

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 drug-

store 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 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 any-

where 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:

S. 1172. LEGISLATIVE BRANCH, 2002

[Spending comparisons—Senate-reported bill (in millions of dollars)]

	General purpose	Mandatory	Total
Senate-reported bill:			
Budget Authority	1,944	99	2,043
Outlays	2,020	99	2,119
Senate 302(b) allocation:			
Budget Authority	2,877	99	2,976
Outlays	2,912	99	3,011
House-reported:			
Budget Authority	0	0	0
Outlays	0	0	0
President's request:			
Budget Authority	2,987	99	3,086
Outlays	2,921	99	3,020
SENATE-REPORTED BILL COMPARED TO—			
Senate 302(b) allocation:			
Budget Authority	(933)	0	(933)
Outlays	(892)	0	(892)
House-reported:			
Budget Authority	(¹)	(¹)	(¹)
Outlays	(¹)	(¹)	(¹)
President's request:			
Budget Authority	(1,043)	0	(1,043)
Outlays	(901)	0	(901)

¹ Not applicable. The House Appropriations Committee has yet to consider its 2002 bill for the Legislative Branch.

Notes: Details may not add to totals due to rounding. For enforcement purposes, the Budget Committee compares the Senate-reported bill to the Senate 302(b) allocation. Prepared by SBC Majority Staff, 7-19-01.

DEPARTMENT OF DEFENSE
COUNTERDRUG SUPPORT

Mr. GRASSLEY. Mr. President, I rise to express my deep concern about the apparent lack of emphasis by the Department of Defense on the counterdrug mission. This has been a year of continual discussion of increased DOD funding for various military missions. However, all the indications I am hearing point to a decreased DOD interest in this mission, as well as decreased funding levels. I believe this would be a poor policy decision, and a poor indication of the Nation's priorities.

In May 2001 testimony, before the Senate Caucus on International Narcotics Control, on which I served as Chairman, the heads of the Drug Enforcement Administration, the U.S. Customs Service, and the U.S. Coast Guard all testified that DOD reductions would be detrimental to their agencies' counterdrug efforts. The Office of National Drug Control Policy summarized that, "DOD's command and control system provides the communications connectivity and information system backbone * * * while the military services detection and monitoring assets provide a much need intelligence cueing capability."

The Commandant of the Coast Guard testified at length about DOD counterdrug support, stating "[w]e would go downhill very quickly" without DOD contributions. The Commandant also stated that 43 percent of Coast Guard seizures last year were from U.S. Navy vessels, using onboard Coast Guard law enforcement detachments. The Coast Guard concluded that "[s]hould there be any radical reduction of the assets provided through the Department of Defense * * * it would peril the potential for all the other agencies to make their contributions as productive * * * mainly because of the synergy that is generated by the enormous capability that the 800-pound

gorilla brings to the table * * * They are very, very good at what they do. They are the best in the world * * * and when they share those capabilities * * * in terms of intelligence fusion and command and control, we do much better than we would ever otherwise have a chance to do." I understand that an internal review of DOD's drug role contemplated severe reductions as a working assumption. After years of decline in DOD's role in this area, I believe this sends the wrong signal and flies in the face of DOD's statutory authority.

I have consistently supported an integrated national counterdrug strategy. If we reduce the DOD role, we risk lessening the effectiveness of other agencies as well. We need to make these decisions carefully, and with full Congressional involvement. I urge the Department of Defense to keep in mind DOD's important role in, and necessary contribution to, a serious national drug control strategy.

COST ESTIMATE ON S. 180

Mr. BIDEN. Mr. President, on July 12, the Committee on Foreign Relations reported S. 180, the Sudan Peace Act. At the time the bill was reported, the cost estimate from the Congressional Budget Office was not available.

I ask unanimous consent that the CBO estimate be printed in the RECORD.

