

to note that the American people seem to want a new kind of Congress, one that is willing to find its mistakes and to fix them.

With that, I will urge my colleagues to support the bill before us today.

Mr. LANGEVIN. Mr. Speaker, I rise in strong support of Rosa's Law, which will replace all references of "mental retardation" with the term "intellectual disability" throughout the U.S. Code.

I would like to first thank my colleague from New York, Representative MIKE MCMAHON, who has been a passionate champion of ending discrimination against individuals with intellectual disabilities and lifting the stigma associated with the outdated and outmoded classification of an entire population.

At the turn of the last century, the prevailing sentiment in our society was that those with cognitive impairments or behavioral limitations should be institutionalized—excluded from mainstream society and locked away as wards of the state. In Federal statute, they were referred to as "feeble-minded." Of course, we have come a long way since then.

With passage of laws like the Americans with Disabilities Act, ADA, and the Individuals with Disabilities Education Act, IDEA, we have taken great strides to ensure that people with intellectual disabilities are afforded equal opportunities in schools and workplaces free from discrimination, as well as supports for independent living. We have broken down many of the exclusionary policies that relegated these individuals to being treated as second-class citizens.

However, the U.S. Federal Code still contains antiquated references to "mental retardation" that no longer reflect our collective values. This terminology has acquired a distinctly pejorative meaning and perpetuates the stigma that people with intellectual disabilities are somehow inferior to others. That couldn't be farther from the truth.

It is time we follow in the steps of entities like the World Health Organization and the U.S. Department of Health and Human Services. We must update the Federal Code to reflect our true intent and evolved beliefs that individuals with disabilities deserve the same respect and opportunities as any other human being. By fostering an environment of inclusion and empowerment, we can provide the means for every individual to fulfill his or her potential.

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

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

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, S. 2781.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill was passed.

A motion to reconsider was laid on the table.

SUPPORTING BLOOD CANCER AWARENESS MONTH

Mr. PALLONE. Mr. Speaker, I move to suspend the rules and agree to the resolution (H. Res. 1433) expressing sup-

port for designation of September 2010 as Blood Cancer Awareness Month, as amended.

The Clerk read the title of the resolution.

The text of the resolution is as follows:

H. RES. 1433

Whereas blood-related cancers currently afflict more than 900,000 people in the United States, with an estimated 150,000 new cases diagnosed each year;

Whereas leukemia, lymphoma, multiple myeloma, myelodysplastic syndromes, and myeloproliferative disorders will kill more than 50,000 people in the United States this year;

Whereas Congress, in the National Cancer Act, established an aggressive Federal program for the diagnosis, prevention, and treatment of cancer;

Whereas Congress has maintained a steady investment in cancer research to answer basic questions about the causes of cancer and to develop new treatments for cancer;

Whereas the Federal investment in cancer research and control has contributed to important progress in understanding and treating some blood cancers and yielded significant advances in survival for some forms of blood cancer;

Whereas continued investment and innovation is critical to the early diagnosis and the more effective and safer treatment for blood cancers where research and treatment advances have to date been limited;

Whereas strategies to enhance and strengthen the cancer clinical research program and boost participation in clinical trials are necessary to achieve blood cancer treatment advances;

Whereas survivors of blood cancer may experience serious late and long-term effects of their treatment and may need life-long follow-up and survivorship care;

Whereas Congress has provided strong support to blood cancer research and has focused special attention on increasing awareness of blood cancers and intensifying the blood cancer research program;

Whereas the House of Representatives will continue to provide support for research for a cure for leukemia, lymphoma, multiple myeloma, myelodysplastic syndromes, and myeloproliferative disorders; and

Whereas September 2010 would be an appropriate month to designate as Blood Cancer Awareness Month: Now, therefore, be it

Resolved, That the House of Representatives—

(1) supports the designation of Blood Cancer Awareness Month to enhance the understanding of blood-related cancers, increase support for funding research to find a cure for blood cancers, encourage studies of the cause and prevention of blood cancers to reduce the number of new cases, and enhance understanding of clinical trials to boost provider and patient participation and accelerate the pace of clinical research;

(2) encourages participation in voluntary activities to support blood cancer research and education; and

(3) respectfully requests the Clerk of the House to transmit a copy of this resolution to the American Society of Hematology, the International Myeloma Foundation, the Lymphoma Research Foundation, the Multiple Myeloma Research Foundation, and The Leukemia & Lymphoma Society, voluntary health organizations dedicated to finding a cure for blood cancers.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from New Jersey (Mr. PALLONE) and the gen-

tleman from Kentucky (Mr. WHITFIELD) each will control 20 minutes.

