determined are not suitable for use in MOX fuel.

Since 1997, DOE has continued on this dual-track path for disposition. That is until this year. In the administration's fiscal year 2002 DOE budget request, funds for the National Nuclear Security Administration, NNSA, were cut by over $100 million. Due to these budget cuts, one of the plutonium disposition programs, immobilization, was delayed indefinitely. I don't blame the NNSA for the cut to this program because I know it is their job to work within the budget they are given. However, I do blame the Administration for providing a budget that is woefully inadequate to provide for plutonium disposition activities at Savannah River. When General Gordon, the NNSA Director, testified in front of the Energy and Water Appropriations Subcommittee, he stated plainly that Plutonium Immobilization was delayed because of financial reasons, not policy ones. DOE claims it can process all of the plutonium by converting it into MOX, but, when pressed on the matter they say there is no certainty in this treatment. If MOX fails and there is not a back-up, SRS will be left with large amounts of surplus weapons-grade plutonium, but without a plan to treat it.

There is an analogous situation to this one track mind set that previously occurred at SRS. To separate the sludge and liquid wastes contained in the tank farms, DOE proposed In-Tank Precipitation, ITP. After putting more than a billion dollars into this separation process, problems occurred. Excessive benzine was being produced as a by-product of the separation. As a result, the program was shut down until a new process could be found. The new process was selected last week—four years after the old process failed. Why? Because there was not an alternative to this process. Four years and a billion dollars later, the tanks are still overflowing with 60 percent of the Nation's high-level waste. This is exactly why I want to continue a dual-track disposition program for this plutonium. It was part of the original agreement and I believe that any attempt to change the agreement should be made in consultation with all the affected parties.

To date, the Secretary of Energy and the Governor of South Carolina, Governor Hodges, have not spoken about the disposition activities, which is unfortunate. In fact, Governor Hodges has said he may take steps to stop shipments of plutonium to SRS, which are scheduled to begin in August. I hope the Secretary and the Governor can come to some agreement to ensure safe and timely disposition of this surplus plutonium.

I had an amendment, which would have prohibited the shipment of plutonium to SRS until March 1, 2002 or until a final agreement could be reached on disposition activities, whichever comes first. Some say that stopping these shipments would be devastating to our clean-up efforts at other sites. I say that walking away from our commitments of safe and timely disposition of this material would be just as devastating. All I want is for the Administration to commit to me, the Congress and to the State of South Carolina on plutonium disposition. I do not want this plutonium to be shipped to SRS and then have the Administration come back and say that MOX is not going to work and they're going to study another way of disposing of the material. I fear this is the road we are going down, especially in light of a recent article in the New York Times saying the White House wants to restructure or end programs aimed at disposing of tons of military plutonium.

I have spoken to the Chairman and Ranking Member of the Energy and Water Appropriations Subcommittee and we have worked out an agreement on my amendment. With this compromise, hopefully, DOE and the State of South Carolina will come together and reach an agreement to continue these disposition programs at SRS, while ensuring they're done in a timely and safe manner. If an agreement cannot be reached, you can rest assured this will not be the last time this issue is raised on the Senate floor.

I want to thank the distinguished chairman and ranking member for all their help on this amendment.

ORDERS FOR THURSDAY, JULY 19, 2001

Mr. REID. Madam President, I ask unanimous consent that when the Senate completes its business today, it adjourn until the hour of 10 a.m., Thursday, July 19. I further ask unanimous consent that on Thursday, immediately following the prayer and the pledge, the Journal of proceedings be approved to date, the morning hour be deemed expired, the time for the two leaders be reserved for their use later in the day, and the Senate resume consideration of the Energy and Water Appropriations Act.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. REID. I suggest the absence of a quorum.

The PRESIDING OFFICER (Mr. MILLER). The clerk will call the roll.

The senior assistant bill clerk proceeded to call the roll.

Mr. REID. Mr. President, I ask unanimous consent that the order for the quorum call be dispensed with.

The PRESIDING OFFICER. Without objection, it is so ordered.

MORNING BUSINESS

Mr. REID. Mr. President, I ask unanimous consent that the Senate now proceed to a period for morning business, with each Senator allowed to speak for up to 10 minutes each.

