

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 bet-

ter 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 non-medical 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

it is a very important piece in preventing new users from abusing painkillers and safeguarding against overdose. Just as seatbelts and airbags in cars cannot prevent all car accidents, tamper-resistant formulations will not prevent all instances of drug abuse, but it is a necessary tool in protecting vulnerable populations like the adolescents I have spoken about.

With this bill, we're also preparing for the potential onslaught of pure hydrocodone pills. These are currently being developed, and without proper physical and pharmaceutical barriers in place to prevent the tampering of these painkillers, this potential advent of pure hydrocodone will dramatically increase the already alarming rates of abuse and addiction. The bill would mandate the tamper resistance of these pills, as well as many others.

These pills provide great relief for many Americans in terms of extreme pain, but we must do something about another type of pain, a terminal pain, a pain that family members and loved ones feel when they have lost someone to the disease that results in this type of addiction.

I encourage all my colleagues in the House to cosponsor H.R. 6160, and further encourage the development of these tamper-resistant mechanisms. It's not a silver bullet, but it's an important first step.

PRESCRIPTION DRUG ABUSE IN AMERICA

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

Mr. LYNCH. Mr. Speaker, I want to thank my friend and colleague, Mr. KEATING, for his leadership on this issue.

I rise this morning, along with several of my colleagues, Mr. RAHALL and Mr. KEATING, whom you just heard, and also Chairman ROGERS, to talk about the very important issue of prescription drug abuse in America.

Prescription drugs are responsible for the fastest growing area of drug abuse in this country, ahead of cocaine, heroine, methamphetamines, and other drugs. In fact, according to the Centers for Disease Control in Atlanta, prescription drugs cause most of the more than 26,000 fatal overdoses that we see each year. Despite this alarming number, there exists a lack of knowledge about this particular type of substance abuse that prevents many people from identifying it as the problem that it is, and that in turn makes it more difficult to achieve a real solution.

Prescription drug abuse is an epidemic in this country plain and simple, and it must be dealt with as such. While prescription drug medication can help people suffering from a range of chronic and temporary conditions, for many others, exposure to pain medication, whether prescribed or obtained through other means, can be the begin-

ning of a long and tragic battle with addiction. As you heard from previous speakers, from Massachusetts to West Virginia to Kentucky and to California, many of my constituents also struggle with prescription drug addiction and its consequences. Those people are homemakers, they are professionals, they are students and laborers. Addiction does not discriminate.

Abuse of prescription medicine, especially opioid pain relievers, is a major problem nationally and in Massachusetts, where deaths, emergency room episodes, and admissions for treatment related to non-heroin opioids has skyrocketed in recent years. In fact, 99 percent of individuals entering treatment facilities who report heroin use started with a prescription medication like OxyContin.

OxyContin is a narcotic painkiller which has started too many people on this terrible journey to addiction. It is a drug that by design is inherently so powerfully addictive that it actually changes the brain over long periods of treatment, and it creates customers for life. It creates addicts. OxyContin is a drug that has caused so much grief to individuals, families, and communities, has caused so much pain and suffering, that earlier this year the nation of Canada removed it from the market. I commend them for that. I, in fact, filed a bill in May of 2005 to do exactly the same thing in the United States, but because of the powerful lobbying efforts of the drug companies, that legislation was not successful. That's a big part of the problem.

In the United States, we continue to put corporate profit ahead of personal loss. Reports of the abuse of OxyContin surfaced soon after its introduction in 1996, a year in which Purdue Pharma, the manufacturer of OxyContin, made \$1 billion on the drug. In 2007, Purdue Pharma pled guilty to criminal charges that they intentionally misled doctors, Federal regulators, and patients in regard to the addictive nature of their gold-mine drug in order to boost their profits. Despite its troubled history, OxyContin is still available. In 2011, it earned \$2.8 billion in profits for the company.

In addressing the problem, we need to consider the range of contributing factors. We need to look at the composition of the drugs and the marketing of these addictive drugs and the regulatory approval process. There are two measures that I want to note here: one, there has been a significant effort to reformulate this drug so that it is less susceptible to abuse. I commend the drug-makers on that effort. The second issue is with BlueCross BlueShield, which has instituted a limiting factor. It requires a robust reevaluation of any patient who is being prescribed OxyContin over a period of time. I think that is one of the best decisions by an insurance company in this country in some time.

I commend my colleagues on the Congressional Prescription Drug Abuse

Caucus for their legislative efforts, and I look forward to continuing to work with them on this very important issue.

THE VICTIMS OF COLUMBINE

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

Mr. PERLMUTTER. Good morning, Mr. Speaker, and to a fellow softball coach.

The columbine is the State flower of Colorado. It's a beautiful flower found in our mountains with whites and blues and yellows. It's just a gorgeous State flower for us to have.

Thirteen years ago, on April 20, 1999, at Columbine High School, we had a terrible tragedy. And I want all of us to remember the names of the kids that were killed at that shooting: Cassie Bernall, Steve Curnow, Corey DePooter, Kelly Flemming, Matt Kechter, Daniel Mauser, Daniel Rohrbough, Rachel Scott, Isaiah Shoels, John Tomlin, Lauren Townsend, Kyle Velasquez, and teacher, Dave Sanders.

□ 1050

Now Columbine, just like this flower, has recovered, sprouted. It's a beautiful school. It has strong academics, strong sports, and good citizens. We're very proud of the kids in that high school. It's near where I live.

We have suffered some scars from Columbine in Colorado, but we've also learned some lessons. We've learned some lessons that were put to good use 10 days ago in Aurora, Colorado.

Aurora, as many of you will remember from your mythology classes, is the goddess of the dawn. And there will be a new day.

We're suffering in Colorado right now. It's a beautiful State. It is a wonderful place. We've had two very difficult, tragic moments. And in these last 10 days, Mr. Speaker, I have had a chance to go to five funerals and visit with some people in the hospital.

I want us to remember the names of the people that were killed 10 days ago:

Jonathan Blunk, Alexander Jonathan (AJ) Boik, Staff Sergeant Jesse Childress, Gordon Cowden, Jessica Ghawi, Petty Officer 3rd Class John Larimer, Matthew McQuinn, Micayla Medek, Veronica Moser, Alex Sullivan, Alex Teves, Rebecca Wingo.

Beautiful people, good people harmed in a very senseless moment in our history.

But in the midst of this tragedy, there were a lot of heroes. And from Columbine, we learned lessons to get in and move quickly to save lives.

So beginning with the Aurora police force and the firefighters from Aurora, there were tremendous acts of courage that saved lives, that saved people from bleeding to death. We saw in our medical teams a coordination of efforts, the likes of which none of us