Alive Infants Protection Act. Jill is a nurse that worked in a hospital in Oak Lawn, Illinois. Her hospital, which, I am embarrassed to say, is called Christ Hospital, performs abortions for women even in their second and third trimester.

Jill says that babies at that hospital sometimes survive the abortion procedure. These babies want to live, but the hospital lets them die anyway. Here is a little bit of her story.

''In the event that a baby is aborted alive, he or she receives no medical assessments or care but is only given what my hospital calls 'comfort care.' 'Comfort care' is defined as keeping the baby warm in a blanket until he or she dies, although even this minimal compassion is not always provided. It is not required that these babies be held during their short lives.

''One night, a nursing coworker was taking an aborted Down's syndrome baby who was born alive to our Soiled Utility Room because his parents did not want to hold him, and she did not have time to hold him. I could not bear the thought of this suffering child dying alone in a Soiled Utility Room, so I cradled and rocked him for the 45 minutes that he lived. He was 21 to 22 weeks old, weighed a half pound, and was about 10 inches long. He was too weak to move very much, expending any energy he had trying to breathe. Toward the end he was so quiet that I could not tell if he was still alive unless I held him up to the light to see if his heart was still beating through his chest wall. After he was pronounced dead, we folded his little arms across his chest, wrapped him in a tiny shroud, carried him to the hospital morgue where all of our dead patients are taken.

''Other co-workers have told me many upsetting stories about live aborted babies whom they have cared for.''

And there is much more.

Jill's story should horrify every American. We must decide are we a civilized nation or will barbaric practices like this continue.

I urge my colleagues to support the Born Alive Victims Protection Act. Let the American people know that we still know what decency means.

CARIBBEAN AMNESTY AND RELIEF ACT

The SPEAKER pro tempore (Mr. SIMPSON). Under a previous order of the House, the gentleman from New York (Mr. ENGEL) is recognized for 5 minutes.

Mr. ENGEL. Mr. Speaker, I want to announce that I have introduced H.R. 5032, which is the Caribbean Amnesty and Relief Act.

The act originally applied to people from the English-speaking Caribbean nations, but we have now expanded it to apply to people from all nations in the Caribbean.

Because of the close proximity of the Caribbean to the United States, there really is indeed a special relationship between our country and the Caribbean. And we have many, many people who have come to our shores and who want to come to our shores who immigrate to this country for the same reasons that my grandparents immigrated at the turn of the last century many, many years ago, wanting a better life for themselves and wanting a better life for their families; and, in doing so, they create a better life for all Americans.

Let us look at the kind of American who immigrates to this country. It is not a lazy person. It is not someone who wants something for nothing. It is an industrious person, someone who leaves behind the old country, family, friends, culture, and comes to this country. It is a special person. Indeed we are by and large a nation of immigrants, and the reason why our country has grown and flourished and prospered is because of the industriousness of our immigrants.

And so, I believe that immigration is a good thing for this country. Some may disagree. I think they are wrong. I think immigration is good for this country and it is certainly the right thing to do in terms of helping industrious people become new Americans.

We have a problem, however. It is a problem in my district. It is a problem in other districts in that we have families who are stuck. Some of the families are stuck in the old country. Some of the families are in this country.

What my bill, H.R. 5032, attempts to do is to have family reunification as its core. Mothers and fathers and sons and daughters and sisters and brothers ought to be able to live together.

I can tell my colleagues that in my district I have heard horror stories where families are stuck in the Caribbean, some are in this country, and it is impossible to get them over here.

Now, some may use the term ''illegal.'' And we have to have a cohesive policy with immigration. But I use the term ''undocumented'' because sometimes the difference between people who are undocumented and documented in this country is very capricious and arbitrary. And I can tell my colleagues stories of suffering of families again who only want the best.

So my bill would help families. What my bill would do is it would be an adjustment to permanent resident alien status, in other words, allow people to get green cards if they have been in this country since 1996 and ultimately, after a certain amount of years, allow them to become citizens of this country.

It would also allow them to have work authorization while their application is pending and would also create a visa fairness commission to collect data on economic and racial profiling. Because, again, I have heard many, many horror stories of arbitrary decisions involving immigration.

So, Mr. Speaker, I would urge my colleagues to support this bill. I think that this bill ought to be a crusade, and it will be a crusade of mine. I think people of all goodwill want to do what is best for this country and what is best for people. We are not talking about names that have no significance. We are talking about people's lives. And this affects people's lives. There is no reason again why if people want to come to this country why we should not have a cohesive policy of immigration in this country, one that would help families and not divide them.

So, again, the people of the Caribbean Basin have always been loyal friends of the United States. At the height of the Cold War, the United States looked to the Caribbean nations. And, as a result, a lot of the Caribbean countries have suffered political upheaval.

So let us talk about family reunification. Let us talk about doing what is right. Let us talk about a cohesive immigration policy that does not penalize people. Let us upgrade the very special relationship that this country ought to have with the nations of the Caribbean. But most importantly, let us have family reunification. Let us do what is right for those families. And let us do what is right for America.

PRESCRIPTION DRUG PLANS

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 1999, the gentleman from Oklahoma (Mr. COBURN) is recognized for 60 minutes as the designee of the majority leader.

Mr. COBURN. Mr. Speaker, I would like to spend a little time this afternoon on a subject that we hear across all the airways and we read in all the newspapers and it is what all the politicians in the country are running around talking about. It is called prescription drug plans.

It is amazing how interested we are in this now that we have gotten into an election year. But the problem has been occurring for the last 3 years essentially.

There is no question in this country that, as the percentage of health care costs rise, an increasing proportion of that is prescription drugs. And there is no question that in our country, all of us, seniors, people in insured plans, people with no insurance, people on Medicaid, are having a more and more difficult time accessing the pharmaceuticals that we need to both succeed in treating the illnesses that we face and prevent illnesses that we could face.

My experience is I have been a physician for almost 20 years. I continue to practice on the weekends and on Fridays when we are not in session and on Monday mornings.

What I want to spend time today talking about is the direction of the Congress with this issue. I want to compare what we have heard President Clinton say and Vice President GORE say about their solution for this problem.

I have 18,000 square miles in Oklahoma that I am fortunate enough to represent. I will be going home when this session of Congress is over, and I will not be returning because I chose to limit my terms. But as we travel around and I talk to seniors, which have been the major topic that we have seen discussed in this potential to began a political advantage, this bidding war on prescription drugs, if we ask the question, do you need help with prescription drugs, many will say yes. There is no question.

