersey.

GENERAL LEAVE

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

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

There was no objection.

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

Mr. Speaker, I rise in support of H.R. 1259, the Dextromethorphan Distribution Act. This bill addresses the problem of abuse of this drug, particularly by teenagers and young adults.

DXM, as it is called, is an ingredient commonly found in over-the-counter cough medications. When taken as directed, there are hardly any side effects. However, this ingredient is often abused, particularly by teenagers and young adults, and can result in devastating health effects.

The bill amends the Food, Drug and Cosmetic Act to restrict the distribution, possession, and receipt of unfinished DXM to entities registered with the Secretary of Health and Human Services.

I want to thank my colleague Representative UPTON for his work on this important bill, and I urge us to pass this bill.

I reserve the balance of my time.

Mr. SCALISE. Mr. Speaker, I rise in favor of H.R. 1259, and I would like to thank Mr. UPTON of Michigan and Mr. LARSEN of Washington for their work on this important legislation.

Dextromethorphan, or DXM as it is sometimes called, is an ingredient found in cough medicine. This ingredient relieves the coughing associated with a cold or the flu. Cough medicines containing this drug are common and can be obtained without a prescription.

While this drug can be safe and effective if used as directed, it can also be dangerous if taken improperly. The abuse of this drug can cause death as well as other serious adverse effects such as brain damage, seizure, loss of consciousness, and irregular heartbeat.

This legislation would allow the Secretary of Health and Human Services to prohibit the distribution of DXM that is in bulk form to any person not registered with the FDA. It is hoped that these restrictions on the distribution of DXM will lower the potential for its abuse while at the same time protecting access to these needed medications.

Mr. Speaker, I yield 3 minutes to my friend from Michigan (Mr. UPTON).

Mr. UPTON. Mr. Speaker, I too rise in strong support of this legislation, the Dextromethorphan Distribution Act of 2009, which I introduced to restrict the distribution of this product to entities registered with the Food and Drug Administration.

I want to thank the House leadership for scheduling this bill. I particularly want to thank Mr. PALLONE, who has helped shepherd this legislation a couple of times as we have passed it in the House, and yet the other body, the Senate, has not taken it up in the same form. We hope that the third time is the charm. I also want to thank the chairman of the full committee and my good friend and colleague from Washington (Mr. LARSEN) for cosponsoring this again with me.

We know that DXM can be and is a safe and effective non-narcotic cough suppressant used in many over-the-counter cough and cold medicines. However safely and effectively that these might be used by literally millions of Americans every year, taken in extremely large quantities it does produce a hallucinogenic high and it can cause brain damage, seizures, and even death.

Currently, there are no restrictions on the distribution of this raw bulk DXM. This bill ensures that DXM is used only for legitimate purposes and stays out of the hands of drug dealers and adolescents. The FDA would have the authority to seize bulk DXM if found in the possession of anyone not authorized to have it. This measures would cut off the supply chain of unfinished DXM to those purchasing it on the Internet to get high or sell it as a street drug.

I would note that this act is endorsed by the American Pharmacists Association, the Consumers Healthcare Products Association, and the Partnership for a Drug-Free America. And, I would note that it is my understanding that the Partnership for a Drug-Free America believes that perhaps there are hundreds of thousands of young Americans misusing this DXM. So it is important that we pass this legislation.

I am the father of two. I am alarmed at the growing trend of teens abusing cough syrup, particularly this one, to get high. Our kids are engaging in a game of Russian roulette each time they get high off DXM, and sooner or later someone will die. That is why this is bipartisanship legislation to try to get it enacted, and I would urge a ''yes'' vote.

Mr. SCALISE. I yield back the balance of my time.

Mr. PALLONE. Mr. Speaker, I also yield back the balance of my time and urge passage of the bill.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New Jersey (Mr. PALLONE) that the House suspend the rules and pass the bill, H.R. 1259.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. BROUN of Georgia. 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.

HEALTH INSURANCE RESTRICTIONS AND LIMITATIONS CLARIFICATION ACT OF 2009

Mr. PALLONE. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 1253) to require that limitations and restrictions on coverage under group health plans be timely disclosed to group health plan sponsors and timely communicated to participants and beneficiaries under such plans in a form that is easily understandable.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 1253

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 ''Health Insurance Restrictions and Limitations Clarification Act of 2009''.

