

10-1 record culminating in a 48-28 win over the Liberty Christian Academy Bulldogs in the Championship Game on November 21, 2009.

The Collegiate Cougars were successful in defending their state title which they have been awarded five out of their last seven seasons. I join the Richmond community, family and friends in proud recognition of the Collegiate High School Football team's fantastic achievement and undoubtedly bright future.

I commend the Cougars on their successful season and ask you to join me in celebrating their victory.

THE HONOR FLAG

HON. TED POE

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Thursday, December 3, 2009

Mr. POE of Texas. Madam Speaker, the American Flag always brings our Nation together in good or bad times. Shortly after the tragic September 11, 2001 attacks on our great Country, Americans all over the world raised up 'old glory' in patriotic understanding of the events which had just befallen our country. One of these many flags was the symbol of our nation's perseverance, humbly flown over Ground Zero. This flag continues to fly today all around this great Nation in support of our heroes, because of Texas Patriot Chris Heisler.

In the wake of September 11th, Chris Heisler, felt compelled to take action after witnessing his country come under attack. Chris was instrumental in organizing one of the longest police motorcades in the history of the United States; carrying a flag that was gifted to him by the Texas House of Representatives he set out for Ground Zero. The American flag is a symbol to revere, respect, and honor and Chris' profound respect for America's symbol should be commended.

Following the 9/11 terrorist attacks, patriotism surged in the United States. Many new recruits enlisted to help fight the war on terrorism. Chris Heisler was part of this movement, and at the age of 34 he put his business career on hold to enlist in the U.S. Army. While serving his country, Chris carried his revered flag with him to Kuwait, Qatar, and Iraq so it could fly with soldiers in combat zones.

Soon soldiers would refer to this flag as one of honor, and the flag is now named the United States Honor Flag. The United States Honor Flag continues to pay tribute to those who have lost their lives in the line of duty protecting the freedoms we all hold dear. Chris Heisler's patriotism is a lesson for us all.

Madam Speaker, betterment in our country often originates from the efforts of just one person. The establishment of the Honor Flag serves as an important reminder of the daily sacrifices our Nations heroes make, and recognizes the freedoms of Old Glory. In recognition of Chris Heisler's patriotism, in remembrance of the tragic events on September 11, 2001 and for those who continue to fight to preserve our liberty, I am proud to salute Chris Heisler for his loyalty to America, and to the United States Flag.

And that's just the way it is.

INTRODUCTION OF THE PATIENT HEALTH AND REAL MEDICATION ACCESS COST SAVINGS ACT OF 2009

HON. G. K. BUTTERFIELD

OF NORTH CAROLINA

IN THE HOUSE OF REPRESENTATIVES

Thursday, December 3, 2009

Mr. BUTTERFIELD. Madam Speaker, prescription drugs are among the most expensive components of the American health care system. Unfortunately, the system for delivering drugs that has emerged since Congress created the Medicare Part D prescription drug benefit program continues to needlessly drive up these costs for taxpayers and consumers.

Falling on the promises to deliver prescription drugs more efficiently, effectively or at lower costs, pharmacy benefit managers, or PBMs, are reducing consumer choice and adding billions of dollars in costs for government and private health care plans.

As a result, today I will introduce the "Patient Health and Real Medication Access Cost Savings Act of 2009" to ensure cost savings, accountability and transparency. The bill will ensure that taxpayers, providers and patients can escape the mandates, secret pricing schemes, and marginal savings provided by PBMs in favor of an improved pharmacy model that guarantees choice, transparency and measurable savings.

Madam Speaker, nearly 60 large employers that collectively spend \$4.9 billion for prescription drugs recently dropped or forced PBMs to disclose their costs. The University of Michigan started the trend in 2005, and reported an annual savings of \$2.5 million when it dropped its PBM in favor of direct purchases. Officials at the University of Michigan are on record as saying that most of its derived savings came from eliminating fees from its former pharmacy benefit manager and from using the claims data to help school officials better negotiate prescription drug prices.

