

encouraged that the legislative language provides annual reports to Congress on the status of domestic development and a National Academy of Sciences report reviewing international production of Mo-99. We hope these reports will provide ample time for Congress, if necessary, to intervene if the 7–10 year deadline cannot be met. Also, while the bill is focused on Mo-99, it does not preclude the development and manufacturing of other important radioisotopes currently produced using highly enriched uranium (HEU), such as radioiodine (I-131), which are also critically important to patients.

Please accept our thanks for your work on this important challenge and the opportunity to collaborate with you.

Sincerely,

TIMOTHY R. WRIGHT,  
*President.*

LANTHEUS MEDICAL IMAGING,  
*North Billerica, MA, July 24, 2009.*

Hon. EDWARD J. MARKEY,  
*Chair, Subcommittee on Energy and Environment, House Energy and Commerce Committee, Rayburn House Office Building, Washington, DC.*

DEAR MR. MARKEY: We are very pleased to write in strong support of the American Medical Isotopes Production Act of 2009, of which you are a co-sponsor.

Based in Billerica, Massachusetts, Lantheus Medical Imaging, Inc. (“Lantheus”) has been a worldwide leader in diagnostic medical imaging for the past 50 years. We have over 600 employees worldwide, approximately 400 of whom work in Massachusetts and approximately two dozen of whom live in the 7th Congressional District (including the undersigned). Lantheus is the home to leading diagnostic imaging brands, including, among others, Technelite® (Technetium Tc99m Generator), the leading Technetium-based generator produced in the United States in both quality and number of units sold. Lantheus sells Technelite® generators to customers located in the United States and around the world.

Molybdenum-99 is the key ingredient in the Technelite® generator. Molybdenum-99 spontaneously decays into Technetium Tc-99m which is then eluted from the generator to radiolabel organ-specific imaging agents. These radiolabelled agents are then used in a variety of heart, brain, bone and other diagnostic imaging procedures.

As the largest consumer of Molybdenum-99 in the United States, we are very concerned about the fragility of the global Molybdenum-99 supply chain. We currently rely for our Molybdenum-99 supply on nuclear reactors which produce Molybdenum-99 in Canada, South Africa, Australia, Belgium and The Netherlands. Most of these five reactors (all located outside of the United States) are aging and are increasingly subject to unscheduled shutdowns and time-consuming repairs, which limit the predictability of and accessibility to potentially millions of important medical diagnostic procedures for patients in the United States and throughout the world. We have worked closely with your office over the past several months, discussing issues affecting the medical imaging industry, and we have reviewed earlier drafts of the bill. We strongly endorse your efforts to promote the production of Molybdenum-99 in the United States for medical isotope applications.

In your discussions with your colleagues in the House and Senate about the bill, it will be important to note that the medical imaging procedures that rely on Technetium-based imaging agents contribute to improved medical care as well as cost savings for the entire medical system. It is established that better diagnostic medicine results in more

appropriate treatments, better patient outcomes, less morbidity associated with inappropriate treatments and significant cost savings for the system. As a good example of this, between approximately 20% and 40% of patients that undergo a diagnostic cardiac catheterization—an invasive and costly procedure with significant morbidity and mortality risks—are found not to have coronary artery disease. In other words, hundreds of thousands of procedures are performed each year at an annual cost to the system of potentially billions of dollars, and no underlying disease is identified. A number of these cardiac catheterization procedures could be avoided if the patients had had a nuclear cardiology imaging study using a Technetium-based imaging agent, such as Lantheus’ Cardiolite® (Kit for Preparation of Technetium Tc99m Sestamibi for Injection). A nuclear imaging study is non-invasive, and the radiation exposure to the patient is comparable to a cardiac catheterization (although the radiation exposure to health care professionals performing the procedures is substantially less for nuclear imaging). Moreover, a nuclear diagnostic study is between approximately 20% and 30% of the cost of a cardiac catheterization. Thus, cardiac medical imaging procedures that rely on Technetium produced from Molybdenum-99 can improve patient outcomes and reduce costs—core goals of the Obama Administration’s proposed health care reforms.

Lantheus congratulates you and Congressman Upton on introducing the American Medical Isotopes Production Act of 2009. We would be pleased and honored to assist you in any way we can to ensure that this important and much-needed bill becomes enacted into law.

Sincerely,

MICHAEL P. DUFFY,  
*Vice President and General Counsel.*

HEALTH PHYSICS SOCIETY,  
*McLean, VA, July 20, 2009.*

Hon. EDWARD J. MARKEY,  
*House of Representatives, Washington, DC.*

DEAR MR. MARKEY: On behalf of the Health Physics Society, I am pleased to endorse your proposed bill entitled the “American Medical Isotopes Production Act of 2009” and to suggest two additions to the bill for your consideration that I feel will enhance the understanding of the need for the bill and the implementation of the bill’s provisions.