SEC. 2. DISCLOSURE REQUIREMENTS.

(a) ERISA.—Section 702(a)(2)(B) of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1182(a)(2)(B)) is amended by inserting before the period at the end the following: ''so long as—

''(i) such limitations and restrictions are explicit and clear;

''(ii) in the case of such limitations and restrictions in health insurance coverage offered in connection with the group health plan, such limitations and restrictions have been disclosed in writing to the plan sponsor in advance of the point of sale to the plan;

''(iii) the plan sponsor of the health insurance coverage provide, to participants and beneficiaries in the plan in advance of the point of their enrollment under the plan, a description of such limitations and restrictions in a form that is easily understandable by such participants and beneficiaries; and

''(iv) the plan sponsor and the issuer of the coverage provide such description to participants and beneficiaries upon their enrollment under the plan at the earliest opportunity that other materials are provided.''.

(b) PHSA.—Section 2702(a)(2)(B) of the Public Health Service Act (42 U.S.C. 300gg–1(a)(2)(B)) is amended by inserting before the period at the end the following: ''so long as—

''(i) such limitations and restrictions are explicit and clear;

''(ii) in the case of such limitations and restrictions in health insurance coverage offered in connection with the group health plan, such limitations and restrictions have been disclosed in writing to the plan sponsor in advance of the point of sale to the plan;

''(iii) the plan sponsor and the issuer of the group health insurance coverage make available, to participants and beneficiaries in the plan in advance of the point of their enrollment under the plan, a description of such limitations and restrictions in a form that is easily understandable by such participants and beneficiaries; and

''(iv) the plan sponsor and the issuer of the coverage provides such description to participants and beneficiaries upon their enrollment under the plan at the earliest opportunity that other materials are provided.''.

(c) INTERNAL REVENUE CODE.—Section 9802(a)(2)(B) of the Internal Revenue Code of 1986 is amended by inserting before the period at the end the following: ''so long as—

''(i) such limitations and restrictions are explicit and clear;

''(ii) the group health plan makes available, to participants and beneficiaries in the plan in advance of the point of their enrollment under the plan, a description of such limitations and restrictions in a form that is easily understandable by such participants and beneficiaries; and

''(iii) the plan provides such description to participants and beneficiaries upon their enrollment under the plan at the earliest opportunity that other materials are provided.''.

(d) EFFECTIVE DATE.—The amendments made by this section shall apply with respect to plan years beginning after 1 year after the date of the enactment of this Act.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from New Jersey (Mr. PALLONE) and the gentleman from Louisiana (Mr. SCALISE) each will control 20 minutes.

The Chair recognizes the gentleman from New Jersey.

GENERAL LEAVE

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

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

There was no objection.

Mr. PALLONE. I include for the CONGRESSIONAL RECORD an exchange of letters on this bill between the chairmen of the Committee on Energy and Commerce and the Committee on Education and Labor.

COMMITTEE ON EDUCATION AND LABOR,
HOUSE OF REPRESENTATIVES,
Washington, DC, March 25, 2009.

Hon. HENRY A. WAXMAN,
Chairman, Committee on Energy and Commerce, Washington, DC.

DEAR CHAIRMAN WAXMAN: I am writing to confirm our mutual understanding regarding consideration of H.R. 1253, the Health Insurance Restrictions and Limitations Clarification Act of 2009. As you know, this bill was referred to the Committee on Education and Labor which has a jurisdictional interest in several provisions in the bill.

Given the importance of moving this bill forward promptly, I do not intend to exercise this Committee's jurisdiction by conducting further proceedings on H.R. 1253. I do so, however, only with the understanding that this procedural route should not be construed to prejudice this Committee's jurisdictional interests and prerogatives on this or similar legislation and will not be considered as precedent for consideration of matters of jurisdictional interest to the Committee on Education and Labor in the future. In addition, should this bill or similar legislation be considered in a conference with the Senate, I would expect members of the Committee on Education and Labor to be appointed to the conference committee.

Finally, I ask that you include a copy of our exchange of letters be included in the Congressional Record during the consideration of this bill. If you have any questions regarding this matter, please do not hesitate