

America, but around the world. And I have had the privilege to travel into most of the continents and meet with the people that raise the food and the fiber, and, in our case, the energy in those places. And the fingerprints of Dr. Norman Borlaug are all over this planet, all over this globe, and on the dinner table of everyone with the 6-plus billion people that now inhabit this Earth. We don't know what that limitation might be for the population, but we know it is far greater because of Dr. Norman Borlaug.

Mr. HOBSON. Mr. Speaker, I rise today to ask my colleagues to join me in supporting S. 2250 to pay tribute to Dr. Norman E. Borlaug for his life's work to feed the world's poor.

It is because of Dr. Borlaug's success in developing high-yield and disease resistant cereal grains that billions of the world's poorest people have been fed.

In 1944, Dr. Borlaug's work began when he and his research team were tasked by the Rockefeller Foundation to increase wheat production in Mexico. Through years of cross-breeding thousands of wheat varieties, they were able to develop high-yield dwarf wheat that was resistant to diseases known to cause significant crop damage such as "rust" fungi. As a result, Mexico became self-sufficient in wheat production.

Dr. Borlaug's findings came at a time when dire predictions were being made about the world's population growth and the possibility of mass starvation in poorer parts of the world. But, he continued to build on his findings from his work in Mexico and later worked with researchers in Pakistan and India to give farmers in those countries and regions high-yield dwarf wheat to increase their wheat production. The outreach was successful, and like Mexico, those countries also became self-sufficient in producing wheat.

It is for this work that Dr. Borlaug received the Nobel Peace Prize in 1970. When the board was presenting him with the honor, they made the following statement on his humanitarian contributions: "More than any other single person of this age, [he] has helped to provide bread for a hungry world. We have made this choice in the hope that providing bread will also give the world peace."

In today's world, it is easy to get caught up in our everyday lives and to overlook some of the landmark achievements that have made dramatic improvements in the lives of others. In this case, one individual improved the lives of billions of people by giving them access to life-sustaining nourishment.

Mr. Speaker, Dr. Borlaug's contributions to help relieve the world's poorest of hunger have saved billions of lives, and have inspired a new generation of researchers in agriculture to continue the fight against hunger. It is for these reasons that I ask my colleagues to support this bill to honor Dr. Borlaug with the Congressional Gold Medal.

Mrs. BIGGERT. Mr. Speaker, I have no further requests for time, and I yield back the balance of my time.

The SPEAKER pro tempore (Mr. GUTKNECHT). The question is on the motion offered by the gentlewoman from Illinois (Mrs. BIGGERT) that the House suspend the rules and pass the Senate bill, S. 2250.

The question was taken; and (two-thirds of those voting having responded

in the affirmative) the rules were suspended and the Senate bill was passed.

A motion to reconsider was laid on the table.

DEXTROMETHORPHAN DISTRIBUTION ACT OF 2006

Mr. DEAL of Georgia. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 5280) to amend the Federal Food, Drug, and Cosmetic Act with respect to the distribution of the drug dextromethorphan, and for other purposes, as amended.

The Clerk read as follows:

H.R. 5280

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 "Dextromethorphan Distribution Act of 2006".

SEC. 2. FOOD AND DRUG ADMINISTRATION; RESTRICTIONS ON DISTRIBUTION OF DEXTROMETHORPHAN.

(a) IN GENERAL.—Subchapter A of chapter V of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 351 et seq.) is amended by inserting after section 503A the following:

"SEC. 503B. RESTRICTIONS ON DISTRIBUTION OF DEXTROMETHORPHAN.

"(a) IN GENERAL.—Not later than one year after the date of the enactment of the Dextromethorphan Distribution Act of 2006, the Secretary shall issue a final rule to prohibit the distribution of unfinished dextromethorphan to any person other than a person registered under section 510, subject to subsection (b).

"(b) FURTHER RESTRICTIONS.—Subsection (a) does not restrict the authority of the Secretary under section 201.122 of title 21, Code of Federal Regulations.

"(c) UNFINISHED DEXTROMETHORPHAN.—For purposes of this section, the term "unfinished dextromethorphan" means dextromethorphan that is not contained in a drug that is in finished dosage form."

(b) ENFORCEMENT.—Section 301 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 331) is amended by adding at the end the following:

"(ii) The distribution of unfinished dextromethorphan in violation of regulations under section 503B."

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

The Chair recognizes the gentleman from Georgia.

GENERAL LEAVE

Mr. DEAL of Georgia. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise their remarks on this legislation and to insert extraneous material on the bill.

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

There was no objection.

