

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

easy disposable system to dispose of unneeded drugs. But these programs have gone as far as they can, and right now they face the legal walls to grow these programs to make them more effective and easier for our communities to use.

So, we now have a commonsense solution, which is this bill, and we need to make sure these programs are put in place for all prescription drugs to keep these harmful substances off the streets and out of our drinking water. This legislation will solve those problems.

I want to note one success of this bill. BART STUPAK and others have been really great leaders in designing a program that would be flexible and easy for communities to use. We wanted to make sure that we got communities to design their programs so that they would have a multiple suite of different systems to use on how to run these programs. I want to congratulate Bart and others in helping us fashion this.

And with that, I urge our support for H.R. 5809.

Mr. WHITFIELD. I yield myself such time as I may consume.

Mr. Speaker, I rise also in support of the Safe Drug Disposal Act, and certainly I want to thank Mr. INSLEE for his leadership and Mr. MORAN, Mr. PALLONE, and many others.

Two months ago, I was invited by Sheriff Carter of Allen County, Kentucky, to a meeting of concerned citizens in that little community, and what they wanted to talk about was prescription drug abuse. And not only is it a problem in Washington State; it's a problem in Kentucky, and it's a problem throughout this entire country.

We are fortunate that many pharmacies, States, and localities have established prescription drug take-back programs; but, unfortunately, they are unable to take back controlled substances due to a technical reading of the Controlled Substances Act. This legislation will correct that and will allow a take-back program to also apply to controlled substances. And by passing this legislation, these programs will help further reduce the likelihood of prescription drugs being diverted to those to whom they were not prescribed.

I'm delighted that we are bringing this legislation to the floor, and I look forward to its passage and would urge all of our Members to vote for it.

I reserve the balance of my time.

Mr. PALLONE. Mr. Speaker, I yield such time as he may consume to my friend from Virginia (Mr. MORAN).

Mr. MORAN of Virginia. Mr. Speaker, I thank my good friend from New Jersey for yielding me the time, as well as his friendship, as well as the distinguished gentleman from Kentucky (Mr. WHITFIELD). And I want to recognize Mr. INSLEE for introducing this legislation.

We share a deep concern about the use of medications which are not being

safely returned to drug stores because of regulatory difficulties. In many cases, you have to have a police officer there overseeing the return of the drugs.

This will get over those restrictions and allow a process to happen which is terribly important, because we should all know that drug abuse is not limited to street corner illegal drug purchases, that, in fact, the abuse of prescription drugs is a large part of America's drug problem, particularly among young people. One study has shown that, in the last decade, nonmedical use of prescription drugs increased by almost 100 percent; and among adolescents between the ages of 12 and 17, it increased by more than 200 percent.

Too many of our young people are raiding the family medicine cabinet to obtain prescription drugs like OxyContin, Ritalin, and Valium. And, of course, it doesn't just affect those individuals, and it's not harmless. It clearly is leading to an increase in criminal behavior.

We find that about 600,000 emergency department visits over a year involved the nonmedical use of prescription or over-the-counter drugs or dietary supplements. It's a substantial increase year after year. About one-third of the visits result in hospital admissions. In fact, 1,365 of those emergency visits have resulted in the death of the patient, oftentimes young people. And that's where we see the biggest problem—fatalities in children 13 to 19 years of age.

So this will allow local communities to create drug disposal programs. As Mr. INSLEE and Mr. WHITFIELD had mentioned, it gives consumers a safe way to dispose of unneeded pharmaceuticals, including controlled substances. A number of the most responsible pharmacies have asked for this. The pharmacists say they want to be constructive in this process and prevent this illegal and oftentimes fatal use of prescription drugs on the part of young children.

This is a very important piece of legislation. It will save lives. It's the right thing to do.

I just want to mention one other thing that involves our Interior and Environment Appropriations Subcommittee. We are finding that one of the things that is leading to very serious problems with water quality is the fact that prescription medications are winding up in our water supply because our sewage treatment centers don't have the ability to screen them out, so they go right into the water supply that leads to drinking water. And we think that that is a source of some of the problems we find with endocrine-disrupting chemicals that block or mimic natural hormones. And we see that in a number of fish, particularly the fish in the Potomac River. This is one of the problems.