From our previous collaborations you know that the Health Physics Society is an independent nonprofit scientific organization of radiation science and radiation safety professionals. As such, we strive to assist national leaders and decision makers in providing excellence in the legislation and regulation of issues related to radiation safety. We have been pleased to support and work with your staff in the past on important legislation like the series of “Dirty Bomb Prevention Act” bills starting in 2002 that culminated in important radiological terrorism prevention and security measures in the Energy Policy Act of 2005, and the more recent “Nuclear Facility and Material Security Act of 2008” introduced last year.

Once again, we would like to support and work with your staff in developing and promoting your “American Medical Isotopes Production Act of 2009.”

The Health Physics Society interest in this legislation is based on radiation safety considerations. Specifically, the lack of a reliable supply of the isotope Molybdenum-99 (Mo-99) requires substitution of diagnostic procedures that result in a higher radiation dose to the patient and the medical practitioners performing the procedure than would be received if the Mo-99 daughter,

Technetium-99m (Tc-99m), were available. In addition, the lack of a domestic supply of Mo-99 production requires the United States to ship Highly Enriched Uranium (HEU) to foreign countries with the subsequent shipment of the radioactive materials and waste products from the production of the Mo-99 back into the United States. Although we believe this is being done safely, it carries an unnecessary risk as compared to domestic production of Mo-99 using Low Enriched Uranium (LEU). One consequence, however, of using LEU in place of HEU for Mo-99 production is an increase in radioactive waste, including an increase in the production of plutonium. These waste products can be safely disposed of in properly designed disposal facilities. However, approximately 34 states do not have access to the currently authorized disposal facilities licensed by the Nuclear Regulatory Commission.

In light of these radiation safety issues associated with the proposed “American Medical Isotopes Production Act of 2009”, the Health Physics Society recommends two additional items be included in the bill:

1. First, we recommend the “Findings” in the bill include a finding that the lack of a reliable supply of Mo-99 results in an unnecessary increase in the radiation doses received by patients and medical practitioners.

2. Second, we recommend the bill require the Secretary of Energy be responsible for seeing that any domestic medical isotope production facility created by this bill has access to an appropriate radioactive waste disposal facility, including a federal facility if no licensed commercial facility is available.

I hope these suggestions are helpful and I look forward to the Health Physics Society helping you in advancing this legislation. Please do not hesitate to contact me if you, or your staff, would like further information or assistance on this matter, or any other radiation safety issue.

Sincerely,

HOWARD W. DICKSON,  
*President.*

Mr. MARKEY of Massachusetts. I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Massachusetts (Mr. MARKEY) that the House suspend the rules and pass the bill, H.R. 3276, as amended.

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. MARKEY of Massachusetts. Mr. 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.

#### GENERAL LEAVE

Mr. THOMPSON of Mississippi. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and insert extraneous material on H.R. 2868.

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

There was no objection.

CHEMICAL FACILITY ANTI-TERRORISM ACT OF 2009

The SPEAKER pro tempore. Pursuant to House Resolution 885 and rule XVIII, the Chair declares the House in the Committee of the Whole House on the state of the Union for the consideration of the bill, H.R. 2868.

□ 1525

IN THE COMMITTEE OF THE WHOLE

Accordingly, the House resolved itself into the Committee of the Whole House on the State of the Union for the consideration of the bill (H.R. 2868) to amend the Homeland Security Act of 2002 to extend, modify, and recodify the authority of the Secretary of Homeland Security to enhance security and protect against acts of terrorism against chemical facilities, and for other purposes, with Mr. INSLEE in the chair.

The Clerk read the title of the bill.

The CHAIR. Pursuant to the rule, the bill is considered the first time.

General debate shall not exceed 90 minutes equally divided and controlled by the Chair and ranking minority member of the Committee on Homeland Security, the Chair and ranking minority member of the Committee on Energy and Commerce, and the Chair and ranking minority member of the Committee on Transportation and Infrastructure.

The gentleman from Mississippi (Mr. THOMPSON), the gentleman from New York (Mr. KING), the gentleman from California (Mr. WAXMAN), the gentleman from Texas (Mr. BARTON), the gentleman from Minnesota (Mr. OBERSTAR), and the gentleman from Florida (Mr. MICA) each will control 15 minutes.

The Chair recognizes the gentleman from Mississippi.

Mr. THOMPSON of Mississippi. Mr. Chairman, I yield myself such time as I may consume.

I am pleased to present H.R. 2868, a bill to authorize reasonable, risk-based security standards for chemical facilities.