But if we ask the question putting with it the caveat of who is going to pay for it, the answers are totally different. If we ask seniors, do you want a prescription drug plan and do you want one that is going to lower the standard of living of your grandchildren, we never ask that, but that is implied in the question.

For historical purposes, when Medicare began, the estimated cost for Medicare in 1990 was $12 billion in 1990. That is what the best accountants, the best people that we could have said that is what it was going to cost. And there are a couple of reasons why they missed it a thousand percent. It cost $120 billion in 1990. There are two reasons they missed it.

Number one is it is hard to estimate; and number two, the politicians in Washington, if they do not have to be responsible for the cost of it, are going to add an additional benefit. That is a natural human response, whether one is a politician or otherwise, is to give somebody else's money away if in fact it helps them accomplish their purpose.

Well, we now have a drug proposal before us that is supposed to cost about $100 billion over 10 years. And if we think about the track record for the Health Care Financing Administration and the CBO, the Congressional Budget Office, and the Government Accounting Office, all of which totally missed the cost to Medicare, what it is really going to cost is probably a trillion dollars over the next 10 years. That is where we are at.

Now, where are we going to get money to pay for that? We are going to delay the funding of it. We are going to borrow it. And we are going to eventually ask our children to pay for it and our grandchildren.

There is a lot of baby boomers out there, which I am one of them. There are 77 million of us that are baby boomers, and it will not be long that we will be eligible for the benefits under Medicare. And as we become eligible, the one thing we do know is that the cost of the Medicare program is going to skyrocket.

The second point that I want to make is, what is the real problem in our country in terms of people being able to get prescription drugs? What is the difficulty? It is not the quality of the drug. It is not the availability of the drug. It is not the research that brings the drugs forward. What is the real problem? The problem is price.

If we do not address the competitive issue in this solution to this problem, then all we are going to do is lower the cost for some seniors and transfer it to everybody else in the country. Unless we establish and make sure that that marketplace is as efficient as it can be, we will do wonders for seniors and harm to everybody else, let alone the cost.

I have one chart I would like to spend some time on. This chart is actually Social Security. But if we move it over to 2011, the numbers are exactly the same in terms of the ratio of positive cash flow into the Social Security or Medicare fund versus outflow.

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In 2011 under the spending we have now without a drug program, Medicare starts running a negative cash flow. It would not do that well if we had not taken two or three components out of the Medicare trust fund and put them to the regular budget. So we essentially have improved the life of Medicare both by manipulations here and the fact that we have had a wonderful economy with a lot of people paying in a lot of money on Medicare.

But what is going to happen, starting in 2011, is we are going to have to run this tremendous deficit, without a prescription drug benefit. So if we decide that a big government program is the answer and that the President and Vice President GORE is the answer, then what you need to do is just about double or triple the red on this chart. The implication being, is that your children and your grandchildren because we are going to fix the wrong problem, lack of competition, are going to have a much lower standard of living.

I have a chart that compares FICA earnings and estimated taxes just on Social Security. The reason I want to use Social Security is because the same numbers reflect on Social Security the baby boomers. What you can see is right now we all pay about 6 percent of every dollar we earn in a FICA tax and our employer matches that. But I want you to notice this graph. That does not have anything to do with the 1.45 percent that you pay in Medicare and that your employer pays. But if you just follow this graph in terms of the introduction of the new people coming into Medicare and Social Security, what you can see is the tax rate just to meet the cash flow requirements, without a prescription drug benefit, goes up to almost 20 percent. If you extrapolate that same rate from Social Security to Medicare, instead of 1.45 percent, we are going to be paying 3 percent individually and 3 percent by your employer. So we are going to double the cost of the tax when you work just to cover the Clinton-Gore drug plan.

I am not known as a partisan, and I was not real happy with the Republicans' drug plan, either; but what I do know is that the plan that is outlined by the President and Vice President Gore concentrates more power in Washington, concentrates more decision-making in Washington, and concentrates bankruptcy for Medicare in the future.

I yield to the gentleman from Texas (Mr. ARMEY), the majority leader in the House.

Mr. ARMEY. Mr. Speaker, I want to thank the gentleman from Oklahoma for recognizing me. I want to thank also the gentleman from Oklahoma for taking this special order on this special topic. It is a matter that of course is of great interest and, frankly, considerable concern to the American people. I am proud to be included in his special order.

Mr. Speaker, I have worked very hard on these comments, and I will read my comments because this is a complex subject, and we want to make sure we get it exactly right.

I would like to take a moment just to discuss the prescription drug issue. Vice President GORE and Governor Bush are engaged in a heated debate over this matter and how best to help seniors afford drugs.

Everyone agrees that Medicare coverage has failed to keep up with medical progress and that one-third of seniors today lack drug coverage and need immediate help to better afford the medications they need and upon which they rely. But as with anything, there is a right way and a wrong way to go about doing it. I might say, if this is worth doing, and I believe it is, it is worth doing right. Sadly, Mr. Speaker, the Vice President has chosen the wrong way.

Six years ago, he and President Clinton tried to force all Americans into a government-run health care plan. Thankfully their plan was rejected by the public and by Congress. I am proud to have been a part of the effort to defeat the Clinton-Gore health care plan. I thought forcing people into government-run, government-chosen HMOs was wrong then; and, Mr. Speaker, I think it is wrong now. Back then, to illustrate what the Clinton care plan really entailed, I drew up a chart showing all its amazing complexities and absurdities. I called that chart ''Simplicity Defined.'' It looks an awful lot like this chart we are seeing right here. This one I call ''Nightmare on Gore Street.'' You see, this risky big-government drug scheme of the Vice President's is really the sequel to that 1994 horror film we had hoped we would never see again, the one called ''Clinton Care.''

Alas, like the unrepentant Freddy Krueger, Mr. GORE is back trying to do for drugs what he failed to do for health care, put the government in charge of all of it. Ira Magaziner and Rube Goldberg would be hard pressed to devise so nightmarish a scheme. This frightening tangle of chutes and ladders is the product of no less than 412 new government mandates contained in the Gore plan.

If this horrifying picture is not enough, allow me to recount just a few

of the reasons why the Gore government-run drug plan is bad for seniors and all other Americans as well.

First, it forces all seniors into a government-chosen HMO for drugs. If you do not like the plan the bureaucrats put you in, it is just too bad. You have no other options.

