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Mrs. EMERSON. Mr. Speaker, I want to take this opportunity to thank my colleagues and thank the Speaker of the House for allowing us to have debate on this very, very critical issue.

Mr. Speaker, Americans will spend \$1.8 trillion on prescription drugs over the next 10 years according to the CBO, and over the same period a policy of pharmaceutical market access will save them \$630 billion. Americans pay higher prices for prescription drugs than any other nation in the world. Our tax dollars heavily subsidize research and development. But prices for the same pills right across the border, Mr. Speaker, are a fraction of those here at home. Pharmaceutical market access means a great deal on the bottom line of the drug companies. But it means much more to the bottom line of America's senior citizens.

Because of the enormous costs of prescription drugs, some of America's senior citizens are forced to cut their pills in half, some must alternate months of taking their medication, and even more must choose between food and medicine, people like my mother-in-law who live on fixed incomes, but she is lucky because she has me and our family to help her. But what about the others, Mr. Speaker, what about the seniors living in my district in Missouri, the ninth poorest district in the United States of America, who do they have to help them?

The answer, well, the answer is right here in this room. They are counting on us today, my colleagues. We can end the bus trips to Canada. We can stop the pill cutting. We can alleviate the budget-busting burdens on American seniors. We can do it, and we can do it safely. The only question is, will we?

I was raised, Mr. Speaker, to put people before politics. As a Member of this House, I have a mandate from my constituents. I was not sent here by drug companies, and I will not stand by and see American seniors take a back seat to the pharmaceutical industry.

In this place, Mr. Speaker, our credibility is our currency, and our credibility is on the line tonight.

Ms. SLAUGHTER. Mr. Speaker, I yield 3 minutes to the gentleman from Massachusetts (Mr. MCGOVERN).

Mr. MCGOVERN. Mr. Speaker, I thank the gentlewoman for yielding me time.

Mr. Speaker, first it is important to acknowledge what everybody knows. We are not here on the House floor today because the Republican leadership has seen the light on the high cost of prescription drugs, and we are not here discussing drug reimportation because the Republican leadership suddenly thinks it is a good idea. We are here because during the vote on Medicare a few Members of the majority stood up and stood their ground and demanded a vote on it.

Now, it has been widely reported, Mr. Speaker, that during the discussions that led to today's debate, the Repub-

lican leadership promised that they would not lobby against the reimportation bill. That lasted about 5 minutes. They have even bragged about their reference in the press. As the majority leader said the other day, "We are trying as hard as we can to defeat it."

Now, apparently, the Republican leadership, and the majority leader in particular, has gotten bored with breaking the promises they made to seniors and to students and to middle-income workers and to Democrats and Independents, and now they are breaking their promises to their own Members. I hope that they fail in their attempts to defeat this bill, because our seniors, gouged by the high cost of prescription drugs, are looking for affordable alternatives. They are our mothers and our fathers and our grandmothers and our grandfathers and our neighbors. Too many of them living on a fixed income simply cannot afford to pay thousands of dollars for their medicines. Something must be done. And while I believe the only long-term answer is a true prescription drug benefit under Medicare, a benefit that allows the Secretary of HHS to negotiate for lower prices for prescription drugs, the Gutknecht bill is a good step.

There has been a lot of rhetoric about safety. Let us set the record straight. First, prescription drugs will not be reimported from Mexico or other developing countries. Instead, under the Gutknecht bill, Americans can buy FDA-approved drugs produced at FDA-approved facilities in other industrialized nations.

Second, the same technology used by the U.S. Treasury Department to prevent illegal counterfeiting of American currency is being used by the drug industry in Europe to prevent illegal counterfeiting of prescription drugs. It is clear to me that the real motivation behind the massive lobbying campaign we have seen is not safety. The motivation is money. The pharmaceutical companies do not want anything to affect their profits.

What they do not tell you is that the prices set by these companies are artificially high, 30 to 300 percent more than in other countries with the same medicine.

Now, I am not against businesses succeeding, and I am not against companies doing well; but those profits should not be made unfairly, on the backs of our most vulnerable senior citizens.

Thousands of my constituents, desperate for affordable medicine, are way ahead of our Congress on this issue. Several times a year they travel by bus to Canada to get the drugs they need at low costs they can afford.

Mr. Speaker, I am disappointed that this rule only allows for 1 hour of debate. But then again, this is an important issue. And this body, thanks to the Republican majority and the Committee on Rules, has become a place where we debate trivial issues passionately and important issues hardly at all.

I urge my colleagues to vote for the Gutknecht bill.

Mr. SESSIONS. Mr. Speaker, I yield 2 minutes to the gentleman from Surf Side, Texas (Mr. PAUL).

(Mr. PAUL asked and was given permission to revise and extend his remarks.)

Mr. PAUL. Mr. Speaker, I thank the gentleman for yielding me time.

Mr. Speaker, I rise in support of the rule, but I also strongly support the bill itself, H.R. 2427. And I would like to advise other Members here that I approach all legislation the same way. I look at it through two prisms. One, I look to see if it promotes freedom, and the other I look to see if it conforms to the Constitution.

Every piece of legislation I look at it in this manner. Now, the sad part is I do not get to vote for many bills. They come up short on quite a few occasions. So I want to thank the gentleman from Minnesota (Mr. GUTKNECHT) and the gentlewoman from Missouri (Mrs. EMERSON) for giving us a bill tonight that I can vote for enthusiastically. I finally found one, and I thank them very much.

But in looking at the particular bill, one of the specific reasons why I oppose it, is I came to Congress opposing all welfare. Some people oppose welfare for the poor, but they support welfare for the rich. Others support welfare for the rich, but not for the poor; and some people support both kinds of welfare. I do not support any kind of welfare. This bill is needed to stop the indirect welfare through regulation for the rich and the pharmaceutical corporations. This is corporate welfare. That is one of the strong reasons why I am opposed to that.

I also believe in freedom of choice. People have the right to make their own choices. We do not need to promote the nanny state. People are wise enough and cautious enough to make their own choices. Today we had two votes on free trade legislation. They were promoting international trade agreements, but done in the name of free trade. Why do we have free trade legislation, so-called? To lower tariffs, to lower prices to the consumer. But those very same people who worked so hard on free trade legislation are saying now we cannot allow the American people the option of buying drugs from other countries and saving money.

I urge all my colleagues to support H.R. 2427.

Mr. Speaker, I am pleased to be an original cosponsor of H.R. 2427, the Pharmaceutical Market Access Act, because I believe it is an important bill that will benefit all Americans. As my colleagues are aware, many Americans are concerned about the high cost of prescription drugs. These high prices particularly affect senior citizens who have a greater than average need for prescription drugs and a lower than average income. Of course, some of these seniors may soon have at least part of their prescription drug costs covered by Medicare.

However, the fact that Medicare, that is already on shaky financial ground, will soon be

subsidizing prescription drug costs makes it more important than ever that Congress address the issue of prescription drug costs. Of course, Congress's actions should respect our constitutional limits and not further expand the role of government in the health care market.

Fortunately, there are a number of market-oriented policies Congress can adopt to lower the prices of prescription drugs. This is because the main reason prescription drug prices are high is government policies, that give a few powerful companies monopoly power. For example, policies restricting the importation of quality pharmaceuticals enable pharmaceutical companies to charge above-market prices for their products. Therefore, all members of Congress who are serious about lowering prescription drug prices should support H.R. 2427.

Opponents of this bill have waged a hysterical campaign to convince members that this amendment will result in consumers purchasing unsafe products. Acceptance of this argument not only requires ignoring H.R. 2427's numerous provisions ensuring the safety of imported drugs, it also requires assuming that consumers will buy cheap pharmaceuticals without taking any efforts to ensure that they are buying quality products. The experience of my constituents who are currently traveling to foreign countries to purchase prescription drugs shows that consumers are quite capable of purchasing safe products without interference from Big "Mother."

Furthermore, if the supporters of the status quo were truly concerned about promoting health, instead of protecting the special privileges of powerful companies, they would be more concerned with reforming the current policies that endanger health by artificially raising the cost of prescription drugs. Oftentimes, lower income Americans will take less of a prescription medicine than necessary to save money. Some even forgo other necessities, including food, in order to afford their medications. By reducing the prices of pharmaceuticals, H.R. 2427 will help ensure that no child has to take less than the recommended dosage of a prescription medicine and that no American has to choose between medication and food.

Other opponents of this bill have charged that creating a free market in pharmaceuticals will impose Canadian style price controls on prescription drugs. This is nonsense. Nothing in H.R. 2427 gives the government any additional power to determine pharmaceutical prices. H.R. 2427 simply lowers trade barriers, thus taking a step toward ensuring that Americans pay a true market price for prescription drugs. This market price will likely be lower than the current price because current government policies raise the price of prescription drugs above what it would be in the market.

Today, Americans enjoy access to many imported goods which are subject to price controls, and even receive government subsidies, in their countries of origin. Interestingly, some people support liberalized trade with Communist China, which is hardly a free economy, while opposing H.R. 2427! American policy has always been based on the principle that our economy is strengthened by free trade even when our trading partners engage in such market distorting policies as price controls and industrial subsidies. There is no good reason why pharmaceuticals should be an exception to the rule.

