Disease Control has said that prescription drug abuse is now a national epidemic.

In 2010, 254 million prescriptions for opioids were filled in this country. That's enough painkillers to medicate every American adult around the clock for a month.

Our military soldiers are coming back from Iraq and Afghanistan hooked on these pain pills. In the last 2 years, over 150 of our soldiers have died from overdoses.

In my home State, Kentucky's losing roughly 82 people a month to prescription drug deaths, more than car crashes. Our medicine cabinets are more dangerous than our cars.

But these statistics, of course, are just numbers. So many Americans, including members of our caucus who've taken to the House floor today, have been touched by this tragedy in some personal way. In some counties in my district, half of the children are living in a home without their parents in large part because of prescription drug abuse.

I've met single moms struggling to get through drug court and employers who can't string together a clean workforce. We've lost mothers. We've lost grandfathers, police officers, children, brothers and sisters, husbands and wives.

This epidemic does not distinguish between socioeconomic lines or gender lines or geographic lines. It's indiscriminate in its path of destruction, and it has to stop.

FDA has to be part of saying ''no'' to the abuse of legal drugs. FDA is the primary entity for regulating prescription drugs with its hands on the spigot. For years, I've pleaded with the FDA to take a harder look at how these painkillers are allowed to be prescribed.

Congressman FRANK WOLF of Virginia and I have implored FDA to make these painkillers available only for severe pain. Prescription painkillers such as OxyContin and Opana were originally intended to treat severe pain caused by cancer, but over the years, based in large part on marketing practices, many physicians, dentists, other health care providers began prescribing opioid painkillers for moderate-to-severe pain. A toothache or a stubbed toe has become an excuse for an Oxy prescription.

Now, OxyContin's a wonderful drug, intended for terminally ill cancer patients, people in severe pain that need a time-released capsule over 12 hours. It helped the patient and helped the caregiver. But it's also a very addictive drug and very difficult to kick once addicted. So this is really a dangerous drug when not used in the prescribed way.

This FDA-approved indication for moderate-to-severe pain can create the false assumption that opioids are a safe and effective treatment for chronic, noncancer pain. On the contrary, more than 30 leading clinicians, researchers, and health officials recently petitioned the FDA to strike the term ''moderate'' from the indication for noncancer pain, add a maximum daily dose and a maximum duration of 90 days for continuous daily use.

When we're losing 16,000 people a year to these drugs, the FDA must take this petition seriously.

Second, the FDA shortly will make a vital determination about whether to approve generic versions of the original formulation of the drug OxyContin.

In 2007, the manufacturer of this drug, Purdue Pharma, was found criminally liable for deliberately misbranding their product.

After paying an unprecedented $630 million penalty, Purdue voluntarily removed the original formulation of OxyContin from the market—and reissued the drug with a formulation which is much more difficult to abuse.

Since this new, more ''gummy'' drug has come on the market, abuse of OxyContin has steadily declined—while the abuse of other painkillers, like Opana, is on the rise.

Purdue's patent on the original OxyContin formulation expires in 2013, and at least three companies have filed applications with FDA to produce generic versions.

If approved, this stands to be a disaster:

1. As previously seen, original Oxy was incredibly misused and wrought havoc. We could see a new wave of deaths if this drug is available in a cheaper, generic form.

2. This would also be a tremendous setback to companies developing abuse-resistant pain medications. If generic OxyContin is available on the market for a low price, there is no financial incentive for investment in the development of abuse-resistant drugs.

FDA must realize the wide-reaching implications of this pending decision, and I encourage the Agency and Commissioner Hamburg not to put this potent drug back on the market when there are so many alternatives already available and under development.

Mr. Speaker, this epidemic is touching people in every corner of our great nation—and for that reason, I invite all of my colleagues to join us in the fight by becoming a member of the Congressional Caucus on Prescription Drug Abuse and working with us in pressing FDA to make the right decisions.

VERIFYING OFFICIAL TOTALS FOR ELECTIONS ACT

The SPEAKER pro tempore. The Chair recognizes the gentleman from Georgia (Mr. JOHNSON) for 5 minutes.

Mr. JOHNSON of Georgia. Mr. Speaker, I will introduce today the Verifying Official Totals for Elections Act, also known as the VOTE Act.

Electronic voting machines are vulnerable to poor design and tampering, and there is currently no way to verify the accuracy of an electronic vote count. The VOTE Act will ensure the integrity of our voting machines system by requiring any software used in an electronic voting system for any Federal election to be deposited in the National Software Reference Library. Depositing the software in the National Software Reference Library will allow the software to be available for review in the event of an election contest or recount.

The VOTE Act is definitely needed. We are 97 days away from a crucial election and, according to a recent report, half the States have inadequate post-audit election procedures for electronic voting machines. It also found that a quarter of States have post-audit election procedures that need improvement. Further, the report found that in every national election in the past decade, computerized voting systems have failed, machines did not start or failed in the middle of voting, memory cards could not read, and votes were mistallied.

I'm sure that you all who are computer literate out there have had a computer and you were working on it and suddenly it froze up.

□ 1030

In order to unfreeze it, you had to reboot it, and in the process, you lost all of your data that you were working on; or some of you may have had the misfortune of a computer hard drive just freezing up on you and just crashing, and you had to take it somewhere and try to retrieve your data off of that hard drive, and it cost a whole lot of money. You may have even manipulated your child's computer to prevent access to a dangerous Web site; or somebody may have installed, unbeknownst to you, some software on your laptop computer that you carry around so that one can keep track of your whereabouts.

These are the kinds of things that we must be concerned about as far as our electronic voting machines—their accuracy and the fact that they can be manipulated.

There have been several e-voting inaccuracies since 2006, including prominent controversies in South Carolina, Florida, and Pennsylvania. The VOTE Act provides peace of mind. It does so by requiring that the source code, or the blueprint, of the e-voting system be stored in the National Software Reference Library, which will allow auditors to compare that code with the actual machine to determine if there has been any improper activity.

This is an urgent problem, and the VOTE Act is the solution. The right to vote is fundamental to our democratic process, and it is protected by the Constitution of the United States. The right to vote is protected by more constitutional amendments—the First, 14th, 15th, 19th, 24th, and 26th—than is any other right we enjoy as Americans. Thus, it is vital to ensure the integrity of that vote. We must do everything in our power to ensure that every American who casts a vote in the upcoming election is counted.

I thank Common Cause, Florida Voting, VerifiedVoting.org, and the North Carolina Coalition for Verified Voting for endorsing this bill.

I urge all of my colleagues to support the VOTE Act, and I invite Members from both sides of the aisle, Democrats and Republicans, to cosponsor this bill. Protecting the vote and the integrity

of the voting process is not a partisan issue, but an issue that is important to all citizens and vital to the strength of America.

JOE HARTLE

The SPEAKER pro tempore. The Chair recognizes the gentleman from Pennsylvania (Mr. THOMPSON) for 5 minutes.

Mr. THOMPSON of Pennsylvania. Mr. Speaker, today I rise to recognize and remember Joe Hartle—a friend and a lifelong farmer of Centre County, Pennsylvania, which is located in the Commonwealth's Fifth Congressional District.

Joe Hartle was a distinguished leader in both the agricultural and fair industries, and was a staple in the Centre County community. Sadly, he passed away in March of 2012.

First elected at the age of 17, Joe served on the Centre County Grange Fair committee for more than 60 years. For the past 25 years, Joe Hartle faithfully served as president of the Grange Encampment and Fair. Joe was instrumental in making the Centre County Grange Fair a showcase for agriculture with events to satisfy all ages. Through his leadership and hard work, the grange fair has become one of the leading fairs in the State. Held annually the week before Labor Day, the Centre County Grange Fair has become the largest encampment east of the Mississippi, and it highlights Pennsylvania's number one industry—agriculture.

In addition to his work, family was always a very important part of Joe Hartle's life. He was married to his wife, Gladys, for 56 years. They had five children—Linda, Jan, Tom, Deb, and Betsy—and 11 grandchildren. I want to thank Joe for a life spent serving others and a legacy for Centre County that will live on for generations.

Rest with the Lord, my friend.

KNOW BEFORE YOU OWE ACT

The SPEAKER pro tempore. The Chair recognizes the gentlewoman from Pennsylvania (Ms. SCHWARTZ) for 5 minutes.

Ms. SCHWARTZ. As August begins, millions of young people across the country are preparing to head off to college. Fall brings not only a return to course selection and roommates and football games but also to high college tuition bills. In my home State of Pennsylvania, the average cost of tuition and fees tops $12,000 for a public 4-year school and $32,000 a year for a private university. These high costs force 70 percent of Pennsylvania college students to take out student loans.

One of the biggest decisions facing students and college graduates is not just the amounts they borrow but who their lenders will be and whether they will be private lenders or Federal loans. Federal loans are simply a better deal. They offer lower, fixed interest rates, consumer protections and manageable repayment options. Private student loans, on the other hand, typically have uncapped, variable rates, hefty fees and few consumer protections. From 2001 to 2008, the private student loan market exploded, increasing from $5 billion to $20 billion. Lenders loosened underwriting standards and often cut school financial aid offices out of the process.

While students may need private loans, they should know the differences between private lenders and Federal loans and be fully informed of the differences in cost and obligation. Unfortunately, right now, a majority of student loan borrowers who are turning to more expensive student loan programs of private options do so without fully exhausting all of the Federal student loan options available to them. This means that student borrowers unnecessarily take on increased costs.

That's why I've joined with my colleagues, Representatives JARED POLIS and TIM BISHOP, to introduce the Know Before You Owe Act in order to make sure that students and their families have access to vital information regarding their student loan programs. The legislation requires schools to counsel students on the financial aid options available to them, and it requires private lenders to adopt commonsense steps to protect student borrowers. The Know Before You Owe Act will empower students and their families to make informed decisions about financing their educations.

Access to higher education is a top priority for middle class families. They know that higher education is one of the keys to being able to succeed in a competitive 21st-century marketplace. They are willing to invest in their futures by taking out student loans in order to afford college. We need to ensure that students have full and complete information about the most affordable student loan options available to them in order to fight back against those who might take unscrupulous advantage of families facing tough financial decisions.

I urge my colleagues to join with me in supporting this important legislation and to better ensure that millions of Americans can afford college without taking unnecessary long-term financial hardship and risk.

PRESCRIPTION DRUG ABUSE

The SPEAKER pro tempore. The Chair recognizes the gentleman from Massachusetts (Mr. KEATING) for 5 minutes.

Mr. KEATING. I would like to thank Congressman RAHALL for organizing this morning-hour on prescription drug abuse. I would also like to thank Chairman ROGERS for his work as well as Congresswoman MARY BONO MACK, Congressman STEVE LYNCH, and all Members with the Prescription Drug Abuse Caucus.

Prescription drug abuse is defined now as an epidemic in this country, and the cost of this epidemic is more than $70 billion a year. This is by no means just a criminal issue, and that's where the stigma sometimes makes this issue more difficult. It is, indeed, a public health issue, and for this reason Congress needs to step in.

Painkillers account for the country's fastest growing area of drug abuse, which is ahead of cocaine, heroin, and methamphetamine. Throughout my 12-year career as a Norfolk County district attorney in Massachusetts, the susceptibility of new users, particularly of teenagers, to these drugs has been a recurring theme. As district attorney, I have seen in concrete terms that this scourge goes across every social and economic boundary that exists.

I have seen law enforcement officials, while on duty and who were involved in automobile accidents, take these painkillers, become addicted and actually go out with their guns and rob—armed robbery—banks and other institutions in order to just try and feed their habits. I've seen real estate professionals get involved and go to open houses just to search medicine cabinets in order to fulfill their habits. I have also seen young people begin addictions and abuses of prescription drugs from their families' medicine cabinets, finding that later on they cannot afford their habits, and move to a cheaper, purer form of heroin.

□ 1040

I've seen the public health effects of this as well. I've seen the HIV disease spread to people. I've seen 14-year-old girls with hepatitis C as a result of trying to deal with this scourge that is an epidemic around our country.

In Massachusetts alone, 1.7 people every day die of an opiate-derivative overdose. In 2010, the National Institute of Drug Abuse showed that 2.7 percent of eighth-graders, 7.7 percent of 10th-graders, and 8 percent of 12th-graders abused Vicodin. Over 2 percent of eighth-graders, almost 5 percent of 10th-graders, and over 5 percent of 12th-graders abused OxyContin for nonmedical purposes at least once in the year prior to that survey. This is why I've introduced the Stop Tampering of Prescription Pills Act, the STOPP Act of 2012, with Chairman ROGERS, Congresswoman BONO MACK, and my other colleagues.

Currently, tamper-resistant mechanisms are in use for some drugs, but this bill is the first of its kind Federal legislation to put a clear pathway for others to come to market. The process outlined in the bill applies both to brand name and generic drugs, both to time-release and to immediate-release pills. Initially, we will incentivize the use of these tamper-resistant processes. Then, in time, they'll be required. This bill is not a silver bullet by any stretch of the imagination, but