Second, it is not really voluntary as Mr. GORE claims. You will have just one chance to buy into it at the age of 64½. If you do not want to join at that time or change your mind later, you are out of luck. It is the Gore plan. Life his way or nothing at all.

Mr. Speaker, I must say, that bothers me especially because it sounds like an ultimatum. Just at that time in your life when you come to terms with the things that you do, retiring from your job, starting to contemplate a new life, worrying through what might be my options, how might I provide for myself and my family in this critical area of health care, Vice President GORE says, ''We will give you an ultimatum. Make up your mind, right now. Do it my way or not at all.'' That is not right, and even worse, it is not fair. If you do not believe me, just look at today's part B of Medicare. That part is called voluntary, too. Just try escaping it. I dare you.

Third, government bureaucrats will decide which drugs are and are not covered. If they decide the drug you need is too expensive, they can force you to switch to a cheaper, less effective one.

Fourth, seniors will lose their existing private sector coverage whether they participate or not. Experience shows employers drop coverage as soon as the government begins providing it. So if you are one of the two-thirds of seniors who enjoy private sector drug coverage today, prepare to kiss it goodbye.

Fifth, no one will get the drug benefit until the year 2008, 8 years from now.

Sixth, it is a bad deal for most seniors. The average senior will get just 13 cents a day of actual benefit. And if you are one of the majority of seniors who use less than $576 in prescription drugs each year, you actually lose under the Gore plan. The combination of additional and a high copay force you to pay more than you would get back in benefits. For example, if you were to incur $500 in drug costs, under GORE's plan you would have to pay $550 for that privilege. That is because $300 in premiums plus $250 in copayments equals $550, more than the benefit is worth. Incidentally, these costs are on top of your existing part A, part B, and supplemental coverage costs. And the premiums for the drug coverage plan? They come directly out of your Social Security check, whether you want to pay that way or not.

Seventh, the Gore plan threatens the physical health not just of every senior but of every single American. Despite Mr. GORE's strenuous denials, his plan must and does rely on government price controls to control its massive costs. These price controls will make it unprofitable to develop new miracle drugs, and this will kill innovation. Right now there are about 7,500 new drugs just for seniors in the research pipeline. Some of them could be cures for Alzheimer's, Parkinson's, diabetes or cancer. If the Gore plan is enacted, these innovations may never make it to the market.

The eighth problem with the Gore plan is that it relies on that old Democrat Party favorite, bureaucracy. Those few drugs that do get invented and make it through the FDA bureaucracy will under the Gore plan have to wind their way through the Medicare bureaucracy as well. It currently takes Medicare 15 months to 5 years to provide a new medical device or technology. For instance, Medicare still does not cover the tumor-detecting PET scan technology that has been covered by private health insurance for 10 years. Medicare regulations currently fill 132,000 pages, more than the tax code. Imagine how many pages of regulations will stand between seniors and new miracle drug cures under the risky Gore drug scheme.

Finally, the Gore plan actually endangers the Medicare program. As everyone knows, Medicare is insolvent, heading toward bankruptcy in the year 2025, possibly sooner. The Gore plan would pile a huge new government entitlement on top of the existing, rickety Medicare with absolutely no modernization. That is dangerous and irresponsible, like adding a second story to your house when the foundation is cracked. And it is a terrible disservice to seniors.

Mr. Speaker, let us not be discouraged. There is a better way. Americans want and deserve and we Republicans are working hard to pass a Medicare drug plan that keeps Washington out of your medicine cabinets and puts choice and control in the hands of our own seniors. Last July, we in the House passed such a plan. It was drafted by a task force of Members led by our colleagues, the gentleman from California (Mr. THOMAS), the gentleman from North Carolina (Mr. BURR), and chaired by the Speaker. It is a good plan that shows seniors enough respect to give them choices.

I am proud that Governor Bush has proposed a plan similar to our congressional plan, based on the same principles. Like our plan, the Bush plan is truly voluntary. You decide whether or not to participate. It lets you keep your existing private sector coverage if you want to. It does not let bureaucrats restrict your access to drugs. It lets you pick your own plan and tailor the benefits to suit your own needs. It holds down drug costs by helping seniors band together in groups to bargain for better prices, not through innovation-killing government price controls. And it modernizes, improves and strengthens Medicare for the long term. And one more thing: the Bush plan takes effect right away, next year, not the year 2008 like the Gore plan.

Mr. Speaker, here is the issue. The Gore plan puts choice and control in the hands of the government and it endangers Medicare. The Republican plan puts choice and control in the hands of seniors and strengthens Medicare. That is the whole choice before us in this election. I think when the American people understand the profound differences between these two approaches, they will overwhelmingly favor our approach and oppose the Democrats' risky big-government scheme, just as they did in 1994.

Mr. Speaker, I am going to ask that we put that original chart up here for just a moment. Take a look at this chart. Each and every one of these dots, segments in this snaky chart, is a separate government mandate. Why does it have to be so complex? Because we have to cut all the bureaucrats in on the deal. Why does it take till the year 2008 to implement it? It will take them till the year 2008 for them to decide what they want you to have.

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Why can Governor Bush implement his right away? Because he knows we already know what we would like to have, and we do not have to have 8 years for a decision regarding somebody else's business.

If we think the government can get this right better than you can, Mr. Speaker, when was the last time the gentleman bought his wife the right Christmas present?

Mr. COBURN. Mr. Speaker, I thank the gentleman from Texas (Mr. ARMEY), the majority leader.

I would make one other comment, HCFA, which stands for the Health Care Financing Administration, in the words, their own director says nobody in HCFA understands the details of HCFA. It is so convoluted. And having practiced in the medical field, understanding the regulations, understanding the results, understanding the lack of common sense that comes out of this organization in terms of how we impact with our patients and how our patients are cared for, to take $300 billion swiped out of Medicare over 10 years and let those people handle it is the last thing we should do.

Mr. Speaker, there should not be an expansion of the responsibility within the Health Care Financing Administration.

Mr. Speaker, I yield to the gentleman from Texas (Mr. SESSIONS).

Mr. SESSIONS. Mr. Speaker, I thank the gentleman from Oklahoma (Mr. COBURN) for not only securing this time from the gentleman from Texas (Mr. ARMEY), the majority leader, but also for joining with the gentleman from Texas, the majority leader, today to talk about this important issue.

Each Member of Congress is confronted not only in Washington, D.C., but around our own tables, in talking to our own parents, and certainly back home where we talk about how important it is for us to address the important public policy issue of prescription drugs.