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

CONGRESSIONAL BUDGET OFFICE COST ESTIMATE, JULY 17, 2001

S. 180: SUDAN PEACE ACT

[As ordered reported by the Senate Committee on Foreign Relations on July 12, 2001]

S. 180 would condemn slavery and human rights abuses in Sudan, authorize the Secretary of State to support the peace process in Sudan, and require the President to devise a contingency plan for delivering aid to Sudan. CBO estimates that enacting S. 180 would have no significant budgetary impact. The act would not affect direct spending or revenues; therefore, pay-as-you-go procedures would not apply. S. 180 contains no intergovernmental or private-sector mandates as defined by the Unfunded Mandates Reform Act (UMRA) and would not affect the budgets of state, local, or tribal governments.

Each year the United States provides nearly \$190 million in assistance to the people of Sudan through various emergency food-aid, disaster assistance, refugee assistance, and development assistance programs. The provisions of S. 180 would not substantially expand the Administration's authority to provide such assistance. CBO estimates that spending on those emergency and humanitarian programs would continue at current levels.

The bill contains several reporting and contingency planning requirements that would not affect the State Department's or the U.S. Agency for international Development's (USAID) workload significantly. Based on information from the department and USAID, CBO estimates that enacting S. 180 would increase the agency's spending by

less than \$500,000 annually, assuming the availability of appropriated funds.

On June 7, 2001, CBO prepared an estimate for a similar bill, H.R. 2052, as ordered reported by the House Committee on International Relations, on June 6, 2001. Like S. 180, H.R. 2052 would not significantly affect discretionary spending. That bill would require disclosure of business activities in Sudan prior to an entity trading its securities in any capital market in the United States. That provision constitutes a private-sector mandate, as defined in UMRA, but the cost of the mandate would fall below the annual threshold established in UMRA (\$113 million in 2001, adjusted annually for inflation).

The CBO staff contact is Joseph C. Whitehill, who can be reached at 226-2840. This estimate was approved by Peter H. Fontaine, Deputy Assistant Director for Budget Analysis.

COST ESTIMATE ON S. 1021

Mr. BIDEN. Mr. President, on July 12, the Committee on Foreign Relations reported S. 1021, a bill to reauthorize the Tropical Forest Conservation Act of 1998 through fiscal year 2004. At the time the bill was reported, the cost estimate from the Congressional Budget Office was not available.

I ask unanimous consent that the CBO estimate be printed in the RECORD.

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

CONGRESSIONAL BUDGET OFFICE COST ESTIMATE, JULY 16, 2001

S. 1021: A BILL TO REAUTHORIZE THE TROPICAL FOREST CONSERVATION ACT OF 1998 THROUGH FISCAL YEAR 2004

[As reported by the Senate Committee on Foreign Relations on July 12, 2001]

SUMMARY

S. 1021 would extend the Tropical Forest Conservation Act for three years through 2004 and would authorize the appropriation of \$225 million for the cost of implementing the act over that period. Assuming the appropriation of the authorized amounts, CBO estimates that implementing the bill would cost \$221 million over the 2002-2006 period. Because S. 1021 would not affect direct spending or receipts, pay-as-you-go procedures would not apply.

The Tropical Forest Conservation Act authorizes the Secretary of State to negotiate agreements with eligible countries to create local funds administered by local boards with the authority to make grants to preserve, maintain, and restore tropical forests. The local funds receive a stream of payments generated by modifying the terms of outstanding development assistance or food-aid debt owed to the United States. The debt modifications include authority to reduce and to restructure debt, to swap the debt, or to sell the debt back to an eligible country in ways that will generate income for the local funds. The amounts authorized by S. 1021 would be used to cover the cost, as defined by the Federal Credit Reform Act, of modifying the debt.

S. 1021 contains no intergovernmental or private-sector mandates as defined in the Unfunded Mandates Reform Act (UMRA) and would not affect the budgets of state, local, or tribal governments.

ESTIMATED COST TO THE FEDERAL GOVERNMENT

The estimated budgetary impact of S. 1021 is shown in the following table. The costs of