



United States
of America

Congressional Record

PROCEEDINGS AND DEBATES OF THE 107th CONGRESS, SECOND SESSION

Vol. 148

WASHINGTON, TUESDAY, MAY 7, 2002

No. 56

House of Representatives

The House met at 12:30 p.m.

MESSAGE FROM THE SENATE

A message from the Senate by Mr. Monahan, one of its clerks, announced that the Senate has passed a concurrent resolution of the following title in which the concurrence of the House is requested:

S. Con. Res. 106. Concurrent resolution to correct the enrollment of H.R. 3525.

MORNING HOUR DEBATES

The SPEAKER. Pursuant to the order of the House of January 23, 2002, the Chair will now recognize Members from lists submitted by the majority and minority leaders for morning hour debates. The Chair will alternate recognition between the parties, with each party limited to not to exceed 30 minutes, and each Member except the majority leader, the minority leader or the minority whip limited to not to exceed 5 minutes.

The Chair recognizes the gentleman from New Mexico (Mr. UDALL) for 5 minutes.

URGING HOUSE REPUBLICAN LEADERSHIP TO GIVE PRESCRIPTION DRUG LEGISLATION THE TIME IT DESERVES

Mr. UDALL of New Mexico. Mr. Speaker, there are less than 65 legislative days in the calendar, and we have not dealt with one of the most important concerns: the issue of prescription drugs. Our seniors should not have to make a choice between paying rent or buying food and purchasing their prescription drugs.

In the 1960s, we stepped up to the plate and provided medical coverage for those over 65 years of age. The Congress passed and President Johnson signed the Medicare program in 1965. The program has grown, and now over

40 million seniors are a part of Medicare. It is a good, solid program which provides basic medical care, but it has not kept up with new medical developments.

Since 1965, a lot has changed in how we treat patients. Today if we were designing the medical care system for those over 65, prescription drugs would be an integral part of the whole. We have not adapted Medicare to modern medicine. Many of the chronic illnesses in our senior population can be treated effectively with new drugs which have been recently developed.

A prescription drug component to Medicare must have several key provisions:

- No. 1, it must be available to all of those covered by Medicare;
- No. 2, it must be affordable;
- No. 3, it must be voluntary;
- No. 4, a reasonable premium must be charged;

And No. 5, it must cover basic prescription drug needs.

Unfortunately, our Republican friends have proposed a proposal and a program which only covers 6 percent of the senior population. This is nothing more than a Band-Aid for a serious medical crisis. We must act to provide comprehensive coverage for all who want it, and we must do so now.

The other important action we must take is to eliminate the price discrimination in prescription drugs. The Prescription Drug Fairness Act does that. Today, an uninsured senior pays far more than an HMO for his or her prescription drugs. In a recent survey in my congressional district in northern New Mexico, uninsured seniors paid 115 percent more for their prescription drugs than large purchasers pay. That is more than double the price for uninsured seniors.

These big drug companies have set up a two-tiered system of pricing. The uninsured senior gets the higher-priced drugs, while the large corporate pur-

chasers, like HMOs, get a preferred customer price, a lower price.

To be fair, we must eliminate price discrimination. The Prescription Drug Fairness Act does just that. If any customer is charged a preferred customer price, then all customers are entitled to purchase at that price. This simple legislative solution would substantially reduce the price of prescription drugs, and we must pass this piece of legislation.

Just several words on our approach to passing prescription drug legislation. We cannot pass this legislation in a couple of hours. We must dedicate significant committee and floor time to find a bipartisan solution. Ramming a bill through the House in a couple of hours and then blaming the Senate for not acting is not responsible legislating.

I urge the Republican leadership to give this legislation the time it deserves, and to allow the Democrats the opportunity to fully participate in the legislative process.

RECOGNITION OF TEACHERS OF THE YEAR

The SPEAKER pro tempore (Mr. CULBERSON). Pursuant to the order of the House of January 23, 2002, the gentleman from Texas (Mr. SAM JOHNSON) is recognized during morning hour debates for 5 minutes.

Mr. SAM JOHNSON of Texas. Mr. Speaker, it is an honor to bring to the attention of my colleagues several distinguished teachers from the Third Congressional District of Texas. I am pleased to recognize these recipients of the Teacher of the Year Award who enable our students to understand and learn from each other, and strive to achieve their goals.

Mr. Speaker, great teachers nurture our country's best hope for tomorrow: our children. Children may be a fraction of our society, but they are 100

□ This symbol represents the time of day during the House proceedings, e.g., □ 1407 is 2:07 p.m.

Matter set in this typeface indicates words inserted or appended, rather than spoken, by a Member of the House on the floor.



Printed on recycled paper.

H2109

percent of our future. The perseverance and dedication of our teachers challenge and shape students to dream, and to work hard to make those dreams come true.

Unfortunately, educators work with little public thanks or appreciation, even though topnotch teachers are essential to a strong future. These educators in particular go beyond the call of duty and selflessly make for our children and our country a better place.

It is my distinct honor to present the Third District of Texas's teacher of the year.

In the Allen Independent School District, Jackie Schornick and Maridee Ryan;

From McKinney Independent District, Tom Flurimonte and Ms. Lisa Stout;

From the Plano Independent School District, Mrs. Be Janet Tang and Ms. Diane Davey;

And from the Wylie Independent School District, Ms. Janet McMillen and Ms. Tricia Gent.

As a former Air Force instructor, a father, a grandfather, and the highest ranking Texan on the Committee on Education and the Workforce, I know firsthand the importance of a quality education. However, it is outstanding teachers like these who strive for excellence.

I thank the hometown heroes, the excellent educators, for all they do for our children, for America, and for our freedom. God bless them.

THIS YEAR CONGRESS SHOULD PASS AND THE PRESIDENT SHOULD SIGN H.R. 1862, GREATER ACCESS TO AFFORDABLE PHARMACEUTICALS ACT OF 2001

The SPEAKER pro tempore. Pursuant to the order of the House of January 23, 2002, the gentleman from Ohio (Mr. BROWN) is recognized during morning hour debates for 5 minutes.

Mr. BROWN of Ohio. Mr. Speaker, when large employers, unions, and progressive Members of Congress and governors and senior groups and consumer advocates join forces on the same issue, Congress listens. What is the issue? Prescription drugs and prescription drug prices. What is the remedy? Legislation pending in the Senate and House that would close loopholes in the Waxman-Hatch bill Congress passed in 1984.

Overall, the law, which was intended to help consumers gain access to blockbuster drugs and to, eventually, lower-cost generics, has worked well. Waxman-Hatch ensured brand name manufacturers almost 2 decades of patent protection, promoting important innovation and ensuring huge profits for the prescription drug industry.

Between 1983 and 1995, drug companies increased their R&D investment, in large part because of Waxman-Hatch, from 14 percent to 19 percent of sales. They earned quite a healthy

profit on that investment. U.S. pharmaceutical sales rose 200 percent, from \$17 billion to \$57 billion. The act streamlined the generic drug approval process to help bring lower-cost prescription drugs to the market. Last year, generic drugs accounted for 42 percent of all prescriptions dispensed.

But the big drug companies have been greedy; smart, but greedy. The industry has perfected the practice of attaching questionable patents to their drugs for the purpose of preventing generic drugs' entry into the market. As a brand drug nears the end of its 20-year patent life, the company will file what they deem a "new and improved patent" on the same drug, to keep out the generic drug and to keep out competition.

A patent, for example, was filed on a pill that could be divided into three parts instead of in half, instead of in two parts. This new and improved patent pill, patented pill, that does not affect the way the pill metabolizes in the body, which is what matters, keeps the generic drug that can be divided in half off of the market. While the generic company fights this outrageous patent in court, the brand name company, the big drug company, retains its market exclusivity at the cost of tens of millions, sometimes even billions of dollars, to consumers. The drug industry manipulates the law with relative ease.

I will share another example. Neurontin is a prescription drug for seizures. Its two main patents, one on the drug's ingredients and one on the use of the drug, expired in 1994 and in 2000. Right before the second patent expired, the company listed two new patents, one of which was on an unapproved FDA use to treat Parkinson's disease.

The industry did not ask the FDA to approve the drug for use in Parkinson's patients. The industry did not do any research to assert whether the drug actually is effective in Parkinson's patients. But the drug company, the generic drug company, the competitor that forces prices down, that would compete with the name brand company, the generic drug company still had to go to court to argue that its generic drug is not intended for use for Parkinson's patients.

When the generic and the brand name company go to court, the FDA is automatically required, must be required to withhold approval of the generic for 30 months, 2½ years. After those 30 months, the industry filed a new patent, forcing the generic industry to go back to court, starting the 30-month clock over.

The two delays in the case of Neurontin, the two delays, equalling 5 years, delayed generic access to the market, delayed consumers getting the less expensive drug, delayed the marketplace competition, and it cost consumers \$1.5 million every day because of the big drug companies' greed. Industry profits continue to soar.

Now a group of large corporations, labor unions, governors from both sides

of the aisle, and consumer groups want to stop the patent abuses. Unfortunately, Republican leadership does not. All of us know that loopholes in the law are contributing to spiraling prescription drug costs and that this level of spending is unattainable.

The gentlewoman from Missouri (Mrs. EMERSON) and I have introduced legislation, H.R. 1862, to close the loopholes and to release the billions in consumer savings that are being stifled by the big name drug companies and by Republican leadership.

General Motors supports our legislation, and so do the United Auto Workers. Verizon and the other Baby Bells support our legislation, and so do the Communication Workers of America. The AARP supports it, the AFL-CIO supports it, and Governor Deane from Vermont, a Democrat, Governor Foster from Louisiana, a Republican, supports it. The only people who do not are the Republican leadership in the House.

Congress should pass this legislation and the President should sign it this year. Tens of billions of dollars, consumer dollars, are at stake.

□ 1245

INDOOR AIR QUALITY KIT FOR SCHOOLS

The SPEAKER pro tempore (Mr. CULBERSON). Pursuant to the order of the House of January 23, 2002, the gentleman from Florida (Mr. STEARNS) is recognized during morning hour debates for 5 minutes.

Mr. STEARNS. Mr. Speaker, I am here today to share with my colleagues that May is Asthma Awareness Month. Last Wednesday on May 1, here on Capitol Hill, we held an entire day of related activities including a hearing and free screenings. I thank my colleagues that participated and found it rewarding and informative.

Meanwhile, Asthma Awareness Day was observed nationally and many cities around the country hosted screenings and festivities to foster awareness about this startlingly increasing health condition in the United States.

As you may know, some 15 million Americans have asthma, and also 50 million suffer from allergies. The incidence of asthma is increasing at an alarming rate, doubling over the last decade and a half. Of particular concern is that the group diagnosed with the highest increase of asthma is children under five years old. I hope that we in Congress can all do our part by promoting knowledge about some simple steps that can be taken to alleviate suffering of asthma and allergy symptoms in our Nation's schools.

To begin, I would like to share what I do for my constituents in the Sixth Congressional District of Florida. In February working with a wonderfully resourceful group called the Allergy and Asthma Network Mothers of Asthmatics and the Environmental Protection Agency, I mailed this Indoor Air Quality, IAQ, Tools for