What I would like to do is to spend my brief minutes here today in talking about the importance of not only what the Republican party is doing and our plan that my colleagues have heard the gentleman from Texas, the leader talk about, George Bush's plan, but also to go back and to talk with my colleagues about the importance of what we have already done.

We had an opportunity in this Congress back in July to pass a prescription drug plan, and we had the opportunity to look at several plans that were presented and certainly there was vigorous debate on the floor of the House of Representatives. And what happened was there was one plan that was raised and supported by the Democratic party, which would have arbitrarily been a decision that would be taken over by the Federal Government by Medicare, to make a decision about every single part of what a senior's health care would be decided by with prescription drugs by the Federal Government. I call it the same or similar to what we have known as Hillary Care for Health Care, the same thing is true for prescription drugs.

The second thing is, it would have required participation by every single senior. Every single senior would have to make the decision are you getting in or are you getting out?

Thirdly, it would be a decision about whether you were going to have a prescription drug plan that would really begin kicking in in 2005, now we have heard 2008.

The decision that this body made was overwhelming, and it was overwhelming because it was a bipartisan support, and pro-business Democrats made a decision that they would vote against the Democrat plan.

They did not want to take over the prescription drug industry. They did want price controls on the prescription drug industry, because they recognize that in a free enterprise system that we have here in America that we want these drug companies to keep developing, not only newer and more innovative prescription drugs, but the opportunity for us to continue what we have today, provide them to all of our senior citizens.

That plan failed, the Democrat party could not even pass their own plan, not because of the Republican party, but because they could not get enough Democrats to vote for the Democrat plan. And so Republicans were joined by about 10 pro-business Democrats. And we passed a prescription drug plan here in the House of Representatives that aims directly at the problem.

The problem is not every senior citizen, about two-thirds of our seniors, two-thirds of our seniors are without a prescription drug coverage or a plan today, and so that is why we aimed it at that.

We, our plan, the Republican plan, that has passed this House of Representatives would find that those that are at 135 percent or less of poverty, which equals 11,124 for a single person, that they would have an opportunity to receive without any cost any prescription drug that their physician decided that they needed.

Now, why is this important? I receive questions across my district all the time. Why would we want the Federal Government to begin imposing this plan for senior citizens? Well, it is simple. The fact of the matter is, is that Medicare today offers the coverage for health care for senior citizens.

Prescription drugs today can cure many, many more ills than it used to just a year ago, and in the future it will cure many more ills in the future, but doctors, when they write a prescription or when they utilize prescription drugs, they need that as part of the medical treatment for patients, putting a patient in the hospital is not always the answer.

Sometimes it is a prescription drug, so people who make less than $11,124, and it is on a sliding scale with a slight copay above that, they would receive exactly what the prescription was that the doctor ordered, exactly the way the doctor wrote it. They would be given this at no cost.

We are aiming at the poorest Americans. We are trying to help those that need help the most. That is what this prescription drug plan did.

Now, the question is in Washington, as it always has been, not only about prescription drugs or about health care, about taxes, about the things we do, why would we want the government to be involved? We have done this to help senior citizens. The Democrat plan on the other hand is one that we oppose, because we recognize that money equals power.

It always has, and unfortunately probably always will, money equals power. And they want to control the lives and the prescriptions that are written by the individual doctor, because they want to make decisions.

I became very interested in an article that appeared in the Dallas Morning News, which is a paper of high standing, my local newspaper in Dallas, Texas, and it is dated September the 9th, just a few weeks ago and it says ''administration halts plan to cut Medicare payments for cancer drugs.''

Mr. Speaker, it is this bureaucrat, the government, that is making a decision about live-saving drugs for many times our parents and grandparents, and based upon a number of Members of Congress, they state in here, at least 121 Members of Congress, 70 Republicans and at least 51 Democrats, signed a letter to Donna Shalala, head of the Health and Human Services, please do not cut Medicare payments. You already control seniors health care. Let me state the administration backed off cutting that.

Further, in the article it says, and I quote from the Dallas Morning News, September 9, Terry S. Coleman, former chief counsel of the Medicare program said, ''the reimbursement methodology is so complicated, you can't just go in and adjust a few billing codes. The same methodology is used for all physician specialties, not just oncology.''

Well, I would suggest that the majority leader is right. We should not allow this government to control the decision that is made by physicians on our prescription drugs. It even gets better, and I quote further, ''while putting off cuts in payment for cancer drugs, Medicare officials said they would cut payments for drugs used at kidney dialysis centers and in the treatment of emphysema and other lung diseases starting January 1.''

Mr. Speaker, I would suggest that not only is money power, but the ultimate power through rules and regulations, where we are required by the Federal Government to have Medicare to be the final decision-maker for prescription drugs in this country is not only a bad program and one that would not start with a Democrat plan until we find that kick in 2008 but, in fact, would control our lives and our freedom.

The reason why the Republican party and these Members are standing up here today is to make sure that all the Members are fully aware of what this debate is about and what the ramifications are.

It is about whether we will once against give up, as the debate in this country was in 1994, whether we will give up on the prescription drug industry and say we do not trust the free market, we want somebody else to do it for us, and when we do that, we lose pieces of our freedom, the opportunity for us to make a decision about the prescription drugs that we will put and count on for our health.

We need a plan where we empower the physician and the patient to make a decision. We need to make sure that prescription drugs are not only available, but that they are what the doctor ordered. And I will tell my colleagues that the plan that we have voted for is exactly what the doctor ordered.

Mr. Speaker, I appreciate the opportunity to be here with the gentleman today. I applaud what the gentleman has done; what the gentleman from Arizona (Mr. SHADEGG) is doing; the gentleman from Texas (Mr. ARMEY), the majority leader; and also the gentleman from Minnesota (Mr. GUTKNECHT) to make sure that our colleagues are not only updated on this issue, but that we continue to talk about the importance of allowing physicians and patients to decide their own future.

See money is not only power, but freedom is power, too.

Mr. COBURN. I thank the gentleman. I want to make two points just for the RECORD to those that might be watching this. Medicare did a prescription drug benefit in 1988. The estimated cost was $4.7 billion. The actual costs, the 1 year that that was in place was $11.7 billion; that is how well we estimated the costs.

So when we saw up here a cost of $353 billion over 10 years, we know at least it is double that, just by the track records.

The other thing that I would make is the GAO has already stated, our accounting agency, that Medicare is not going to make it, unless we do some significant changes in terms of incentives and payments. How do we do that? We do not do that by adding significantly more costs to an already bankrupt program.