Additionally, companies like Caterpillar are leading the trend away from the PBM model. According to a recent report in CFO.com, Caterpillar's pharmacy benefit manager indicated that the company "found that there was a great deal of waste inherent in a system that uses PBMs as middle men."

This information led the House Committee on Oversight and Government Reform's Subcommittee on Federal Workforce, Postal Service, and the District of Columbia to hold a hearing on June 24, 2009 to assess the value PBMs are providing to the Federal Employees Health Benefits Program (FEHBP). At that hearing, the subcommittee chairman indicated, "federal employee plans pay substantially more for drugs than other agency programs, including those run by the departments of Veterans Affairs and Defense, and Medicare, Medicaid and the Public Health Service."

Mark Merritt, who represents PBMs as president of the Pharmaceutical Care Management Association (PCMA), told the subcommittee that PBMs contributed to an annual reduction in drug spending by the FEHBP of 3–9 percent. At the same hearing, however, Office of Personnel Management (OPM) Inspector General Patrick McFarland testified that the PBM contracts with FEHBP make auditing them "almost insurmountable."

There is no question that if Congress is to produce large savings as part of its efforts on

health care reform, it must challenge the PBM model that has emerged over the past few years with new models that contain costs and improve efficiency and transparency.

PCMA successfully lobbied Congress from 2001–2003 to allow PBMs to manage the massive new Medicare Part D drug delivery program. As a result of the industry's expanded market power, PBMs are now using new tactics to divert patients into higher-cost services, and to divert taxpayer savings into higher PBM profits. These practices represent a significant abuse of taxpayers and patients in the health care system. PBMs should be held accountable to taxpayers. No other providers in the health care sector are allowed to conduct business like PBMs.

With regards to patient data, pharmacists have complained for years to regulators that PBMs violate patient privacy laws by using their prescription data to push new products and steer patients to pharmacies owned by the PBMs. By comparison, physicians who "self-refer" to facilities they own face very serious legal liabilities. In addition, there is a concern that pharmacy benefit managers routinely sell patient drug histories to drug companies without the knowledge of patients, doctors or plan sponsors.

According to the Association of Community Pharmacists (ACP), patients receive letters every day from PBMs that use the confidential patient data pharmacies must collect to force them to move to pharmacies the PBMs own. ACP has collected thousands of petitions from patients who are asking Congress to stop this abuse of patient confidentiality. ACP has also collected actual letters to patients from PBMs that threaten to cut off pharmacy benefit coverage unless the patients fill their prescriptions at PBM-owned pharmacies.

In fact, PBMs have merged with pharmacy chains to accommodate this new marketing model, which relies on monopolization of drug care for patients in plans that are administered by the PBM. For example, CVS purchased the Caremark PBM company as soon as Congress passed the Medicare Part D program, which directs virtually all pharmacy services to go through PBMs. CVS/Caremark now mandates that all patients in its system use CVS exclusively to fill any prescriptions not mailed by Caremark. Patients who opt out, even if they are not near a CVS store, must pay 100 percent of their prescription costs regardless of how much they have paid in premiums for drug coverage. As a result, CVS now fills one of every seven prescriptions in the U.S.

PBMs also use predatory practices to steer patients away from competing pharmacies and into mail-only prescription drug services. For example, PBMs allow patients to obtain 90-day prescriptions—usually at big discounts—from their mail-order services. While this can be a bargain for patients, the retail pharmacies where patients may prefer to fill their prescriptions are prohibited from offering the same terms to the patient.

Coupled with the lack of enforcement action by the Federal Trade Commission, these PBM tactics are combined with a practice of systematic underpayment to any pharmacy that provides services to a patient whose drug benefit is managed by a PBM. The Association of Community Pharmacists has collected thousands of examples from pharmacies across the country that clearly demonstrate

that PBMs are refusing to reimburse any pharmacy for its actual cost of a drug if the pharmacy is competing with the PBM to serve the patient. This is despite the fact that the pharmacies are required under Medicare and other federal programs to submit all costs they incur for the programs to the PBMs for reimbursement. Today, these tactics are being used to consolidate market power and destroy competition. The result is higher prices for taxpayers and consumers.

An additional concern for Congress, taxpayers and consumers is the complete lack of information about the actual prices PBMs pay for drugs. As a result, we have no way of knowing just how much PBMs profit from underpayments to pharmacies. I am also sure that many of my colleagues here are unaware that PBMs require pharmacies filling prescriptions under their plans to sign non-disclosure agreements that cover drug prices. This includes pharmacies that must deal with PBMs through Medicare and other government programs.

The role of the PBM has evolved in a relatively short period of time. PBMs emerged during the advent of managed care as pharmacy benefit administrators. Their role was to help large plans simply process drug benefit claims. The companies evolved into pharmacy benefit "managers" when they reached a scale large enough to steer volume sales for drug manufacturers.

Today, PBMs have tremendous and questionable impact on the rising costs in the current drug program. Community pharmacies purchase drugs from wholesalers to fill prescriptions, and submit reimbursement forms to the PBMs for any patients covered by the PBM plan.

PBMs that own their own pharmacies or mail programs simply pay the pharmacies below their actual acquisition cost for the drugs and pocket the difference. This provides two benefits to the PBMs. First, they make big profits on the spread between the low reimbursement they pay for the medication and the inflated price they charge the program. Second, it drives the competing pharmacies out of business, which allows further market share gains and increased pricing power.

More recently, the PBMs have developed an additional revenue stream. When Congress passed the Medicare Part D program, large pharmacy chains realized the value of merging with PBMs. The merged companies now control huge shares of the prescription drug market, and use this control to extract fees from competing pharmacy retailers that service Part-D patients.

In short, Madam Speaker, PBMs have simply placed themselves in the middle of the drug supply chain between manufacturers or wholesalers and retailers without any proof that they add value. The "Patient Health and Real Medication Access Cost Savings Act of 2009" will help end these abuses by requiring transparency. It will also ensure that lower-cost generic medications are prescribed when appropriate whenever taxpayers are paying the bill. Most important, the bill will make sure that Congress and the taxpayers we serve can actually measure the savings they have been promised.

In closing, Madam Speaker, let me say that my home state of North Carolina is a model for how to achieve savings by moving away from the PBM model in its state administered

drug benefits program. Under its plan, generic utilization has already increased, and the state projects annual utilization to reach nearly 75% in the first year. The North Carolina model proves that when retail pharmacies manage the drug benefits for plans, generic utilization increases even more. I am proud of what has been accomplished in my state, and can only hope that Congress will choose to focus on this issue so that all Americans can reap the benefits and savings from a similar approach at the federal level.

PERSONAL EXPLANATION

HON. HENRY E. BROWN, JR.

OF SOUTH CAROLINA

IN THE HOUSE OF REPRESENTATIVES

Thursday, December 3, 2009

Mr. BROWN of South Carolina. Madam Speaker, due to an illness, I was absent for votes on November 16, 17, 18 and 19. Please see a list of votes I missed.

Rollcall vote No. 889: S. 1314: To Designate the Facility of the United States Postal Service Located at 630 Northeast Killingsworth Avenue in Portland, Oregon, As the "Dr. Martin Luther King, Jr. Post Office."

Rollcall vote No. 890: H.R. 3539: To Designate the Facility of the United States Postal Service Located at 427 Harrison Avenue in Harrison, New Jersey, As the "Patricia D. McGinty-Juhl Post Office Building."

Rollcall vote No. 891: H.R. 3767: To Designate the Facility of the United States Postal Service Located at 170 North Main Street in Smithfield, Utah, As the "W. Hazen Hillyard Post Office Building."

Rollcall vote No. 892: H.R. 3360: Cruise Vessel Security and Safety Act: H.R. 3360.

Rollcall vote No. 893: H. Res. 841: Expressing Support for Designation of November 29, 2009, As "Drive Safer Sunday."

Rollcall vote No. 894: On Approving the Journal.

Rollcall vote No. 895: H. Res. 891: Expressing the Gratitude of the House of Representatives for the Service to Our Nation of the Coast Guard and Marine Corps Aircraft Pilots and Crewmembers Lost Off the Coast of California on October 29, 2009.