Finally, Mr. Speaker, I wish to express my disappointment with the numerous D.C.-based "free-market" organizations that are opposing this bill. Anyone following this debate could be excused for thinking they have entered into a Twilight Zone episode where "libertarian" policy wonks argue that the Federal Government must protect citizens from purchasing the pharmaceuticals of their choice, endorse protectionism, and argue that the Federal Government has a moral duty to fashion policies designed to protect the pharmaceutical companies' profit margins. I do not wish to speculate on the motivation behind this deviation from free-market principles among groups that normally uphold the principles of liberty. However, I do hope the vehemence with which these organizations are attacking this bill is motivated by sincere, if misguided, principle, and not by the large donations these organizations have received from the pharmaceutical industry. If the latter is the case, then these groups have discredited themselves by suggesting that their free-market principles can be compromised when it serves the interests of their corporate donors.

In conclusion, Mr. Speaker, I once again urge my colleagues to show that they are serious about lowering the prices of prescription drugs and that they trust the people to do what is in their best interests by supporting H.R. 2427, the Pharmaceutical Market Access Act.

Ms. SLAUGHTER. Mr. Speaker, I yield 2 minutes to the gentleman from Oregon (Mr. DEFAZIO).

Mr. DEFAZIO. Mr. Speaker, if you are defending the indefensible, that U.S.-manufactured, FDA-approved drugs are available at half the price or less in Canada, well, then change the subject. Say it is about safety. PhRMA has spent tens of millions of dollars advertising how it is about safety.

Which capsule has been tampered with? Well, actually the answer in Canada is neither. Not a single one has been found in the last decade in Canada of a USA-manufactured, FDA-approved drug that has been tampered with. However, what is really at risk here and the real danger is the danger to their profits.

Look at the difference in price. Which one of these capsules is the one that is 50 percent cheaper? Guess what? They are identical, but this capsule took a short vacation to Canada and the price dropped in half.

That is what we are defending against here on the floor. This is not about safety. You want to talk about safety for my seniors. I am a gerontologist, and I have sat with seniors who cried because they could not afford the prescription drugs they needed, couples who decided which one would get the prescription month in month out. Go talk to your pharmacist. Go talk to your seniors. Ask them how they divide the drugs and the dosages in half, not to save money but because they cannot afford to take a full dosage. That is what is killing seniors. It is killing them today.

Now you want to create this mythical threat of adulteration. So the manufacturers, the drug manufactur-

ers, the most wealthy, profitable industry on Earth cannot afford to invest in tamper-proof packaging?

I guess it is beyond their capabilities. Come on. Let us get real. Let us talk about what it is really about. It is about profit. The profit center for the drug industry is in the United States because other countries have negotiated the price down on behalf of their citizens, and we were getting gouged to pay for it.

The research is not going to go away. That is the last thing that is going to go away. They only make money on the patented drugs. They will maybe cut the CEOs salaries and maybe the \$6 billion a year in direct advertising before they cut the research. We will still get the research. We will get the new drugs, and we will have healthier seniors if we pass this legislation.

Mr. SESSIONS. Mr. Speaker, I yield 2 minutes to the gentleman from Pennsylvania (Mr. TOOMEY), one of the brightest young Members of Congress that we have.

Mr. TOOMEY. Mr. Speaker, I thank the gentleman for yielding me time.

Let me start by saying, I do not mind when pharmaceutical companies make profits. In fact, I want them to make profits because it is evidence that they are providing a product that people value and people need. I am also one of the most vehemently opposed, amongst all Members of Congress, there is nobody more vehemently opposed to price controls than me. And I have nothing but criticism for countries overseas that fix their prices and intentionally set artificially low prices on drugs or anything else for that matter.

The main reason that I support this rule and I support this bill is because this is the only way I can think of that we can begin the process of tearing down the artificial prices around the rest of the world that are forcing Americans to subsidize drug consumption all over the world. This is what we need to do in order to get to more normal market prices everywhere in the world.

If we pass this legislation and American consumers start to go to other countries and buy drugs at those artificially low levels, pharmaceutical companies will have no choice but to confront those countries and threaten to either withdraw from those countries entirely or have those governments raise their prices to normal market levels. That is what they will do.

Now, if a foreign country refuses the deal and says, go ahead and leave and we will make a knock-off product ourselves, then we have to use every vehicle available to us to enforce the intellectual property rights that are inherent in our patents laws and prevent them from going in every multilateral and bilateral forum that we have. That is an obligation that we have.

Now, I wish I could wave a wand and make these price controls go away so that everyone in the world is paying their fair share of the cost of prescription drugs, but I cannot do that. And as