Mr. Speaker, I yield to the gentleman from Arizona (Mr. SHADEGG), a close friend of mine and somebody I respect a great deal.

Mr. SHADEGG. Mr. Speaker, I thank the gentleman from Oklahoma (Mr. COBURN) for yielding to me, and I appreciate the opportunity to participate in this debate.

Mr. Speaker, I actually would like to engage the gentleman in a colloquy about a number of the aspects of the Clinton-Gore plan that I think are of concern and that may need to be repeated here so they understand.

PARLIAMENTARY INQUIRY

Mr. SHADEGG. Mr. Speaker, I would like to make a parliamentary inquiry. One of our colleagues, I think it was the gentleman from Texas (Mr. ARMEY), our majority leader, just referred to the fact that it is very important to be accurate in the facts in this debate, and that as we debate this critically important issue, we should be precise, and I believe the gentleman said that he, in fact, would read his statement so that he could be precise about, for example, the number of bureaucratic steps on the chart.

I believe in the remarks of the gentleman, he indicated that it was very important in this complicated debate that we be precise in what we say and in the facts we use and marshal in support of our position in this debate.

The question I want to ask is, is it true that under the rules of the House, I cannot refer to the fact that the Vice President in a speech in Florida on this issue, just a week or two ago, made up certain facts about the costs of prescription drugs imposed upon his mother-in-law, that those were not, in fact, the actual costs, that he made up some facts regarding the dosage of the drug taken by his mother-in-law and the dosage of the drug taken by his dog, and that he also made up the facts with regard to the overall costs of these prescriptions to his family? Am I correct that that cannot be referred to on the floor of the House?

The SPEAKER pro tempore (Mr. GILCHREST). The general rule is that the gentleman cannot engage in personality attacks against the Vice President, but the gentleman can criticize the Vice President's policies and his candidacy.

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Mr. SHADEGG. Let me ask for a further clarification, if I might. On the screen here on the board, there are two stories, one from the Boston Globe and one from the Washington Times. I know the Times story appeared yesterday. The Boston Globe story, I believe, appeared the day before yesterday.

Mr. COBURN. Monday.

Mr. SHADEGG. It appeared Monday. Both of those stories report that, in fact, the Vice President did make up these facts; the cost of the drug that his mother-in-law allegedly paid, the dosages taken by his mother-in-law versus the dosages taken by his dog. He, in fact, made up also the overall cost and did not relate whether or not his mother-in-law was paying for these drugs or whether they were, in fact, paid for by insurance and that now the Gore campaign will not relate whether or not she is insured or not.

My question is, is it also true that that cannot be referred to and those articles cannot be read here on the floor?

The SPEAKER pro tempore (Mr. GILCHREST). The gentleman can criticize the Vice President in his actions as a candidate, but the gentleman cannot get personal in his criticism of the Vice President.

Mr. SHADEGG. I have no desire to be personal. I do think, as I stated and as I believe the majority leader stated and as the gentleman from Oklahoma (Mr. COBURN) stated at the outset of this debate, that if we are going to debate important public policy, it is critical that we all be accurate; and I would commend to my colleagues here in the Congress both of these articles which relate that, in fact, facts were fabricated by the Vice President in the course of his campaign to win support on this issue.

I would urge my colleagues that it is critical that we be truthful. It is critical that in this kind of important debate before the public that we do not make up facts or figures; that we do not mislead the American public on these issues; that we do not relate allegedly truthful stories about this issue, about family members, when we ought to know the facts, in a way which is untruthful, and that that is a discredit to this institution and a discredit to the campaign.

I think it is also important that we, in the course of this debate, not allow the ends, in this case winning the debate over how do we best take care of these serious prescription drug needs of America's elderly population, we do not allow the end of winning that debate to justify means which are clearly improper, such as making up facts which are not true; being untruthful; or in other ways telling stories which are not accurate and honest with the America people, just to win support for our position in the debate. I think that is a point that is truly worth stressing.

I would like to just go over with the gentleman from Oklahoma (Mr. COBURN), if we might, in a dialogue form some of the points that have been made already here to make sure that we understand. First, I want to ask the gentleman, is it his understanding of what is being proposed by the other side on this issue, by our Democratic colleagues, by the Clinton-Gore administration, that that plan would, for example, provide a subsidy for prescription drugs for people regardless of their income and therefore would provide a subsidy to perhaps Ross Perot, Donald Trump or anyone else in that income bracket?

Mr. COBURN. That is the same principle as we have today in Medicare. There is no choice; if one is over a certain age, they will participate, unless one chooses not to participate at 64.5 years. Once they choose not to participate, they will never be eligible.

Mr. SHADEGG. The gentleman used the word ''choice'' and talked about once one chooses not to participate or to participate. I think that is important. As the gentleman understands the proposal being offered by Republicans, one of the key features is choice. That is, we allow people to pick from amongst a variety of plans that meet their own needs; and in addition at least it is my understanding that as the bill we passed and the legislation we are proposing and indeed the legislation being proposed by Governor Bush would give seniors the right to not only choose amongst various plans when they join but to make choices again down the line. If they are unhappy with the plan they pick, they could make a choice at a later point to switch plans. Is that not a feature?

Mr. COBURN. That is accurate. I think the other thing to remember is one of our problems in health care in this country, especially in terms related to HMOs, is that we have lost a considerable amount of freedom. When one does not have the right to choose their doctor in this country, they have lost a significant amount of freedom. Now what we are going to see is you are not going to have the right to choose whether you get the best drug for you or one that a bureaucrat in Washington has decided is the cheapest and least expensive and may not be as effective, you are not going to get to make that choice. So it is a great political tool to say we are going to have something for everybody, even though our grandchildren are going to have to pay for it and have a lower standard of living; but to not be honest about the loss of freedom associated with that I think is disingenuous.

Mr. SHADEGG. I think you just touched upon another key point that I wanted to bring out at least in part of this important discussion. Arizona has many senior citizens. It is a great place to retire to. I hope more people retire there. But I think one of the keys that the gentleman just mentioned is we often talk about choice in the abstract. It is important, I think, for people to understand that not only under the Clinton-Gore plan do you make one choice at the outset, you either opt in or opt out and that decision is binding for life, but the second point is the one that you just mentioned and that is

that if you choose to participate in the plan which the Clinton-Gore team is proposing, you are, in fact, giving away your choice, your right to choose the drug that is best for you, to a Federal bureaucrat.

