

tariffs by refusing to raise the industry's credit ratings.

The steel tariff has turned out to be a mistake that is harming many industries both in my State of Michigan and across the country. It is having the result of losing American jobs. We need to repeal this kind of tariff restriction to allow our steel-using companies to be competitive. We need to start reviewing the kind of overzealous regulations and overzealous taxation that we have put on our steel industry and we need to assist in research and technology to help allow them to be more competitive in an international market.

SPIRALING PRESCRIPTION DRUG COSTS

The SPEAKER pro tempore (Mr. KERNS). 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, I came to the floor today to talk about the high cost of prescription drugs, which I will, but I am moved to respond for a moment to my friend from Michigan. He should visit some of the Northeast Ohio steel mills that have run into incredible problems because of unfair foreign competition and what it has meant to jobs in communities like Loraine and Cleveland and Warren, Ohio, and other places because of dumped foreign, illegally dumped steel. And while some applauded the President's actions back several months ago, we certainly do not applaud the President selling out the steel industry after making sort of a head-fake in a political way that he is supporting the industry, and now has gone around the world promising other countries and reducing and in many cases revoking some of the tariffs that clearly have made the steel industry put in a more competitive position and in a more level playing field.

Mr. Speaker, industry experts predict that premiums for employer-sponsored health insurance will jump 13 to 24 percent next year, the third straight year of double-digit increases. What is driving the increased premiums? Mostly it is spiraling prescription drug costs.

In response to the public's outrage at astronomical drug prices, the brand name drug industry says, Not to worry, prescription drugs actually save money by reducing health care costs. If they were more reasonably priced, that would be the case. There is no doubt that prescription medicines can reduce disability, prevent illness, and help alleviate the need for other health care services. Unfortunately, drugs are priced so outrageously high that costs associated with their increased use far outstrip any offsetting savings that might accrue. They are priced so high that millions of seniors cannot afford them, and other Americans, too. Even a miracle cure is worthless if people cannot have access to it.

Skyrocketing drug prices are jeopardizing employer-sponsored health insurance, undercutting the financial security of seniors, and absorbing an enormous share of the Federal and State taxes devoted to health care.

Something has to give. The first step is the most obvious. Brand name drug industries exploiting loopholes in the law to block lower-priced generic drugs from even getting into the market, we can stop that. Generic drugs are identical to their brand name counterparts except for price. Generics are typically 70 to 80 percent less expensive than their brand name equivalent.

In some cases the price differential is even greater. The anti-anxiety drug Vasotec sells for \$180 per prescription. The generic costs \$55, a savings of \$125.

Consumers lose millions in potential savings when brand name companies block their competitors from entering the market. As a matter of fact, the Congressional Budget Office estimates consumers would save \$60 billion in the next 10 years if Congress would close the legal loopholes that drug companies use to scam the patent system.

Under current law, for instance, FDA suspends generic drug approvals for 2½ years the moment a brand name drug company sues for patent infringement. By attaching new and often unrelated patents to an existing drug right before its original patent expires, brand name companies have been able to repeatedly get a 30-month addition lengthening of their patent.

The drug industry ties up generic drug approvals in the courts by repeatedly challenging the methods the FDA uses to ensure that the generic and the brand product are equivalent. The CBO estimates that consumers will lose \$60 billion, as I said, due to these delaying tactics. That is how much consumers will save if Congress and the President do the right thing.

The Federal Trade Commission, the Patent and Trademark Office, and the President have acknowledged the need to address inappropriate delays in access to lower-priced generic products.

The other body passed by an overwhelming margin legislation to close the loopholes and deliver long overdue relief to American consumers. The House of Representatives should pass it, too.

There are three pieces of legislation, each of which would close the loopholes. They are not partisan. They are not radical. And, realistically, they are not a panacea. But any one of them, if passed by this Congress and signed by the President, will force the drug industry to clean up its act, will get generic competition into the marketplace, will save consumers tens of billions of dollars.

I urge Republican leadership, which has stood in the way of this because of their closeness to the drug industry, I urge Republican leadership to give Members the opportunity to debate and vote on one of these bills in time to get a product to the President's desk.

Members of both sides of the aisle recognize that it is time to do something about runaway prescription drug costs. Removing unjustifiable barriers to lower-priced medicines is a logical step. Given the havoc that runaway drug prices are wreaking on this Nation, on all people, but especially on America's seniors, it should be an imperative.

CELEBRATING THE 215th ANNIVERSARY OF THE CONSTITUTION

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

Mr. PENCE. Mr. Speaker, it is Constitution Day in America, which may sound boring for some, their eyes may glaze over, but not for me in my house.

It was on this day, Mr. Speaker, 215 years ago that all 12 State delegations approved at the Constitutional Convention what was to become the Constitution of the United States. Think about that, 215 years ago. If we reckon a life is 75 years, Mr. Speaker, it was scarcely 3 lifetimes ago which this awesome document which begins with words that have now rung through generations, through history, to inspire not only the American people, to inspire the world, were crafted and adopted. Words that begin with "We the people of the United States, in order to form a more perfect union, establish justice, ensure domestic tranquility, provide for the common defense, promote the general welfare, and secure the blessings of liberty to ourselves and our posterity, to ordain and establish this Constitution."

It would take until June 21 of 1788 that the Constitution would become effective, Mr. Speaker, when ratified by the ninth State, New Hampshire. And then in the Spring of 1789, the government would first convene in the first Congress in Federal Hall in New York City where the 107th Congress, of which I am privileged to be a part, gathered just 10 days ago, the second time only that we have met since those very first days.

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Three short lifetimes ago, the Federal convention convened and created a document which John Marshall, the Chief Justice of the U.S. Supreme Court, appointed by our second President, John Adams, would describe thusly: "A Constitution intended to endure for ages to come, and consequently, to be adapted to the various crises of human affairs." There have been crises in those three lifetimes, Mr. Speaker.

Think of it. Seventy-five years to the day after this document was ratified, Americans would find themselves locked in the bloodiest battle in American history. September 17, 1862, outside Sharpsburg, Maryland, would be the battle of Antietam on this very

day; and there, as much as anything, they were fighting over this document. They were fighting over a vision of a Union that would be preserved.

Seventy-five years from that day it would be September 17, 1937, and war was gathering in Europe, a dictator unchecked expanding his borders, violating international convention, and 75 years would pass and those experiences resonate with our experiences today.

Three short lifetimes ago, our founders bequeathed to us a document that has been the inspiration of the world, written most assuredly, Mr. Speaker, by the hand of man, men with feet of clay, very human in every sense of the word, but as we embrace the realities of these 215 years and how this great Republic, this great representative democracy has inspired the world, we can be certain of this, that while it was written by the hand of men, they were most certainly guided by providence to offer this gift to their posterity and to the entire world.

So I thought it imperative today, Mr. Speaker, that we gather to remember the accomplishment of three short lifetimes ago, the Constitution of the United States of America, and may it be said as equally as it is today when four short lifetimes have passed that we will gather in this same place, that we will celebrate the liberties enshrined in the Constitution and in the Bill of Rights; and may it be our prayer in our lifetimes to pass along this great document and these great traditions as adequately and as ably as our forebears have passed it onto us on this Constitution Day, 2002.

PRESCRIPTION DRUGS

The SPEAKER pro tempore (Mr. KERNS). Pursuant to the order of the House of January 23, 2002, the gentlewoman from North Carolina (Mrs. CLAYTON) is recognized during morning hour debates for 5 minutes.

Mrs. CLAYTON. Mr. Speaker, there is a consensus among Members of Congress, in fact, I think there is a consensus among the American people, as well as the President also says, that Medicare beneficiaries should indeed receive prescription assistance. The Congressional Budget Office has projected that the cost of providing prescription drugs to seniors will certainly be high, and it is unpredictable as to how high it will go; but they have said to how the estimate has been made in the last year, that by the year 2010 we will be 23 percent higher than what we predicted it to be, and already it is too high. Already seniors cannot afford that.