The Chair recognizes the gentleman from New Jersey.

GENERAL LEAVE

Mr. PALLONE. I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material into the RECORD.

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

There was no objection.

Mr. PALLONE. Mr. Speaker, at this time I yield such time as she may consume to the lead Democratic sponsor of the bill, the gentlewoman from Colorado (Ms. MARKEY).

Ms. MARKEY of Colorado. Mr. Speaker, I rise today in support of this resolution raising awareness of blood cancers. I would like to thank the Representative from North Carolina for his work to bring this important resolution to the House.

Nearly 1 million people are currently afflicted with blood cancers in the United States and 150,000 are newly diagnosed each year. With these numbers, we probably all know someone whose life will be affected.

I was inspired to work on this important resolution by my staff and interns, many of whom have personal experiences with leukemia and other blood cancers. It is inspiring to see their commitment to increasing awareness, such as my staff member, Marissa Smith, who dedicated her free time in honor of a friend's mother and ran a half marathon with the Leukemia and Lymphoma Society.

Raising awareness of blood cancers through the designation of September as Blood Cancer Awareness Month will help ensure that we keep in mind their widespread impact and the importance of ample Federal research for funding, education, and research.

I encourage my colleagues to join me in supporting this important resolution.

Mr. WHITFIELD. Mr. Speaker, I also rise today in support of House Resolution 1433, expressing support for the designation of September 2010 as Blood Cancer Awareness Month.

At this time I yield such time as he may consume to the gentleman from North Carolina (Mr. JONES), who was the primary sponsor of this legislation and who has been a real leader on cancer awareness in the U.S. Congress.

Mr. JONES. I thank the gentleman for yielding.

I want to also thank BETSY MARKEY, who just spoke, from Colorado. She has worked with me hand in glove, as we should do more times than not, on the House floor, to be honest about it, and we were able to get over 130 cosponsors.

As she said, this year more than 50,000 people in this country will die from blood-related disorder.

This legislation asks the House to support this designation of September as Blood Cancer Awareness Month.

This resolution will enhance the understanding of blood-related cancers. Researchers have recently made important advancements in blood cancer research, but these diseases need more funding resources.

This legislation was requested by the American Society of Hematology, the International Myeloma Foundation, the Lymphoma Research Foundation, the Multiple Myeloma Research Foundation, and the Leukemia and Lymphoma Society.

Before I close, I want to thank the committee of jurisdiction, the chairman on the floor today, for getting this legislation to the floor. The end of September, I will be in Raleigh, North Carolina, for an event called Walk the Night. There will be those who have been cured of cancer blood diseases that will be walking. There will be those who lost loved ones because of blood cancer diseases; they will also be walking.

For this Congress to do this, I will be indebted and grateful too. Again, I want to thank Congresswoman BETSY MARKEY for being a cosponsor and thank the committees and thank the Congress and the leadership of the House, both Democrat and Republican, for getting this to the floor.

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

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

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 agree to the resolution, H. Res. 1433, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the resolution, as amended, was agreed to.

A motion to reconsider was laid on the table.

SAFE DRUG DISPOSAL ACT OF 2010

Mr. PALLONE. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 5809) to amend the Controlled Substances Act to provide for take-back disposal of controlled substances in certain instances, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 5809

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 "Safe Drug Disposal Act of 2010".

SEC. 2. DELIVERY OF CONTROLLED SUBSTANCES BY ULTIMATE USERS FOR DISPOSAL.

(a) REGULATORY AUTHORITY.—Section 302 of the Controlled Substances Act (21 U.S.C. 822) is amended by adding at the end the following:

“(g)(1) An ultimate user who has lawfully obtained a controlled substance in accordance with this title may, without being registered, deliver the controlled substance to another person for the purpose of disposal of the controlled substance if—

“(A) the person receiving the controlled substance is authorized under this title to receive and dispose of the controlled substance; and

“(B) the delivery and disposal takes place in accordance with regulations issued by the Attorney General to prevent diversion of controlled substances.

The regulations referred to in subparagraph (B) shall be consistent with the public health and safety. In developing such regulations, the Attorney General shall take into consideration the ease and cost of program implementation and participation by various communities. Such regulations may not require any entity to establish or operate a delivery or disposal program.

“(2) The Attorney General shall, by regulation, authorize long-term care facilities, as defined by the Attorney General by regulation, to deliver for disposal controlled substances on behalf of ultimate users in a manner that the Attorney General determines will provide effective controls against diversion and be consistent with the public health and safety.

“(3) If a person dies while lawfully in possession of a controlled substance for personal use, any person lawfully entitled to dispose of the decedent's property may deliver the controlled substance to another person for the purpose of disposal under the same conditions as provided in paragraph (1) for an ultimate user.”.

(b) CONFORMING AMENDMENT.—Section 308(b) of the Controlled Substances Act (21 U.S.C. 828(b)) is amended—

(1) by striking the period at the end of paragraph (2) and inserting “; or”; and

(2) by adding at the end the following:

“(3) the delivery of such a substance for the purpose of disposal by an ultimate user, long-term care facility, or other person acting in accordance with section 302(g).”.

SEC. 3. PUBLIC EDUCATION CAMPAIGN.

The Director of National Drug Control Policy, in consultation with the Administrator of the Environmental Protection Agency, shall carry out a public education and outreach campaign to increase awareness of how ultimate users may lawfully and safely dispose of prescription drugs, including controlled substances, through drug take-back programs and other appropriate means.

SEC. 4. GAO REPORT.

The Comptroller General of the United States shall—

(1) collect data on the delivery, transfer, and disposal of controlled substances under section 302(g) of the Controlled Substances Act, as added by section 2; and

(2) not later than 4 years after the date of the enactment of this Act, submit findings and recommendations to the Congress regarding use, effectiveness, and accessibility of disposal programs.

SEC. 5. EPA STUDY OF ENVIRONMENTAL IMPACTS.

(a) STUDY.—The Administrator of the Environmental Protection Agency (in this section referred to as the “Administrator”) shall—

(1) in consultation with relevant State and local officials and other sources of relevant technical expertise, conduct a study to—

(A) examine the environmental impacts resulting from the ultimate disposal of controlled substances through existing methods;

(B) taking into consideration such impacts, and the ease and cost of implementation of drug take-back programs and participation in such programs by various communities, formulate appropriate recommendations on the destruction or ultimate disposal of prescription drugs, including controlled substances; and

(C) identify additional authority needed to carry out such recommendations if the Administrator determines that the Administrator's existing legal authorities are insufficient to implement such recommendations; and

(2) not later than 18 months after the date of the enactment of this Act, submit a report to the Congress on the results of such study.

(b) RULE OF CONSTRUCTION.—*Nothing in this section shall be construed to affect the Administrator's authority under other provisions of law.*

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

The Chair recognizes the gentleman from New Jersey.

GENERAL LEAVE

Mr. PALLONE. I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material in the RECORD.

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 such time as he may consume to one of the sponsors of our legislation, a member of the Energy and Commerce Committee, the gentleman from Washington (Mr. INSLEE).

Mr. INSLEE. Mr. Speaker, we have a good bill here, a bipartisan bill, to help us move forward to reduce the rate of abuse of prescription drugs.

Three years ago, local agencies and community leaders came to my office and told us we had this problem because prescription drug overdoses are rising rapidly, and there is really no way to dispose of legitimate prescription drugs in a legal, easy-to-use fashion under our current laws.

So for 3 years now we have been working in a bipartisan fashion to come up with a solution, and I am very happy to say that with the strong support of 55 national and regional organizations and the leadership of Chairman WAXMAN and Representatives STUPAK, MORAN and SMITH, we have found a solution that does protect the public and the environment from harmful drugs.

You know, prescription drug abuse really is a growing epidemic. Back in my home State of Washington prescription drug overdoses have now surpassed car accidents as the leading cause of accidental death for people ages 35 to 54. Washington has the sixth highest rate in the Nation of prescription drug abuse among 12-to 17-year-olds; and, unfortunately, today's medicine cabinets have become tomorrow's drug dealers' storage sites.

□ 1750

Kids are abusing leftover prescription drugs and getting addicted or, in the worst cases, dying. Just yesterday, nine middle school children in Bremerton, Washington, were hospitalized after popping prescription pills that one student brought to school from home.

So in Washington State, local agencies and community groups like Group Health and Bartell Drugs have tackled this problem head-on and have developed successful pilot safe drug disposal programs. These brick and mortar drop-off locations and mail-back programs give communities of all sizes an