

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.

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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