So we are addressing a number of issues with this legislation. I trust that it will be passed unanimously, and

maybe even by the Senate, which would be phenomenal. So, Mr. Speaker, we thank all those who cosponsored this, and let's hope it becomes law very quickly.

Mr. SMITH of Texas. Mr. Speaker, Americans are abusing prescription drugs at alarming rates and a major source for this abuse is the unused or expired drugs in our medicine cabinets, nursing homes, and hospitals. Prescription drugs are now surpassing most illegal drugs as the drug of choice for abusers across America.

The Office of National Drug Control Policy reports that "prescription drugs account for the second most commonly abused category of drugs, behind marijuana, and ahead of cocaine, heroin, methamphetamine, and other drugs."

The most commonly abused prescription drugs are opioid painkillers, such as Oxycontin and Percocet and morphine. Accidental deaths caused by the abuse of such opioid painkillers now outnumber deaths caused by the use of cocaine and heroin.

Today, an estimated seven million Americans abuse prescription drugs. The National Survey on Drug Use and Health found that the non-medical use of prescription drugs increased by 12 percent in 2009. Pain killers and other highly addictive prescription drugs have become increasingly popular with America's teenagers.

The Centers for Disease Control reports that 20 percent of teens have admitted to taking prescription drugs without a prescription. Unfortunately, many teens believe these drugs, because they are available by prescription, are less dangerous than illegal drugs. Sadly, this can often be a deadly misconception.

And a major source of prescription drugs is leftover, unused and expired drugs in our own homes and healthcare facilities. The Justice Department reports that prescription drug abuse is most prevalent among 18- to 25-year-olds, and most of these drugs are acquired for free from family and friends.

The solution is safe and accessible drug disposal. Law enforcement agencies and pharmacies across the country are now sponsoring drug disposal or "take-back" programs to collect unused and expired prescription drugs.

But these programs are at the mercy of a loophole in federal law that prevents individuals from legally disposing of controlled prescription drugs. The Comprehensive Drug Abuse Prevention and Control Act of 1970 or "CSA" utilizes a registration system for the distribution of controlled substances.

Individuals are exempted from the registration requirement in order to receive a prescription from their doctor to fill at their local pharmacy. But the CSA does not authorize individuals to dispose of their unused or expired drugs to a "take-back" program.

H.R. 5809, the Safe Drug Disposal Act, introduced by Mr. INSLEE, Mr. STUPAK, and myself, corrects this anomaly in the law. Once this bill is enacted, patients and long-term care facilities will be able to legally dispose of their controlled prescription drugs.

H.R. 5809 establishes a public education campaign within the Office of National Drug Control Policy to increase awareness of the availability of drug take-back programs in their communities. The bill also directs the General Accountability Office to study the availability and effectiveness of drug disposal programs.

Finally, the bill directs the Environmental Protection Agency to study the environmental impacts of the disposal of prescription drugs.

It is imperative that Congress provide for the safe disposal of these highly-addictive and dangerous drugs. Without this change to our federal drug laws, prescription pain killers and sedatives will linger in medicine cabinets across the country, easily accessible to teenagers wishing to experiment or adults who become dependent.

I urge my colleagues to support this legislation.

Mr. STUPAK. Mr. Speaker, I rise in support of this legislation.

Millions of Americans are prescribed narcotics for postoperative pain, bone fractures, and other ailments each year. However, most patients do not consume all the prescriptions they are prescribed.

These drugs remain in drug cabinets for years, easily accessible to teens wishing to experiment with drugs.

The Controlled Substances Act regulates prescription narcotics through a registration system. However, the Controlled Substance Act currently exempts patients from this registration requirement.

H.R. 5809 allows individuals to dispose of unused prescription controlled substances to a recipient authorized by the DEA. The bill also authorizes the Attorney General to promulgate regulations for the lawful disposal of prescription controlled substances by a long-term care facility.

H.R. 5809 also clarifies that the DEA regulations set forth in this legislation may not require any entity to establish a drug take-back program.

I want to thank my friend and colleagues, JAY INSLEE, LAMAR SMITH and other colleagues on both sides of the aisle for their hard work and commitment to empowering patients to help prevent prescription drug abuse, especially amongst our youth.

I urge my colleagues to vote in support of the legislation.

Mr. WHITFIELD. I urge passage of this bill, and I yield back the balance of my time.

Mr. PALLONE. Mr. Speaker, I urge passage, 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, H.R. 5809, as amended.

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

A motion to reconsider was laid on the table.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, proceedings will resume on motions to suspend the rules previously postponed.

Votes will be taken in the following order:

H.R. 5131, by the yeas and nays; and H.R. 3470, by the yeas and nays.

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

maining electronic vote will be conducted as a 5-minute vote.

COLTSVILLE NATIONAL HISTORICAL PARK ACT

The SPEAKER pro tempore. The unfinished business is the vote on the motion to suspend the rules and pass the bill (H.R. 5131) to establish Coltsville National Historical Park in the State of Connecticut, and for other purposes, as amended, on which the yeas and nays were ordered.

The Clerk read the title of the bill.

The SPEAKER pro tempore. The question is on the motion offered by the gentlewoman from the Virgin Islands (Mrs. CHRISTENSEN) that the House suspend the rules and pass the bill, as amended.

The vote was taken by electronic device, and there were—yeas 215, nays 174, not voting 43, as follows:

[Roll No. 532]

YEAS—215

Ackerman	Frank (MA)	McGovern
Adler (NJ)	Fudge	McIntyre
Altmire	Garamendi	McMahon
Andrews	Giffords	McNerney
Arcuri	Gonzalez	Meek (FL)
Baca	Gordon (TN)	Melancon
Baird	Grayson	Michaud
Baldwin	Green, Al	Miller (NC)
Becerra	Green, Gene	Minnick
Berkley	Grijalva	Moore (KS)
Berman	Halvorson	Moran (VA)
Bishop (GA)	Hare	Murphy (CT)
Bishop (NY)	Harman	Murphy, Patrick
Boccheri	Hastings (FL)	Napolitano
Boswell	Heinrich	Neal (MA)
Boyd	Hereth Sandlin	Nye
Braley (IA)	Higgins	Overstar
Brown, Corrine	Hill	Oliver
Capps	Himes	Ortiz
Capuano	Hinchey	Pallone
Cardoza	Hinojosa	Pascarell
Carnahan	Hirono	Pastor (AZ)
Carson (IN)	Holden	Payne
Castor (FL)	Holt	Perlmutter
Chandler	Honda	Perriello
Childers	Hoyer	Peters
Chu	Inslie	Peterson
Clarke	Jackson Lee	Pingree (ME)
Clay	(TX)	Polis (CO)
Cleaver	Johnson (GA)	Pomeroy
Clyburn	Johnson, E. B.	Price (NC)
Cohen	Jones	Quigley
Connolly (VA)	Kagen	Rahall
Conyers	Kanjorski	Reyes
Costello	Kaptur	Richardson
Courtney	Kennedy	Rodriguez
Critz	Kildee	Ross
Crowley	Kilroy	Rothman (NJ)
Cuellar	Kind	Roybal-Allard
Cummings	Kirkpatrick (AZ)	Ruppersberger
Dahlkemper	Kissell	Rush
Davis (CA)	Klein (FL)	Ryan (OH)
Davis (IL)	Kosmas	Salazar
Davis (TN)	Kratovil	Sanchez, Loretta
DeFazio	Kucinich	Sarbanes
DeGette	Langevin	Schakowsky
Delahunt	Larsen (WA)	Schauer
DeLauro	Larson (CT)	Schiff
Deutch	Lee (CA)	Schwartz
Dicks	Levin	Scott (GA)
Dingell	Lewis (GA)	Scott (VA)
Doggett	Lipinski	Serrano
Donnelly (IN)	Loeback	Sestak
Doyle	Lofgren, Zoe	Sherman
Driehaus	Lujan	Shuler
Edwards (MD)	Lynch	Sires
Edwards (TX)	Maffei	Skelton
Ellison	Markey (CO)	Slaughter
Ellsworth	Markey (MA)	Smith (WA)
Eshoo	Marshall	Snyder
Ederidge	Matheson	Speier
Farr	Matsui	Spratt
Fattah	McCarthy (NY)	Stark
Filner	McCollum	Stupak
Foster	McDermott	Sutton