Mr. DEAL of Georgia. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I am pleased today to rise in favor of H.R. 5280, and I would like to thank Mr. UPTON of Michigan

and Mr. LARSEN of Washington for their work on this important legislation. Dextromethorphan, or DXM as it is sometimes called, is an ingredient found in cough medicine. This ingredient relieves the coughing associated with a cold or the flu. Cough medicines containing this drug are common and can be obtained without a prescription.

While this drug is safe and effective, it is also dangerous if too much is taken. Reports have shown that some segments of the population, particularly young people, will take large amounts of this medicine in an attempt to absorb large amounts of DXM in order to get high. The abuse of this drug can cause death as well as other serious adverse effects such as brain damage, seizures, loss of consciousness, and irregular heartbeat.

The Food and Drug Administration has warned of the rise in the abuse of DXM, and the bill before us here today is an attempt to stem this abuse.

H.R. 5280 would allow the Secretary of Health and Human Services to prohibit the distribution of DXM that is in bulk form to any person not registered with the FDA. It is hoped that these restrictions on the distribution of DXM will lower the potential for its abuse, while at the same time protecting the public health.

Mr. Speaker, I would urge the Members to support this legislation, and I would reserve the balance of my time.

Mr. PALLONE. Mr. Speaker, I rise in support of H.R. 5280, the Dextromethorphan Distribution Act of 2006, a bill that would authorize the FDA to restrict the distribution of dex to registered producers of drugs and devices in order to protect the public health.

We know it is cold and flu season, and throughout our Nation pharmacies and convenience store shelves are stocked with over-the-counter medicines containing dex. Dex is an active ingredient in many over-the-counter OTC cough and cold medications. When used as directed, dex has proven to be an effective cough suppressant. Unfortunately, an alarming number of Americans, particularly teenagers, are abusing a variety of prescription over-the-counter OTC medications to get high, including those containing dex. Efforts to keep dex out of the hands of minors have proved difficult. Over-the-counter medicines containing dex are easy to find, easy to afford, and perfectly legal to possess. H.R. 5280 attempts to curb dex's misuse and abuse by restricting its access to registered producers of drugs and devices and providing the FDA with statutory tools to keep dex out of the hands of young people. This legislation is aimed at preventing drug dealers from purchasing dex wholesale and selling over the Internet and on the streets to young people seeking a cheap high.

Mr. Speaker, this bill is merely one step. Parents and guardians must continue the often difficult task of talking with our young people about drug misuse and abuse. Even if your child does

not abuse dex, odds suggest they know someone who does. And I am glad to know that H.R. 5280 has the support of key stakeholder groups, including the American Pharmacist Association, the Partnership for a Drug Free America, the Consumer Health Products Association, and the Association for Addiction Counselors. I want to acknowledge our colleagues, particularly Mr. UPTON and Mr. LARSEN, for their fine work on this legislation.

Mr. Speaker, I reserve the balance of my time.

Mr. DEAL of Georgia. Mr. Speaker, I am pleased to yield 5 minutes to the author of the legislation, Mr. UPTON.

The SPEAKER pro tempore. The gentleman from Michigan is recognized for 5 minutes.

Mr. UPTON. Thank you, Mr. Speaker, and I thank my chairman, Mr. DEAL, as well. Particularly, I want to thank Chairman BARTON and his staff; I want to thank the Republican leadership and their staff for getting this bill to the floor so quickly. I also want to thank my Democratic cosponsor, Mr. LARSEN, who I know is rushing to the floor to speak, and I know that in his district I am told that he has I think lost five individuals because of this.

Mr. Speaker, H.R. 5280 is a simple bill to ban the Internet sale of a drug called dextromethorphan, also known as DXM.

DXM is an excellent ingredient for a lot of cough syrups that are on the market and when used properly there is no danger. And I know that because I have a company in my district that makes this, and that same company came to me earlier this summer and said, we have a problem that we think you ought to be alerted to. And that is what this bill does.

There are some folks that are out there that are absolutely determined to sell this ingredient in its dry bulk form on the Internet. Sadly, kids are buying it. They are mixing it with alcohol to get high. In a massive dose, the drug can raise the blood pressure, lead to seizure or collapse into a coma and die, as we have seen in Mr. LARSEN's district and other places around the country. In fact, in the last 2 years we know that there have been at least five deaths directly attributed to this abuse.