Faced with the fact that DHS' chemical security program, CFATS, would expire, the President requested and received a 1-year extension to allow this bill to go through the legislative process. Under the CFATS program, DHS placed about 6,000 facilities in four risk tiers. These sites account for just 16 percent of the 36,000 facilities that initially submitted information to DHS.

My committee began working on comprehensive chemical security legislation 4 years ago in response to widespread concern that chemical plants may be ideal terrorist targets. Previous attempts at getting comprehensive chemical security legislation to the floor in the last two Congresses were unsuccessful.

However, this Congress, thanks to the collaborative approach taken by Chairman WAXMAN, as well as by Chairmen OBERSTAR and CONYERS, the House now has an opportunity to consider

this homeland security bill. I am proud of the robust stakeholder engagement that went into this bill, and to the extent with which Department and Republican input was sought and included.

H.R. 2868 closes a major security gap identified by both the Bush and Obama administrations. Specifically, titles II and III authorize EPA to establish a security program for drinking water and wastewater facilities. EPA's new program will complement CFATS.

This approach, which is fully supported by the Obama administration, taps into the existing regulatory relationship between EPA and public water facilities.

Additionally, H.R. 2868 requires all tiered facilities to assess "methods to reduce the consequences of a terrorist attack." Plants that voluntarily perform these assessments, which are sometimes called IST assessments, often find that good security equals good business. In fact, this week, Clorox announced, to strengthen its operation and add another layer of security, it would voluntarily replace chlorine gas with a safer alternative at six of its bleach manufacturing facilities.

□ 1530

H.R. 2868 simply incorporates this best practice into how all tiered facilities integrate security into their operations. Additionally, H.R. 2868 strengthens CFATS by adding enforcement tools, protecting the rights of whistleblowers, and enhancing security training.

Some on the other side are arguing for a 3-year blanket extension of DHS's current authority. Such an approach flies in the face of testimony that we received about gaps in CFATS and would be a rejection of all the carefully tailored security enhancements in the bill.

This legislation demonstrates the progress we can make with a transparent process that is open to diverse viewpoints and addresses the concerns of everyone who wants to be in the process. This is exactly how government should work.

With that, Mr. Chairman, I urge passage of this important legislation and I reserve the balance of my time.

Mr. KING of New York. Mr. Chairman, I yield myself such time as I may consume.

Mr. Chairman, the issue of chemical plant security is obviously a very vital one. It's one that has to be addressed. It's an issue which certainly since September 11 is more vital than ever. That is why, in 2006, the Homeland Security Committee, when I was chairman working across the aisle, worked long and hard to enact landmark legislation. There was much negotiation. There was much debate. We covered issues such as preemption and inherently safer technology.

Legislation was put in place, and that is the basis upon which the Department has been acting for the past 3

years. And this legislation that we enacted then is in the process of being implemented by the Department of Homeland Security. In fact, the Department, itself, asked for a 1-year extension. That was voted on in the appropriations bill last month, which I strongly supported. As far as I know, the administration has not asked for this legislation, and I'm not aware of any statement of support that they've sent up in support of it.

But before I get to that, let me just commend the chairman, Mr. THOMPSON, the Chair of the subcommittee, Ms. JACKSON-LEE, and the ranking member of the subcommittee, Mr. DENT, because even though we are going to have differences during this debate today, I want to emphasize the fact that this was done very fairly, very openly, and with a tremendous spirit of cooperation from your side of the aisle and I hope from ours as well. The differences today are very honest ones, but I want to emphasize the level of cooperation that existed throughout this process.

I am, however, opposed to the legislation because I believe it is going to create confusion and undue cost. It is going to cost jobs, and it's going to raise taxes. It gives far too much credibility to IST, or inherently safer technology, which is a concept, yet this concept will have, I believe, a very stifling effect on the private sector. We should keep in mind that we're not just talking about large chemical plant facilities, but we're also talking about institutions such as colleges and hospitals which will have to incur these costs.

The current law is working. And I asked the chairman this during the time of the debate when it was in the committee, what is the rush to move it through? And when I say "rush," obviously, if it had to be done, we should do it immediately, we should do it yesterday. But the fact is that the Department did not ask for this extension, did not ask for these changes. I believe that we took a good concept, an admirable concept of enhancing chemical plant security, and have allowed concepts and ideas regarding the environment, regarding certain pet projects, and allowed that to, I believe, have too large an influence on this bill.

There is another aspect of this bill which has been added, and that's the concept of civil lawsuits against the Department. I know Mr. MCCAUL, in the debate later, is going to offer an amendment on this issue. But any fair reading of the testimony of the Department at the hearing we held on this legislation made it clear that they did not support this language regarding the civil lawsuits.

Quite frankly, with all the work the Department of Homeland Security has to do, with the difficulty there is in bringing all of these thousands of entities into compliance with the law, I believe the last thing they need right now is to be subjected to civil lawsuits