I know many people that work as government employees. I worked as a government employee in the past part of my life in an unelected capacity. I think they are genuine, honest and sincere; but under the Gore plan the schedule of committed drugs would be decided by someone deep in the bowels of the Federal bureaucracy. It would take choice about which drug is right for you, which drug is right for your wife or your father or your mother or your grandfather or grandmother, it would take that choice away from them as individuals and vest it in a group of, quite frankly, Federal bureaucrats who would decide which drugs are appropriate and which drugs are not, taking that power not only away from you but away from your doctor as well. Is not that correct?

Mr. COBURN. There is a good example. There is a drug on the market known as Trazadone. The brand name is Desyrel. I use that drug a lot. I use the generic as a sleep-inducing aid for senior citizens, but I never use the generic for an antidepressant because it is not as effective. If we have this system, I will not be able to do that. So I will not be able to use a drug that there is significant difference in efficacy for treating depression, I will not be able to use that because we are going to use the generic. So, therefore, I will not be able to use that so I will not be able to give the care and nor will I have the confidence that my patient is going to get what they want.

So the loss of choice is an implied loss of freedom, but it is also a decline in care.

Mr. SHADEGG. Ultimately, as a medical doctor trying to tailor the best care for your patient, you would be at the mercy of a Federal bureaucrat who would decide which drugs can be used for which purposes.

Let me ask this question: let us say someone is sitting home and saying we have to make certain trade-offs. Maybe that has to happen. Somebody has to ultimately decide. Maybe we cannot afford to allow patients to consult with their doctors and decide which drug is right.

Do we have any assurance, if the gentleman knows the answer to this question, do we have any assurance that under the Clinton-Gore plan that at least it would be medical doctors as opposed to nondoctor personnel that would be deciding these issues under the Gore plan?

Mr. COBURN. I cannot answer that. I do not know, but I can say in other government-run health programs, title X clinics, title XI clinics, it is not doctors that make decisions. It is an extension of the doctors, somebody that is abstract making those decisions. That is felt to be efficient, even though the care sometimes might be substandard.

Mr. SHADEGG. The gentleman and I have worked on health care reform a great deal over the last 6 years, and particularly over the last 2 years. I hope that the medical profession is aware that this results in a surrendering of their ability to pick the right prescription drug for their patient and a tremendous loss of choice, not just for patients but for doctors and a diminution in the quality of care.

Mr. COBURN. I would like for us to ask the gentleman from Minnesota (Mr. GUTKNECHT) to stand up and join with us, because one of the issues that we raised, that this whole plan totally ignores, is enhancing of competition. What the Gore plan will do is cost shift the cost savings that might come about through Medicare on to the private sector, which will then raise everybody else's costs for prescription drugs. It will raise the State's cost in terms of Medicaid. It will raise the company's cost that pays for your insurance. If you pay your insurance yourself, it will raise. If you have no insurance, it will raise.

The problem that we have today, the reason we are even addressing this issue, is because price has become predominant. We had a 17.4 percent rise in the cost of prescription drugs in this country last year, when inflation was under 3 percent. There has to be something wrong here, and I think the gentleman from Minnesota (Mr. GUTKNECHT) has a solution to that and has been very vocal on how we enhance competition in this country, and I would welcome him to the debate.

Mr. SHADEGG. Just let me stress the point of everyone is concerned about the cost of prescription drugs. I have, as I said, many seniors in Arizona that I am deeply concerned about. My question is: How do we solve the problem, and how do we do it in a way that helps people rather than hurts them? I welcome the gentleman to the debate.

Mr. GUTKNECHT. I would like to thank my colleagues, and particularly the gentleman from Oklahoma (Mr. COBURN), and let me just say publicly we are going to miss him a lot in the next Congress. He has been a fearless advocate for real reform of our health care delivery system.

I would just like to mention before we get into the price, people need to understand and they do not have to take our word for it and I want to thank my colleague, the gentleman from Arizona (Mr. SHADEGG), for bringing up this whole issue about, let us at least deal with the facts, and everything I am going to say today I do not want people to take my word for it. The first thing I am going to say is anyone who believes that we ought to make the Health Care Financing Administration even bigger and stronger, just pick up the phone and call your local nursing home, call a registered nurse who happens to work in that nursing home.

Mr. COBURN. Call a doctor.

Mr. GUTKNECHT. Call anybody; call your doctor.

Mr. COBURN. Or call your hospital.

Mr. GUTKNECHT. Call anybody who is involved with hospital administration. Just go ahead and ask them do you think it is a good idea to make the Health Care Financing Administration even bigger and stronger?

Mr. COBURN. More powerful.

Mr. GUTKNECHT. Now, you might want to hold the phone back aways because you are going to get an earful of how the cow ate the cabbage. I mean, the people who deal with this powerful bureaucracy today will say the last thing they want to do is make it even more powerful.

The other thing I want to say about this, and again do not take my word for it, do a little research, I think the best thing about the program that we are offering, and I am not going to say it is perfect, but there are three very important principles about our program that everyone needs to understand. First of all, it is going to be available to all. Secondly, it is going to be affordable for all. But, third, and I think the most important ingredient, is that it is going to be voluntary.

Now, I am very fortunate. My parents are both on Medicare and because of the company that my dad worked for and the union contract that they had, he qualifies for a medical benefit now. So in many respects, they are in great shape. But if you ask the people who currently have coverage like that do you want to give it up for a program that is run by the Federal bureaucracy, the answer from most of those people is no. They like the program that they have today, and under the Clinton-Gore proposal they would lose the ability to choose the program that they currently have.

I do want to talk about price, because many of us have been having a lot of town hall meetings over the last several years. I was first alerted to this problem a couple of years ago at a town hall meeting in Faribault, Minnesota. Some of the seniors stood up and they started talking about the differences between what they pay for drugs here in the United States as opposed to what people can buy those same drugs for, whether it is Canada or Mexico or Europe.

I sometimes feel like that little boy who came in and asked his mother a question and his mother was kind of busy and she said, go ask your dad, and the little boy said well, I did not want to know that much about it. I feel a little bit like that little boy because the more I learn about this, sometimes I just say to myself I did not want to know that much about it.

Let me just show this chart. Everywhere I have gone, and we have taken this to county fairs and town hall meetings, and the people who have seen this bear out these facts. Now, interesting, this chart now is about a year and a half old, and this is not just Canada or Mexico. This is about Europe.