The PRESIDING OFFICER. Without objection, it is so ordered.

PRESCRIPTION DRUGS

Mr. DORGAN. Mr. President, in the coming days I suspect there will be appropriations bills and we will visit another issue we have visited previously in the Senate and also in the House, and that is the price of prescription drugs, especially those imported into this country from other countries.

About a week ago, the Secretary of Health and Human Services decided that legislation which I and several of my colleagues drafted and was passed last year and became law would not be administered. It is a law dealing with the reimportation of prescription drugs into this country.

The provision allows distributors and pharmacists to go to another country such as Canada, to access the same prescription drugs made in an FDA-approved plant and bring them to this country because it is much less expensive in Canada, and pass those savings along to consumers. That is what our legislation did.

The Secretary of Health and Human Services under the previous administration and now under this administration said they could not certify, A, that it would be lowering costs for prescription drugs and, B, that it would be safe; therefore, they would not certify to that and would not implement the law.

We are terribly disappointed by that. We think it was a mistake in the past administration to have made that decision, and we think last week it was a mistake for the Department of Health and Human Services to make that decision.

We will revisit this issue, and there will be another vote in the Senate dealing with it. We will have to do it in a different way, but the principles are still the same.

The same pill put in the same bottle manufactured by the same prescription drug company by the same pharmaceutical manufacturer is sent to Grand Forks, ND, and to Winnipeg, Canada—the same drug made in the same plant put in the same bottle made by the same company. The difference? Price, and in many circumstances a very big difference.

One pays 10 times more for the drug tamoxifen, which is used to treat breast cancer, in the United States than in Canada. I happen to have in my desk—I have had several of them. These are two empty bottles. I ask unanimous consent to show these bottles in the Senate Chamber.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. DORGAN. Mr. President, this drug called Zoloft is used to treat depression, a very commonly used drug. The same pill made by the same company; one is marketed in Canada, one in the United States; $2.34 per tablet sold in the United States; $1.28 per tablet—same drug—sold in Canada.

Let me make it more immediate. Emerson, Canada; Pembina, ND—5 miles apart. I took a group of senior

citizens to Emerson, Canada. We left Pembina, ND, traveled across the border, and went to a little one-room drugstore in Emerson, Canada. The prices for the prescription drugs, for a whole range of prescription drugs that these senior citizens needed for heart disease, diabetes, and a whole series of ailments they had, in every circumstance, was much less expensive in Canada.

Why is that the case? It is not just the case in Canada; it is the case in every other country in the world: Mexico, England, Italy, France, Sweden, the identical drug, produced in a plant approved by the Food and Drug Administration, in many cases produced in the United States, is sold for a much higher price here than any other country in the world.

Why is that the case? Because the pharmaceutical industry can do it. They can impose whatever price they choose and they choose to do it in this country. The result is the American consumer is charged multiples of what the same pill is sold for or the same drug is sold for to virtually every other citizen in the world.

We said if this is truly a global economy, there is trade back and forth, it is a global economy that ought to benefit everyone, how about making this a global economy with respect to the purchase of prescription drugs? Why should you not be able, if you are a pharmacist in Grand Forks, ND, to go to Winnipeg to access a supply of prescription drugs at a fraction of the cost and bring it back and pass the savings on to the customers? Why should you not be able to do it?

At the moment, a law prevents it. The United States has a law that says the only entity that can bring a prescription drug into this country is the manufacturer itself. What a sweetheart deal that is.

So we said, provided this is a drug that is approved by the FDA, provided for a chain of custody and safety of supply, our distributors and pharmacists ought to be able to go to another country to access the same prescription drug, made in the same plant, put in the same bottle, and come back and pass those savings along to the American consumers.

So we passed a piece of legislation like that on the floor of the Senate with over 70 votes. It went to conference. After some laboring in conference, it became law. And then the Health and Human Services Secretary in both the last administration and this administration refused to administer it because they said they cannot demonstrate there will be, A, savings, and, B, they cannot assure the safety.