This increases the sense of reality that we cannot make long-term predictions nor can we make short-term predictions with accuracy. With that reality, what we know with the combined fact that more baby boomers are retiring among them, are retiring now, more than ever before, they are going to live longer and need more health

care; and yet their reliance on Medicaid does not give them any assurance for that.

We must ensure that our seniors have the peace and security that they need to have access to affordable prescription drugs for maintenance of a quality of life.

We must also work to make sure that they do not deplete their savings and what low income they have from their retirement and their Social Security in order to provide prescription drugs. My colleagues have heard that seniors now have to make the awful election, whether they feed themselves or pay the rent or buy prescriptions that they just really need for their health; and some of them are making the decision, which is harmful to their health, of dividing their daily dosage and spreading it so it can go further.

Our seniors deserve better than that. They are the people who have worked to make our country as robust as it is. They have served our Nation in a variety of ways, have served on the military to make sure we are secure. Certainly, it is not because we do not have the technology. It is because we have not found the political will to do this.

In my district, the First Congressional District, our population of seniors continues to increase. Consider this: from 1980 through the eighties and through the nineties, from the ages of 65 to 84 increased by 31 percent. From the 1990s to 2000, there was an additional increase of some 16 percent added to that 31 percent. So we are living longer, those from the ages of 65 to 84, and also, the mean income is approximately \$26,800 in my district. That does not allow a lot of flexibility of maintaining a quality of life and increasing the cost for prescription drugs and other health care.

In 1996, the average out-of-pocket costs for prescription drugs for seniors living below the poverty line was \$368 for an average cost then; but now in 2000 that same index would be 2,000, \$386 from 1996 to 2,000. My colleagues say, well, that is not a lot of money. That is a lot of money when the income has not gone up; and when a person retires their income is going down, not up, and the increase we give for a Social Security benefit certainly does not go into the cost of senior citizens. So we need far more money because seniors indeed are not able to have the income security to protect them. \$463 is the equivalent of a mortgage payment that seniors would have to pay. They can no longer afford that.

We need to find ways in which we can help provide for them, and many adults are now having to reach back and provide for their senior parents as they are also providing for their children because their income, the retirement and the Social Security, is not sufficient.

The very least that Congress could do is to work towards bringing a prescription drug benefit that would be part of our Medicare benefit. Most elderly receive their primary health assistance

through Medicare, and I would gather today if we were doing Medicare all over again we would make sure there would be a prescription drug provision. Yet Medicare does not provide any coverage for any senior's outpatient prescription drugs. We almost have to go to the hospital to be there and most seniors now have conditions that can be maintained by not doing it.

Mr. Speaker, we have an opportunity, in fact, we have an obligation, Mr. Speaker, to make sure we have a prescription drug program that works for our seniors and not put up these artificial programs that we say that the companies are going to give some rebate. They need something they can rely on. To do less would be unworthy of us as a great Nation.

PAYING FOR PRESCRIPTION DRUGS

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

Mr. PALLONE. Mr. Speaker, I would like to follow up on my two colleagues. The gentlewoman from North Carolina talked in great detail about why we need a prescription drug benefit for seniors and why it should be under Medicare as an expansion of Medicare, and my colleague from Ohio talked about the cost of prescription drugs and how the brand-name drug companies essentially have put on a program, a lobbying campaign, a very effective one to try to prevent any kind of changes in the law that would allow for generic drugs or other kinds of measures that would reduce costs, not only for seniors but for all Americans; and I think those two discussions by my colleagues really are at the heart of the issue.

When it comes to prescription drugs, we need a benefit program under Medicare for senior citizens and those eligible for Medicare; and at the same time, we need to address the issue of costs and bring down costs for all Americans because increasingly more and more people cannot afford to pay for prescription drugs and go without. And I also add, the real problem here is the brand-name drug companies. They are artificially keeping the price of prescription drugs high in order to make even more profit than they would normally make.

Let me say, the Democrats in the House of Representatives, my colleagues on the Democratic side, have proposed an answer to both of these problems, both to the benefit and to the costs. At the time when the Republicans and the Republican leadership were trying to move a prescription drug bill that would simply privatize the program and say, well, we will give people some money, senior citizens, and maybe they can go out and buy a prescription drug policy in the private sector.