Again, I will come back to my father, 83 years old, he takes a drug called Coumadin. Now, he has prescription drug coverage. He does not pay full retail, but the truth of the matter is the average price for that Coumadin, it is a very commonly prescribed blood thinner, the average price about a year and a half ago in the United States for a 30-day supply of Coumadin was $30.25. That same drug, made in the same plant under the same FDA approval, was selling in Switzerland for $2.85.

Now, one sweet lady at one of my town hall meetings came up to me and she said, if you think drugs are expensive today, just wait until the government provides for them free. And we need to think about that, because the answer to our problem, and let us go back to the big problem, and I think this was alluded to, the big problem is affordability. For an awful lot of seniors, if they could buy Prilosec, for example, instead at the average price in the United States which I now understand has gone up dramatically from this $109 figure for a 30-day supply, the average price in Europe at the time this chart was put together was about $39, I am told that even today you can buy it in Mexico, again the same drug made by the same company, for less than $20. Now, if seniors had access to some of these world market prices, it would go a long ways to solving this problem because seniors who are taking two or three prescriptions they might be able to afford easily $30 or $40 per month, but when that same prescription, that same drug, sells in the United States for say $200, as a matter of fact we had a gentleman at one of my town hall meetings in Winona, he came up to this chart, he pointed at two drugs and it added up to $149; and he said if I could buy those drugs at European prices, and he said that was about what I pay, but he said if I could buy them in Europe it is less than $50.

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Now, he said, $150 really stretches my retirement and Social Security budget. But $50 I could probably afford that a whole lot more.

The real issue, though, that we need to talk about is what do we need to do to bring down prescription drug prices to a world market level. The answer, I want to make it clear, I do not support price controls, and it is honest to say some countries in Europe and the Canadians and the other countries do employ various forms of price controls.

Mr. Speaker, I have wrestled with this question. In some respects, some people say if you go to an open market system and you allow people, particularly our local pharmacists to buy from other countries, are you not just importing price controls? I have to admit, to some degree, that is correct. But we also have to step back and say, wait a second. These are the same drugs. We are the world's best customers. We should not be required to pay the world's highest prices.

Mr. COBURN. Mr. Speaker, let me interject with the gentleman if I could for a minute. I think it is important for people to know that essentially Americans are subsidizing the drugs of everybody else in the world, number one, through our research, through the National Institutes of Health; and number two, through the prices that we pay. In fact, even if the gentleman's statement about reimporting price controls were true, what that would do is put a higher pressure on the negotiated price to the other countries and, therefore, Americans would not shoulder the absolute high cost of drugs compared to everybody else, and we would see a shift of that cost, an appropriate shift of that cost, to the others. Remember, these are all made in the same plants, shipped all over the world, and charged at significantly different prices. It is important to note that one way to do that is to allow reimportation at the wholesale pharmacy and at the pharmacy level of the identical drug from other countries. If we do that, we will drive some prices.

The other point that I think is important that ought to be made is that this year $6 billion out of a $115 billion market for prescription drugs is going to be associated with television advertising for drugs that one cannot get unless a physician writes a prescription. The average consumer sees 10 of those ads a day. Now, who is paying for that? We are going to pay in America an extra $6 billion so we can see a commercial to tell us to go ask a doctor for a medicine when, in fact, what we should be saying is, Doctor, here is the problem I have, what is the best medicine? One of the subtle things that people do not realize is that when somebody comes to me thinking they need a certain medicine, it increases the cost of care, because if they do not really need that medicine, not only do I have to take their history and examine them, then I have to spend time explaining why they do not need the medicine that the ad just sold them and why they need this medicine that is cheaper, better and more effective. So, in essence, it is raising the total cost of medicine far beyond the $6 billion this year, the $9 billion that they are planning on spending next year, just on television advertising.

Mr. SHADEGG. Mr. Speaker, if the gentleman will yield, I just want to make sure that the American public and that our colleagues understand that point. This is demand? Is there a technical term?

Mr. COBURN. It is called poll through demand.

Mr. SHADEGG. Poll through demand. We advertise to the American public a prescription drug, a drug that they can only get with a prescription, the goal being those of us sitting at home feeling some of those conditions will go to our doctor and demand that particular drug, and we see these advertisements all the time. The gentleman and I are paying for the cost of that advertising, we are paying for the cost of that doctor's visit, and we are paying for the doctor to say to us, no, you really do not need that drug, it is not right for your condition.

Mr. COBURN. And, we are the only country in the world that allows it.

Mr. SHADEGG. The only country in the world that allows demand driven advertising.

Mr. COBURN. Through television.

Mr. SHADEGG. Through television.

Mr. Speaker, I would also like to ask my colleague from Minnesota who is, in fact, one of the experts in the Congress on this issue; his State borders Canada, my State borders Mexico. We have the same problem. I have people in my State of Arizona who go across the border into Mexico and get their prescription drugs at a fraction of the cost in the United States. It is shameful that they have to do that. It is particularly true that they have to do that in rural Arizona where they cannot take advantage of Medicare+Choice, where they get a drug benefit.

I think it is important, and the gentleman deserves to be complimented for the work he has done to stop the FDA from sending threatening letters to these people. I would like the gentleman to explain that. I would also like the gentleman to address the issue of how will government subsidization of all drug prices in America, including the drugs for Ross Perot, for example, or Donald Trump, how will that somehow bring down the cost of drugs for the rest of us, or even for seniors?

Mr. GUTKNECHT. Mr. Speaker, I think it will only make matters worse. If we were to pursue the Clinton-Gore formula, I think long term, it would drive the price of drugs even higher, even though they are trying to impose a modified form of price controls.

I think the gentleman's question is a good one. We have been aware of this for several years now, that there are huge differences between Canada and Mexico, Europe, Japan, and what we pay in the United States.

Now, I want to come back to something that the good doctor said. He said, we subsidize the pharmaceutical industry in several ways. One, through what we do with the NIH, the National Institutes of Health. We spend about $18 billion a year in basic research, much of which ultimately benefits the pharmaceutical industry. We also subsidize them through the price that we pay for those drugs. But there is a very important component that we sometimes forget. We also subsidize basic research through the pharmaceutical industries with a very generous research and development tax credit. So they are really getting subsidies three different ways from the American consumers.

Mr. Speaker, I am not here to beat up on the pharmaceutical industry. They have provided us with miracle drugs. We in the United States and people around the world live better and longer because of the pharmaceutical industry.

Mr. SHADEGG. But it is fair to ask, is one more subsidy going to solve the problem.