Rollcall vote No. 896: H. Con. Res. 214: Providing for a Conditional Adjournment of the Two Houses.

Rollcall vote No. 897: Previous Question on H.R. 3791, Fire Grants Reauthorization Act of 2009.

Rollcall vote No. 898: Rule for H.R. 3791, Fire Grants Reauthorization Act of 2009.

Rollcall vote No. 899: Perlmutter of Colorado Amendment to H.R. 3791.

Rollcall vote No. 900: Flake of Arizona Amendment to H.R. 3791.

Rollcall vote No. 901: H.R. 3791: Fire Grants Reauthorization Act of 2009.

Rollcall vote No. 902: Previous Question on H.R. 2781 to Amend the Wild and Scenic Rivers Act to Designate Segments of the Molalla River in Oregon, As Components of the National Wild and Scenic Rivers System, and for Other Purposes.

Rollcall vote No. 903: Rule for H.R. 2781 to Amend the Wild and Scenic Rivers Act to Designate Segments of the Molalla River in Oregon, As Components of the National Wild and Scenic Rivers System, and for Other Purposes.

Rollcall vote No. 904: S. 1599; Reserve Officers Association Modernization Act of 2009.

Rollcall vote No. 905: H.R. 2781: To Amend the Wild and Scenic Rivers Act to Designate Segments of the Molalla River in Oregon, As Components of the National Wild and Scenic Rivers System, and for Other Purposes.

Rollcall vote No. 906: H. Con Res. 212: Expressing the Sense of Congress on the Occasion of the 20th Anniversary of Historic Events in Central and Eastern Europe, Particularly the Velvet Revolution in Czechoslovakia, and Reaffirming the Bonds of Friendship and Cooperation Between the United States and the Slovak and Czech Republics.

Rollcall vote No. 907: Table the Appeal of the Ruling of the Chair on the Motion to Recommit H.R. 3961: Medicare Physician Payment Reform Act of 2009.

Rollcall vote No. 908: Motion to Recommit H.R. 3961: Medicare Physician Payment Reform Act of 2009.

Rollcall vote No. 909: H.R. 3961: Medicare Physician Payment Reform Act of 2009.

Rollcall vote No. 910: H.R. 1834: Native American Business Development Enhancement Act of 2009.

INTRODUCTION OF A RESOLUTION COMMEMORATING THE WORLD MARCH FOR PEACE AND NON- VIOLENCE

HON. JOHN LEWIS

OF GEORGIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, December 3, 2009

Mr. LEWIS of Georgia. Madam Speaker, I rise to introduce a resolution commending the participants and organizers of the inaugural World Peace March.

Dr. Martin Luther King, Jr. famously said, "Non-violence is the greatest force at the disposal of mankind. It is mightier than the mightiest weapon of destruction devised by the ingenuity of man."

The idea for this march was developed during the Symposium of the World Center for Humanist Studies in Punta de Vacas, Argentina. The result is a 90-day global voyage to raise awareness about the importance of peace and nonviolence. More than 100 participants will visit 45 countries encouraging a global movement towards peace.

On the 140th anniversary of Mahatma K. Gandhi's birth, the World March for Peace and Non-Violence began in Wellington, New Zealand. The participants have since traveled across Asia, Europe, and Africa, through many countries in opposition to militarism, war, and violence. Upon arriving in the United States, the teams divided to travel across the country and to Canada before beginning the final leg of their journey through Central and South America en route to Argentina.

I applaud the participants for their commitment to nonviolence and their determination to follow in the footsteps of Gandhi and Dr. King. Earlier this year, I led a congressional delegation to India to commemorate the 50th anniversary of Dr. and Mrs. King's pilgrimage. Upon return, I introduced H.R. 3328, the Gandhi-King Scholarly Exchange Initiative Act of 2009, a bill to establish initiatives through the U.S. State Department and the U.S. Institute of Peace to rededicate our nation and educate our future leaders about the power of peace.