The companies and the pharmacists that work with this ingredient on a regular basis don't want it to become the next meth. We have worked on that; we don't want another one. And they know that there is absolutely no reason to have this bulk ingredient outside of the regular channels for drug manufacturing. And that is why, as was said by Mr. PALLONE, it is endorsed by the American Pharmacist Association, the Consumer Health Care Products Association, which is the generic drug manufacturers, the Food Marketing Institute, the National Association of Chain Drug Stores, and obviously the Partnership for a Drug Free America.

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This bill allows the FDA to promulgate the rule on the sale of unfinished powder or bulk DXM. It limits the distribution of DXM to only those persons who are a valid part of the drug industry.

This bill, I think, will cut off the supply of pure DXM to those who sell it as a street drug or plan to use it to get high themselves. We need to pass this bill.

Sadly, kids are under the false impression that getting high off this is harmless because it is simply an ingredient in cough syrup. Nothing could be further from the truth. Our kids are playing Russian roulette each time they get high on DXM. Sooner or later somebody is going to die. We have seen it happen. Enough is enough. We need to end it.

I am pleased that we have had so many here in just the last 2 days coming into the office. Yesterday local CBS national radio talked about this as a terrible case that is plaguing many parts of America. Today I think it was on the Today show that they talked about this. We are acting quickly. We have recognized the problem and we are acting quickly. We need to pass this bill today and have the Senate adopt it as well.

Mr. PALLONE. Mr. Speaker, I yield 2 minutes to the gentleman from Washington (Mr. LARSEN).

Mr. LARSEN of Washington. Mr. Speaker, I rise in strong support of the Dextromethorphan Destruction Act.

DXM is a major ingredient in many over-the-counter cold medicines and is perfectly safe when used correctly. However, when taken in large amounts in its powdered form, it can cause hallucinations, brain damage, seizures and even death. DXM is not available to the public in its pure powder form but can be obtained.

Unfortunately, as our Nation's kids search for ways to get high, they have begun abusing both cough syrup and pure DXM purchased over the Internet. As the parent of two young boys, I am concerned about the growing number of teens consuming unfinished DXM. According to the Partnership for Drug-Free America, one out of 11 teenagers used cough medicines to get high last year. Substance abuse experts have noticed sporadic reports of teens intentionally obtaining unfinished DXM to get high by consuming large amounts of powder or mixing it with other drugs or alcohol.

In April 2005, two teenagers in my district overdosed on DXM they had purchased online and died. The investigation of their deaths showed that the teenagers had ordered the drug over the Internet from two men in Indiana who had set up shop in their garage. Three other kids from Florida and Virginia also died from overdosing on DXM they had ordered from the same two men.

This is a simple piece of legislation that requires anyone who purchases

bulk DXM to be registered with the FDA. This legislation is commonsense legislation. The only people who should be buying DXM in bulk are those who manufacture cough and cold medicines. We must protect our kids from a new form of drug dealer, dealers, men like these folks in Indiana who decided they could make money by selling DXM to the two teens in my district.

This legislation send a strong message to individuals who are legally distributing DXM to our teenagers for recreational use. I urge my colleagues to vote "yes" for this simple, commonsense legislation that will keep our kids safer.

I also want to thank the gentleman from Michigan (Mr. UPTON) for his work in drafting this bill and making sure that it made it here to the floor today.

Mr. PALLONE. Mr. Speaker, I yield back the balance of my time.

Mr. DEAL of Georgia. Mr. Speaker, I urge adoption, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Georgia (Mr. DEAL) that the House suspend the rules and pass the bill, H.R. 5280, as amended.

The question was taken; and (two-thirds of those voting having responded in the affirmative) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

UNBORN CHILD PAIN AWARENESS ACT OF 2006

Mr. DEAL of Georgia. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 6099) to ensure that women seeking an abortion are fully informed regarding the pain experienced by their unborn child.

The Clerk read as follows:

H.R. 6099

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 "Unborn Child Pain Awareness Act of 2006".

SEC. 2. FINDINGS.

Congress makes the following findings:

(1) At least by 20 weeks after fertilization, an unborn child has the physical structures necessary to experience pain.

(2) There is substantial evidence that by 20 weeks after fertilization, unborn children draw away from certain stimuli in a manner which in an infant or an adult would be interpreted as a response to pain.

(3) Anesthesia is routinely administered to unborn children who have developed 20 weeks or more after fertilization who undergo prenatal surgery.

(4) There is substantial evidence that the abortion methods most commonly used 20 weeks or more after fertilization cause substantial pain to an unborn child, whether by dismemberment, poisoning, penetrating or crushing the skull, or other methods. Examples of abortion methods used 20 weeks or more after fertilization include, but are not limited to the following: