

than many illnesses, nevertheless, the pain and suffering remains the same.

I yield back the balance of my time.

Ms. BALDWIN. Madam Speaker, Diamond-Blackfan anemia is such a serious condition; and because it is such a rare disease, there is a real need for increased awareness and research. I commend my colleague Mrs. MCCARTHY for her advocacy on this issue, and I urge my colleagues to support the resolution.

I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentlewoman from Wisconsin (Ms. BALDWIN) that the House suspend the rules and agree to the resolution, H. Res. 524, 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.

DEXTROMETHORPHAN DISTRIBUTION ACT OF 2007

Ms. BALDWIN. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 970) 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 the title of the bill.

The text of the bill is as follows:

H.R. 970

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 2007".

SEC. 2. RESTRICTIONS ON DISTRIBUTION OF BULK DEXTROMETHORPHAN.

The Federal Food, Drug, and Cosmetic Act (21 U.S.C. 321 et seq.) is amended—

(1) in section 501, by inserting at the end the following:

“(j) If it is unfinished dextromethorphan and is possessed, received, or distributed in violation of section 506D.”; and

(2) by inserting after section 506C the following:

“SEC. 506D. RESTRICTIONS ON DISTRIBUTION OF BULK DEXTROMETHORPHAN.

“(a) RESTRICTIONS.—No person shall—

“(1) possess or receive unfinished dextromethorphan, unless the person is registered under section 510; or

“(2) distribute unfinished dextromethorphan to any person other than a person registered under section 510.

“(b) EXCEPTION FOR COMMON CARRIERS.—This section does not apply to a common carrier that possesses, receives, or distributes unfinished dextromethorphan for purposes of distributing such unfinished dextromethorphan between persons registered under section 510.

“(c) DEFINITIONS.—In this section:

“(1) The term ‘common carrier’ means any person that holds itself out to the general public as a provider for hire of the transportation by water, land, or air of merchandise, whether or not the person actually operates the vessel, vehicle, or aircraft by which the transportation is provided, between a port or place and a port or place in the United States.

“(2) The term ‘unfinished dextromethorphan’ means dextromethorphan that is not contained in a drug that is in finished dosage form.”.

The SPEAKER pro tempore. Pursuant to the rule, the gentlewoman from Wisconsin (Ms. BALDWIN) and the gentleman from New York (Mr. FOSSELLA) each will control 20 minutes.

The Chair recognizes the gentlewoman from Wisconsin.

GENERAL LEAVE

Ms. BALDWIN. Madam Speaker, I ask unanimous consent that all Members have 5 legislative days to revise and extend their remarks and include extraneous material on the bill under consideration.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from Wisconsin?

There was no objection.

Ms. BALDWIN. Madam Speaker, I yield myself such time as I may consume.

I rise in support of H.R. 970, the Dextromethorphan Distribution Act of 2007.

Dextromethorphan, commonly known as DXM or DEX, is an active ingredient in many over-the-counter cough and cold medications. When used as directed, DEX has proven to be an effective cough suppressant; but sadly, an alarming number of teenagers and young adults are abusing prescription and over-the-counter medications by taking much larger than recommended doses to get high.

H.R. 970 attempts to curb the misuse and abuse of DEX by restricting the sale, purchase, trade, and distribution of DEX to registered producers of drugs and devices. The legislation is aimed at preventing would-be drug dealers from purchasing DEX wholesale and selling it over the Internet and on the streets.

Similar legislation passed the House during the 109th Congress but was not enacted into law. Today, we renew our commitment to America's young people by passing this legislation. We are also reminding parents and guardians to remain vigilant in the often difficult task of talking with our young people about drug misuse and abuse. Even if your child does not abuse products containing DEX or any other over-the-counter medications, odds suggest that they know somebody who does.

I want to acknowledge and commend our colleagues, particularly Congressman FRED UPTON and Congressman RICK LARSEN, for their committed work on this issue, and I urge my colleagues to support H.R. 970.

Madam Speaker, I reserve the balance of my time.

Mr. FOSSELLA. Madam Speaker, I am proud to rise in favor along with my colleague from Wisconsin and support H.R. 970. At the outset, I would also like to thank Mr. UPTON of Michigan and Mr. LARSEN of Washington for their work on this important legislation. Mr. UPTON in particular has been a true champion and is one of the reasons why we are here.

Dextromethorphan, or DXM or DEX as it is sometimes called, is an ingredient found in cough medicine. The ingredient relieves the coughing associated with the cold or flu, which is a positive, and cough medicines containing this drug are common and can be obtained without prescription, as we all know. While the 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 to get high. The abuse of this drug can cause death as well as other serious adverse events, such as brain damage, seizure, loss of consciousness, and irregular heartbeat.

Madam Speaker, at this point, I yield to my colleague and a true champion of this, Mr. UPTON, for 4 minutes.

Mr. UPTON. Madam Speaker, I also want to compliment our fine Reading Clerk for getting the pronunciation of dextromethorphan correct. I know she has been practicing for days, as many of us have.

But I too rise in strong support of this bill, H.R. 970, the Dextromethorphan Distribution Act, I am going to call it DXM, of 2007, legislation that I introduced with my friend and colleague Mr. RICK LARSEN of Washington. He has been absolutely a champion as we have worked this issue on both sides of the aisle to restrict the distribution of this product to entities registered with the FDA.

I want to thank the House leadership for scheduling this bill; I want to thank my friend and chairman, Mr. DINGELL of our committee, as well as Mr. BARTON, the ranking member, as well as the chairman and ranking member of the Energy and Commerce Health Subcommittee for allowing this bill in fact to come to the floor, not only in this session but in the last session of Congress as well. When we did pass it on the House floor, I think it was actually one of the last bills that was passed in the 109th Congress in the House, but the Senate failed us at the end. We are hoping that by passing it at this point the Senate, in fact, will move together.

I also want to thank my staff, particularly Jane Williams, who has sat in countless meetings as we have worked and finessed this legislation, not only the industry folks here, but obviously with House and Senate leaders on both sides of the Capitol.

This drug normally is a safe and effective nonnarcotic cough suppressant that is used in many over-the-counter cough and cold medicines. While medicines containing DXM are used safely and effectively by millions of Americans every year, taken in extremely large quantities this drug produces a high that can cause brain damage, seizure, and obviously death.

Studies have shown that teenagers are obtaining unfinished DXM on the Internet to get high by consuming

large amounts or mixing it with alcohol. And already there have been too many deaths linked to the abuse of pure DXM. According to the DEA, abuse among adolescents is increasing. Abuse of DXM has been found in several forms, but has been increasingly found in an encapsulated powder form which is now being sold over the Internet. Currently, there are no restrictions, none, on the restriction of raw bulk dextromethorphan, and this bill would help to ensure that DXM is used only for legitimate purposes and stays out of the hands of drug dealers and adolescents. FDA would have the authority to seize bulk dextromethorphan if found in the possession of anyone not authorized to have it, and those measures would cut off the supply chain of unfinished DXM to those purchasing it on the Internet to get high or to sell it as a street drug.

This bill has been endorsed by the American Pharmacists Association, the Consumer Healthcare Products Association, the Food Marketing Institute, the National Association of Chain Drug Stores and Partnership for a Drug-Free America.

As the parent of two teenagers, I am certainly alarmed by the number of teens who are abusing cough syrup and pure DXM to get a high. They are under the false impression that getting high off this drug is harmless because it is an ingredient in cough syrup. Nothing can be further from the truth. Our kids are playing a game of Russian roulette every time they get high off this drug, and sooner or later someone will die, as they have already. Enough is enough.

This commonsense bipartisan piece of legislation will certainly put an end to the bulk sale of DXM on the Internet and will keep our kids safe from the dangers of this type of drug abuse. I hope that all of our colleagues can support this even on a voice vote, and I hope and pray that the Senate will take action as soon as they can so that we can get this bill to the President's desk where I expect him to sign it.

Ms. BALDWIN. Madam Speaker, I reserve the balance of my time.

Mr. FOSSELLA. Madam Speaker, let me again commend Mr. LARSEN, and of course Mr. UPTON and my colleague from Wisconsin, and urge the adoption. I yield back the balance of my time.

Ms. BALDWIN. Madam Speaker, I want to state that this bill and its passage will certainly begin to curb the abuse of dextromethorphan. I would like to thank the gentleman also for his leadership on this bill and that of Mr. RICK LARSEN's. This will begin a process of educating about the harm that such abuse of over-the-counter drugs can cause, and I urge my colleagues to join me in supporting this bill.

Mr. LARSEN of Washington. Madam Speaker, our society tends to think of drugs only as illicit, illegal products sold on the street. Yet there are other dangers closer to home, in our

own medicine cabinets and a click of the mouse away. Common household products, such as cough syrup, contain ingredients that can provide a high if taken in large enough doses.

The Partnership for a Drug Free America estimates that 1 in 10 teenagers or approximately 2.4 million young people have intentionally abused cough medicine in order to get high. The primary active ingredient in most cough medicines is dextromethorphan, also known as DXM.

While medicines containing DXM are used safely by millions of Americans each year, some teenagers are taking excessive amounts of over-the-counter cough medications in order to get high. Moreover, many teens are abusing the unfinished, pure form of DXM which under current law can be obtained legally over the Internet.

Pure DXM is extremely dangerous when taken in large amounts, and can cause hallucinations, seizures, brain damage, and even death. In 2005, two teenagers in my district died from overdosing on unfinished DXM, which they had obtained from a company over the Internet. In the same year three boys from Virginia and Florida died as a result of abusing unfinished DXM, which they had acquired through the same means. The loss of these children is a tragedy that will forever be felt by their families and their communities.

There is no need to risk the reoccurrence of these tragic events in the future. H.R. 970, the Dextromethorphan Distribution Act, will prohibit the distribution of unfinished DXM to anyone not registered to possess it. It will cut off the supply of unfinished DXM to those looking to use it to get high or sell it as a street drug.

This commonsense legislation will eliminate the abuse of unfinished DXM, while still allowing drug manufacturers and registered pharmacists to use the substance as it was intended.

I would like to thank my friend and colleague FRED UPTON for his leadership on this issue, and I applaud the House leadership for sending this bill to the House floor. I urge the Senate to act quickly to turn this commonsense bill into law.

Ms. BALDWIN. I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentlewoman from Wisconsin (Ms. BALDWIN) that the House suspend the rules and pass the bill, H.R. 970, 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.

□ 1730

VISION CARE FOR KIDS ACT OF 2007

Ms. BALDWIN. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 507) to establish a grant program to provide vision care to children, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 507

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 "Vision Care for Kids Act of 2007".

SEC. 2. FINDINGS.

Congress makes the following findings:

(1) *Millions of children in the United States suffer from vision problems, many of which go undetected. Because children with vision problems can struggle developmentally, resulting in physical, emotional, and social consequences, good vision is essential for proper physical development and educational progress.*

(2) *Vision problems in children range from common conditions such as refractive errors, amblyopia, strabismus, ocular trauma, and infections, to rare but potentially life- or sight-threatening problems such as retinoblastoma, infantile cataracts, congenital glaucoma, and genetic or metabolic diseases of the eye.*

(3) *Since many serious ocular conditions are treatable if identified in the preschool and early school-age years, early detection provides the best opportunity for effective treatment and can have far-reaching implications for vision.*

(4) *Various identification methods, including vision screening and comprehensive eye examinations required by State laws, can be helpful in identifying children needing services. A child identified as needing services through vision screening should receive a comprehensive eye examination followed by subsequent treatment as needed. Any child identified as needing services should have access to subsequent treatment as needed.*

(5) *There is a need to increase public awareness about the prevalence and devastating consequences of vision disorders in children and to educate the public and health care providers about the warning signs and symptoms of ocular and vision disorders and the benefits of early detection, evaluation, and treatment.*

SEC. 3. GRANTS REGARDING VISION CARE FOR CHILDREN.

(a) *IN GENERAL.—The Secretary of Health and Human Services (referred to in this section as the "Secretary"), acting through the Director of the Centers for Disease Control and Prevention, may award grants to States on the basis of an established review process for the purpose of complementing existing State efforts for—*

(1) *providing comprehensive eye examinations by a licensed optometrist or ophthalmologist for children who have been previously identified through a vision screening or eye examination by a licensed health care provider or vision screener as needing such services, with priority given to children who are under the age of 9 years;*

(2) *providing treatment or services, subsequent to the examinations described in paragraph (1), necessary to correct vision problems; and*

(3) *developing and disseminating, to parents, teachers, and health care practitioners, educational materials on recognizing signs of visual impairment in children.*

(b) *CRITERIA AND COORDINATION.—*

(1) *CRITERIA.—The Secretary, in consultation with appropriate professional and patient organizations including individuals with knowledge of age appropriate vision services, shall develop criteria—*

(A) *governing the operation of the grant program under subsection (a); and*

(B) *for the collection of data related to vision assessment and the utilization of follow-up services.*

(2) *COORDINATION.—The Secretary shall, as appropriate, coordinate the program under subsection (a) with the program under section 330 of the Public Health Service Act (relating to health centers) (42 U.S.C. 254b), the program under title XIX of the Social Security Act (relating to the Medicaid program) (42 U.S.C. 1396 et*