

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. CHAFFETZ. Madam 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.

SECURE AND RESPONSIBLE DRUG DISPOSAL ACT OF 2010

Mr. INSLEE. Madam Speaker, I move to suspend the rules and pass the Senate bill (S. 3397) 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 amendment is as follows:

Amendment:

Strike out all after the enacting clause and insert:

SECTION 1. SHORT TITLE.

This Act may be cited as the "Secure and Responsible Drug Disposal Act of 2010".

SEC. 2. FINDINGS.

Congress finds the following:

(1) The nonmedical use of prescription drugs is a growing problem in the United States, particularly among teenagers.

(2) According to the Department of Justice's 2009 National Prescription Drug Threat Assessment—

(A) the number of deaths and treatment admissions for controlled prescription drugs (CPDs) has increased significantly in recent years;

(B) unintentional overdose deaths involving prescription opioids, for example, increased 114 percent from 2001 to 2005, and the number of treatment admissions for prescription opioids increased 74 percent from 2002 to 2006; and

(C) violent crime and property crime associated with abuse and diversion of CPDs has increased in all regions of the United States over the past 5 years.

(3) According to the Office of National Drug Control Policy's 2008 Report "Prescription for Danger", prescription drug abuse is especially on the rise for teens—

(A) one-third of all new abusers of prescription drugs in 2006 were 12- to 17-year-olds;

(B) teens abuse prescription drugs more than any illicit drug except marijuana—more than cocaine, heroin, and methamphetamine combined; and

(C) responsible adults are in a unique position to reduce teen access to prescription drugs because the drugs often are found in the home.

(4)(A) Many State and local law enforcement agencies have established drug disposal programs (often called "take-back" programs) to facilitate the collection and destruction of unused, unwanted, or expired medications. These programs help get outdated or unused medications off household shelves and out of the reach of children and teenagers.

(B) However, take-back programs often cannot dispose of the most dangerous pharmaceutical drugs—controlled substance medications—because Federal law does not permit take-back programs to accept controlled substances unless they get specific

permission from the Drug Enforcement Administration and arrange for full-time law enforcement officers to receive the controlled substances directly from the member of the public who seeks to dispose of them.

(C) Individuals seeking to reduce the amount of unwanted controlled substances in their household consequently have few disposal options beyond discarding or flushing the substances, which may not be appropriate means of disposing of the substances. Drug take-back programs are also a convenient and effective means for individuals in various communities to reduce the introduction of some potentially harmful substances into the environment, particularly into water.

(D) Long-term care facilities face a distinct set of obstacles to the safe disposal of controlled substances due to the increased volume of controlled substances they handle.

(5) This Act gives the Attorney General authority to promulgate new regulations, within the framework of the Controlled Substances Act, that will allow patients to deliver unused pharmaceutical controlled substances to appropriate entities for disposal in a safe and effective manner consistent with effective controls against diversion.

(6) The goal of this Act is to encourage the Attorney General to set controlled substance diversion prevention parameters that will allow public and private entities to develop a variety of methods of collection and disposal of controlled substances, including some pharmaceuticals, in a secure, convenient, and responsible manner. This will also serve to reduce instances of diversion and introduction of some potentially harmful substances into the environment.

SEC. 3. 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 engage in such activity; and

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

"(2) In developing regulations under this subsection, the Attorney General shall take into consideration the public health and safety, as well as 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.

"(3) The Attorney General may, by regulation, authorize long-term care facilities, as defined by the Attorney General by regulation, to dispose of controlled substances on behalf of ultimate users who reside, or have resided, at such long-term care facilities in a manner that the Attorney General determines will provide effective controls against diversion and be consistent with the public health and safety.

"(4) 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. 4. DIRECTIVE TO THE UNITED STATES SENTENCING COMMISSION.

Pursuant to its authority under section 994 of title 28, United States Code, the United States Sentencing Commission shall review and, if appropriate, amend the Federal sentencing guidelines and policy statements to ensure that the guidelines and policy statements provide an appropriate penalty increase of up to 2 offense levels above the sentence otherwise applicable in Part D of the Guidelines Manual if a person is convicted of a drug offense resulting from the authorization of that person to receive scheduled substances from an ultimate user or long-term care facility as set forth in the amendments made by section 3.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Washington (Mr. INSLEE) and the gentleman from Pennsylvania (Mr. PITTS) each will control 20 minutes.

The Chair recognizes the gentleman from Washington.

GENERAL LEAVE

Mr. INSLEE. Madam Speaker, 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 Washington?

There was no objection.

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

Madam Speaker, I rise today in strong support of S. 3397, as amended, the Secure and Responsible Drug Disposal Act of 2010. This bill is our effort to respond to the very rapidly rising rate of prescription drug abuse in our country where 2,500 teens a day are using prescription drugs illegally for the first time. And this bill will help, we think, significantly in helping remove prescription drugs from the illicit drug pipeline by giving citizens an ability to get rid of their drugs, their prescription drugs, in a legal fashion so that communities can fashion a way to create drug take-back programs so citizens can get rid of their unnecessary and no longer useful prescription drugs.

The House has previously passed a version. We have made some improvements to the bill after it went through the Senate. I just want to note some of those improvements.

Today, when people do not have ready access to drug disposal programs, they often flush them down, and drugs ultimately end up in the waterways. In order to ensure that the drug take-back programs that we fashion under this bill are environmentally sound, it's important that the Attorney General consider the environmental impacts of take-back programs and work with the Environmental Protection Agency and communities on appropriate ways to dispose of the collected

substance in an environmentally sound manner. We also have provided ways to make sure communities are engaged in designing these programs so that they meet the individual needs of specific communities.

I want to thank all the people who have worked on this bipartisan legislation, particularly Representative STUPAK who is ending his congressional career having done some great work in this regard.

With that, I yield as much time as he may consume to the gentleman from Michigan (Mr. STUPAK).

Mr. STUPAK. I thank the gentleman for yielding, and I rise in support of S. 3397.

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.

But failure to dispose of prescription medications properly causes several problems. First, there's the potential for a child to ingest the drugs accidentally. Second, we know that teen prescription drug abuse is on the rise. Unused prescriptions in a house are easily accessible to teens wishing to experiment with drugs. Third, there's a potential for narcotics to be abused by the patient or sold to someone else to abuse.

□ 2010

The Controlled Substance Act regulates prescription narcotics through a registration system. Currently there are roughly 1.3 million DEA registrants who are legally allowed to handle or distribute narcotics from the manufacturer to the distributor to the pharmacist to the doctor. However, the Controlled Substance Act currently exempts patients from this registration requirement. This legislation allows individuals to dispose of unused prescription controlled substances to a recipient authorized by the DEA, Drug Enforcement Administration.

The bill also authorizes the Attorney General to promulgate regulations for the lawful disposal of prescription controlled substances by a long-term care facility. S. 3397 also clarifies that the DEA regulations set forth in this legislation may not require any entity to establish a drug take-back program. It's a voluntary program.

I want to thank my friend and colleague JAY INSLEE for all of his hard work on this legislation and his staff over the past years, LAMAR SMITH on the minority side, who worked closely with us, and colleagues on both sides of the aisle and their staff for their hard work and commitment to empower patients to prevent prescription drug abuse, especially amongst young people.

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

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

Madam Speaker, the Secure and Responsible Drug Disposal Act will improve drug take-back programs where pharmacies and others accept unused prescription drugs and dispose of them safely. Prescription drugs provide valuable therapeutic benefits to tens of millions of Americans, from treating disease to improving people's quality of life. However, a segment of our society does not use these medications for therapy but, rather, abuses them for some sort of dangerous high. Many teenagers get their hands on these medications by stealing unused medications from the family's medicine cabinet.

While some pharmacies, States, and localities have established prescription drug take-back programs, these programs may not take back controlled substances due a technical reading of the Controlled Substances Act. By passing this legislation, these programs could help further reduce the likelihood of prescription drugs being diverted to those to whom they were not prescribed.

It is important to note that this bill does not require any entity to establish a drug take-back program. But if a drug take-back program currently operates, it only makes sense to allow that facility to take back controlled drugs like oxycontin as well as noncontrolled prescription drugs.

I urge my colleagues to support this bill.

I reserve the balance of my time.

Mr. INSLEE. I reserve the balance of my time.

Mr. PITTS. I yield such time as he may consume to the gentleman from Indiana (Mr. BUYER).

Mr. BUYER. I thank the gentleman for yielding, and I want to compliment the authors of the legislation in your work on this.

But I would like to point out something before we get too excited about whether we are doing a good thing today. Number one, we are—but what are we leaving on the table? If we are trying to address the issue with regard to prescription drugs and making sure that that drug gets in the hands of the right person and that the drug is safe, there is a bigger issue out there. It is called the drug safety issue and whether America's closed system is truly closed. And what we are leaving on the table is an issue which this Congress has not addressed, and it's JOHN DINGELL's drug safety bill. And not only is it that, its electronic pedigree, red paper pedigree with regard to drug safety, but the biggest one of all, I would say to the Colombian drug cartel, is that you're in the wrong drug business. We have got all the laws imaginable to whack you pretty hard for your cocaine and your marijuana. But the great threat that is occurring right now to America are drugs coming into the country that we know are not safe.

Now, let's do a quick little math because I am leaving Congress, and this is an issue that those of you who are still here, we, as a Nation, you, as legislators, must address this. We have 11 international mail facilities, 11 of them. Our ports of entry. You add UPS at Louisville and FedEx at Memphis, 13. Every day we have on average of 35,000 pharmaceutical packages coming into the international mail facilities. They are coming in because people are getting them on the Internet, and they are going to some drugsave.com out of Canada or whomever. They think it is safe, and they think that that drug is just like what I can get down at my local drugstore, and they order it. And it's coming through illicit, bad operators who are preying on America's sick and elderly.

Every time FDA goes out there and checks, we are finding that, on average, 80 percent of those drugs are either adulterated, knock-off, or they are counterfeit. Now let's do the math: 13 international mail facilities times 35,000 average per day, that gives you 455,000 of these pharmaceutical packages per day, times 365. Now we are in excess of 160 million pharmaceutical packages. We are talking boxes of drugs, not just little ones. We are talking boxes of drugs. And if 80 percent of that number are counterfeit, knock-off, adulterated drugs, we are in excess of 132 million.

Now, of a smaller percentage that the FDA actually finds and discovers, we have a return-to-sender policy. That's why I wanted to address this. Can you believe that? FDA has a return-to-sender policy. So here we are—I compliment you. We are going to say, Okay, if these drugs aren't good, we want to make sure they don't get into the hands of the people that the doctor doesn't want them to. So we are going to say, Let's destroy them. But as a Nation, our FDA has a return-to-sender policy. So when they discover in an international mail facility that the package is adulterated, knock-off, or counterfeit drugs, they don't destroy them. They do not destroy them. They then take that package and send it back to the bad actor. The bad actor must think, America, what a great place. What a great place. I will steal people's money; I will prey on the sick and the elderly; and the American Government will actually send my counterfeit drugs back to me so I can do it again.

So I just want to make this point. Your legislation is absolutely wonderful. But I want to point out, there is a really large problem out there. So before we get too excited that we are doing something really good—and we are but on a much smaller level. Because if we are going to allow millions of people to gain access to these types of drugs, we know that these drugs do not metastasize in the body in the way in which the doctors are intending them to do. And people actually think that the drugs they are taking are exactly what they can get down at CVS

or Walgreens or whatever, and it's not happening.

So my only point I appeal to all of you is, number one, congratulations; number two, we have a really large issue that we need to address in the next Congress. We really do. And let's get our arms around this. I want to congratulate JOHN DINGELL on his drug safety bill. And it's a shame that we actually weren't able to get this done in the committee. Again, my com-

pliments to you. But this is a big issue as a Nation we must address and protect America.

Mr. INSLEE. I just want to thank Senators KLOBUCHAR and CORNYN for their work on this and say this is a good bipartisan effort. We are not done on this, as Mr. BUYER pointed out, but this is a good start. I urge passage.

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

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

The SPEAKER pro tempore (Mr. JACKSON of Illinois). The question is on the motion offered by the gentleman from Washington (Mr. INSLEE) that the House suspend the rules and pass the bill, S. 3397, 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.

NOTICE

Incomplete record of House proceedings.

Today's House proceedings will be continued in the next issue of the Record.