Mr. GUTKNECHT. Right. I think we want to come back to this. We have known for a long time, and certainly the FDA has known for a long time, that there are differentials, so what consumers have done to try and save some money, and sometimes we are talking about thousands of dollars, they have gone to other countries.

So what has this administration done about it? Well, they have done two things, and both of them, in my opinion, have made a bad situation worse. First, they have allowed some of the large pharmaceutical companies, Glaxo and Wellcome, used to be two very large pharmaceutical companies, today they are one. They have allowed these mergers to go on basically unabated.

Mr. COBURN. If the gentleman will yield, they are just about to become GlaxoWellcome SmithKline Beecham.

Mr. GUTKNECHT. We will have taken four huge pharmaceutical companies, and now we will have one. The net result is they will have greater control over markets and products, and we will see even higher prices. They have made a bad situation worse.

Mr. Speaker, let me just talk about these letters. This is a threatening letter. They have sent literally thousands, I have heard estimates as high as 300,000 of these letters have gone to seniors who are threatening them through their own FDA because they tried to save a few bucks by going to Canada or Mexico or Europe to buy prescription drugs.

Mr. COBURN. Mr. Speaker, we are just about out of time and I want to make just kind of a summary statement. The best way to allocate any resource in this country, any resource, is competition. I see the gentleman from New York (Mr. CROWLEY), very influential in our ability to try to reimport wholesale prescription drugs into this country. He understands that. The idea is to allocate resources with competition. That is one of the things we need to do.

The last thing we need is another mandatory, government-run health care program that is already proving to be inefficient, has been tried once and was so expensive they dropped it; and number three, will discourage research, will discourage new drugs, and will cost-shift, and does no benefit for anybody except a senior. Everybody else is going to have a lower benefit, less access to health care through that plan.

I yield the balance of the time to the gentleman from Arizona.

Mr. SHADEGG. Mr. Speaker, I simply want to thank my colleagues for participating in this debate. The letters that my colleague from Minnesota has pointed out have gone to people in my home State of Arizona for just having the temerity to cross the border into Mexico and buy drugs at a fraction of the cost here in the United States.

I think we need to force competition on the drug companies, I think we need to put them in a position where we force them to bring down the prices. I think we need to force them to quit forcing us to subsidize drugs in other countries. I certainly do not believe, and I compliment the gentleman for the facts that he has brought to this debate, I do not believe we should make up facts, I do not believe we should use false information, but I do believe that we should make it clear that a government subsidy, a program the likes of which is being proposed by the Clinton-Gore administration which says you get one chance to opt in or opt out and that is binding on you for a lifetime, and you hand over, by opting in, the right to choose your drugs to a bureaucrat, not a doctor; take it away from yourself, take it away from your family, take it away from your physician and give it to a bureaucrat. I cannot believe that is the best public policy Congress can come up with. I think there are better plans out there. I think the plan that we voted on, while not perfect, is a step in the right direction.

Mr. Speaker, perhaps we should conclude by pointing out that this is an issue that is important and we will not rest until we address this problem for the American people.

Mr. COBURN. Mr. Speaker, I thank my colleagues for participating in this special order with me.

DEMOCRATS' PRESCRIPTION DRUG PLAN BEST FOR AMERICA

The SPEAKER pro tempore (Mr. GILCHREST). Under the Speaker's announced policy of January 6, 1999, the gentleman from New York (Mr. CROWLEY) is recognized for 60 minutes as the designee of the minority leader.

Mr. CROWLEY. Mr. Speaker, I could not think it more apt that we Democrats begin our special order on prescription drugs just after hearing the Republicans finish their remarks on the very same subject of prescription drugs.

I was most interested to listen to the remarks of the Republican House majority leader, the gentleman from Texas (Mr. ARMEY), who ridiculed Democrats like AL GORE and JOE LIEBERMAN for being out in so many words to deprive seniors of prescription drug coverage. This is laughable, and I hope everyone at home will stay tuned and listen. I can think of no better message than letting Americans compare the thoughts of the Republicans on prescription drug coverage for seniors, those of allowing the private sector and the HMOs to continue to drop seniors and let prices for drugs skyrocket, versus the opinions of the Democrats like myself who are working to strengthen Medicare with a drug benefit and work to immediately lower the cost of prescription drugs.

The GOP believes lowering the cost of drugs is wrong and the destruction of Medicare is good. I believe lowering drug prices is the right thing to do for Americans. I hope Americans enjoy this debate and the debates by Mr. Bush and Mr. Cheney and Mr. GORE and Mr. LIEBERMAN over the next 7 weeks. We Democrats gather here to discuss an important issue with regard to lowering prescription drug costs and providing greater access to medications to every American who needs those medications.

As Democrats, we have continually championed the addition of a prescription drug benefit under Medicare, but the Republican majority opposed that plan, believing Medicare has been a failure. We Democrats disagree and believe that Medicare has been an overwhelming success story in the United States.

As Democrats, we have continually come out in support of the Prescription Drug Fairness for Seniors Act sponsored by the gentleman from Maine (Mr. ALLEN). This would pass along to Seniors the same discounts given by the pharmaceutical industry that they give to the Federal Government and HMOs. Under his bill, they would also have to give those same benefits to pharmacies. In turn, they could pass these savings on to their customers. Again, the Republican leadership opposed that. The Republicans apparently believe that seniors are not paying enough for their prescription drugs. Well, my constituents, quite frankly, tell me otherwise.

Now, we Democrats are working to change the Federal law which prohibits the reimportation of safe FDA-approved drugs from countries like Canada back into the United States. We think it is unfair that seniors pay twice as much, on average, for their medications than their counterparts in places like Canada and Mexico. The Republican leadership thinks it is okay to send seniors to jail for trying to obtain more affordable drugs from other countries to improve the quality of their lives.

This chart demonstrates the real price gouging going on in the drug industry here in America. Here I have three of the most popular drugs used by seniors in America.

☐ 1600

We see that seniors right here in America, and in my case in Queens County and Bronx County in New York City, pay hundreds of dollars more a year than seniors in Canada for the same FDA approved drugs. Seniors pay $359.93 more annually than their friends in Canada for Zoloft; $793.20 more than their friends in Canada for Prilosec; and $369.42 than their friends in Canada for Zocor.

In fact, I have received many letters from my constituents. I had a letter from a constituent from Jackson Heights who pays $409 for a 3-month supply of Prilosec for his wife. The same drug, the same manufacturer, the same everything costs $184 for the exact same drug in Canada. And why is