Tanner
Taylor
Teague
Thompson (CA)
Thompson (MS)
Tierney
Titus
Tonko

Tsongas
Visclosky
Walz
Wasserman
Schultz
Waters
Watson
Watt

Waxman
Weiner
Welch
Woolsey
Wu
Yarmuth

NAYS—174

Aderholt	Frelinghuysen	Mitchell
Akin	Gallely	Moran (KS)
Alexander	Garrett (NJ)	Murphy, Tim
Austria	Gerlach	Myrick
Bachmann	Gingrey (GA)	Neugebauer
Bachus	Gohmert	Nunes
Bartlett	Goodlatte	Olson
Barton (TX)	Granger	Owens
Bean	Graves (GA)	Paul
Biggert	Graves (MO)	Paulsen
Billray	Griffith	Pence
Bilirakis	Guthrie	Petri
Blackburn	Hall (TX)	Pitts
Blunt	Harper	Platts
Bonner	Hastings (WA)	Poe (TX)
Bono Mack	Heller	Posey
Boozman	Hensarling	Price (GA)
Boustany	Herger	Putnam
Brady (TX)	Hoekstra	Rehberg
Bright	Hunter	Reichert
Brown (GA)	Inglis	Roe (TN)
Brown (SC)	Issa	Rogers (AL)
Brown-Waite,	Jenkins	Rogers (KY)
Ginny	Johnson (IL)	Rogers (MI)
Buchanan	Johnson, Sam	Rohrabacher
Burgess	Jordan (OH)	Rooney
Burton (IN)	King (IA)	Ros-Lehtinen
Buyer	King (NY)	Roskam
Calvert	Kingston	Royce
Camp	Kline (MN)	Ryan (WI)
Campbell	Lamborn	Scalise
Cantor	Lance	Schmidt
Cao	Latham	Schock
Capito	LaTourette	Sensenbrenner
Cassidy	Latta	Sessions
Castle	Lee (NY)	Shadegg
Chaffetz	Lewis (CA)	Shimkus
Coble	Linder	Shuster
Coffman (CO)	LoBiondo	Simpson
Cole	Lucas	Smith (NE)
Conaway	Luetkemeyer	Smith (NJ)
Cooper	Lummis	Smith (TX)
Costa	Lungren, Daniel	Stearns
Crenshaw	E.	Sullivan
Culberson	Mack	Terry
Davis (KY)	Manzullo	Thompson (PA)
Dent	Marchant	Thornberry
Diaz-Balart, L.	McCarthy (CA)	Tiahrt
Diaz-Balart, M.	McCaul	Tiberi
Djou	McClintock	Turner
Dreier	McCotter	Upton
Duncan	McHenry	Walden
Ehlers	McKeon	Wamp
Emerson	McMorris	Westmoreland
Fleming	Rodgers	Whitfield
Forbes	Mica	Wilson (SC)
Fortenberry	Miller (FL)	Wittman
Fox	Miller (MI)	Wolf
Franks (AZ)	Miller, Gary	Young (AK)

NOT VOTING—43

Barrett (SC)	Flake	Nadler (NY)
Barrow	Gutierrez	Obey
Berry	Hall (NY)	Radanovich
Bishop (UT)	Hodes	Rangel
Blumenauer	Israel	Sanchez, Linda
Boehner	Jackson (IL)	T.
Boren	Kilpatrick (MI)	Schrader
Boucher	Kirk	Shea-Porter
Brady (PA)	Lowey	Space
Butterfield	Maloney	Towns
Carney	Meeks (NY)	Van Hollen
Carter	Miller, George	Velázquez
Davis (AL)	Mollohan	Wilson (OH)
Engel	Moore (WI)	Young (FL)
Fallin	Murphy (NY)	

□ 1833

Mr. UPTON, Mrs. CAPITO, Ms. GRANGER, Ms. ROS-LEHTINEN, Messrs. LATOURETTE, CASTLE, BRADY of Texas, STEARNS, DANIEL E. LUNGREN of California, and BACHUS changed their vote from "yea" to "nay."