Let's take part A, savings, first. This is not rocket science. I am happy to give the names of citizens from Fargo who can describe to the Secretary of Health and Human Services, either in the previous administration or this administration, that there is savings. They have gone to the one-room drugstore in Emerson, Canada, and saved the money on the prescription drugs. If you are going to pay half the price or a third of the price or a tenth of the price for the identical prescription drug, how on Earth can a Cabinet Secretary not compute that to be a savings? What nonsense is this? Of course there are savings, and substantial savings.

Second, with respect to safety, we import a massive quantity of prescription drugs into this country from other countries with the pharmaceutical manufacturers doing the importing. What is the difference between that and having a licensed pharmacist or a licensed distributor access from a licensed pharmacy in Canada the identical prescription drug made in the identical plant, approved by the FDA, to bring back into this country to sell to American consumers at a reduced price? Why on Earth should someone have to go in the first place to a foreign country to find a reasonable price for a prescription drug that was made in the United States? That doesn't make any sense to me. So we passed that legislation and now it has been sidetracked because the HHS Secretary has refused to implement it both last year and this year.

We will be back to revisit that and we will change the construct of it some. A group of Senators, including Senator STABENOW, Senator COLLINS, myself, Senator JEFFORDS, Senator WELLSTONE, and others, have worked very hard on this issue for a long period of time. There is no justification for the American consumer paying the highest prices for prescription drugs in this country. There is no justification for that.

I have held hearings across this country as chairman of the Democratic Policy Committee in recent years on this subject. It doesn't matter where you are—in downtown Manhattan; I have held hearings in Dickinson, ND; hearings in Chicago; you hear the same story. The stories are from people 70 or 75 years of age. A woman testifies at a hearing, saying: I go into a grocery store and I must go to the back of the store first where the pharmacy is because when I buy my prescription drugs and pay for them, then I will know how much money is left for food, if any.

We hear that all the time. Or the doctor from Dickinson who did a mastectomy on a senior citizen and told her: Now, in order to reduce the chance of recurrence of breast cancer, you have to take these prescription drugs I will prescribe. And she asked how much they would cost. He told her, and she said: There isn't any way I can take the prescription drugs; I have to take my chances.

We hear those stories in town after town. It doesn't matter what the State is.

The fact is, prescription drug prices are higher in this country for the American consumer than they are anywhere else in the world. It is unfair. We ought to do something about it. My feeling is we ought to pass a piece of legislation we will offer once again this year and expect someone to implement that legislation as we enact it, that gives pharmacists and distributors and ultimately the American consumers—not just senior citizens, the American consumers—the opportunity in a global economy to access prescription drugs that are reasonably priced. They are reasonably priced in virtually every other country of the world but are overpriced here, often in multiples of prices as elsewhere for the exact same drug that was manufactured in this country.

I wanted to offer a preview, again, of this issue to say we won last year, passed legislation that became law, and HHS refused to implement it. But we are not giving up. This is the right thing to do for the right reasons. We say to the American people who struggle to pay the prices, there is a way to make the global economy work for you and allow, through your pharmacist or distributor, a personal amount of prescription drugs, to access those prescription drugs in Canada or elsewhere.

Ultimately, my goal is not to ask someone to go elsewhere to buy drugs but to force the pharmaceutical industry to reprice the drugs in this country so our consumers get a fair price as well.

LEGISLATIVE BRANCH APPROPRIATIONS ACT FOR FISCAL YEAR 2002

Mr. CONRAD. Mr. President, I rise to offer for the record the Budget Committee's official scoring for S. 1172, the Legislative Branch Appropriations Act for Fiscal Year 2002.

The Senate bill provides $1.9 billion in discretionary budget authority. Per tradition, that amount does not include funding for exclusive House items. The discretionary budget authority will result in new outlays in 2002 of $1.6 billion. When outlays from prior-year budget authority are taken into account, discretionary outlays for the Senate bill total $2 billion in 2002. The Senate bill is well under its Section 302(b) allocation for budget authority and outlays. In addition, the committee once again has met its target without the use of any emergency designations.

I again commend Chairman BYRD and Senator STEVENS for their bipartisan effort in moving this and other appropriations bills quickly to make up for the late start in this year's appropriations process.

I ask unanimous consent that a table displaying the budget committee scoring of this bill be inserted in the RECORD at this point.

There being no objection, the material was ordered to be printed in the RECORD, as follows: