Sherrill	Thompson (MS)	Velázquez
Shimkus	Tlaib	Visclosky
Simpson	Tonko	Walden
Slotkin	Torres (CA)	Waters
Soto	Torres Small (NM)	Watson Coleman
Spanberger	Trahan	Welch
Speier	Trone	Wexton
Stanton	Underwood	Wild
Stevens	Vargas	Wilson (FL)
Swalwell (CA)	Veasey	Yarmuth
Takano	Vela	
Thompson (CA)		

NAYS—164

Abraham	Gosar	Norman
Aderholt	Granger	Nunes
Allen	Graves (GA)	Olson
Amodei	Graves (LA)	Palazzo
Arrington	Graves (MO)	Palmer
Bacon	Griffith	Pence
Baird	Grothman	Perry
Balderson	Guest	Ratcliffe
Banks	Guthrie	Reschenthaler
Barr	Hagedorn	Rice (SC)
Bergman	Harris	Riggleman
Biggs	Hartzler	Roby
Bilirakis	Hern, Kevin	Roe, David P.
Bishop (NC)	Herrera Beutler	Rogers (AL)
Bishop (UT)	Hice (GA)	Rogers (KY)
Bost	Hill (AR)	Rose, John W.
Brady	Holding	Rouzer
Brooks (AL)	Hollingsworth	Roy
Buchanan	Hudson	Rutherford
Buck	Huizenga	Scalise
Bucshon	Hurd (TX)	Schweikert
Budd	Johnson (LA)	Scott, Austin
Burchett	Johnson (OH)	Sensenbrenner
Burgess	Johnson (SD)	Smith (MO)
Byrne	Jordan	Smith (NE)
Carter (GA)	Joyce (OH)	Smucker
Chabot	Joyce (PA)	Spano
Cheney	Katko	Stauber
Cline	Keller	Stefanik
Cloud	Kelly (MS)	Steil
Cole	Kelly (PA)	Steube
Comer	King (IA)	Stewart
Conaway	King (NY)	Stivers
Crenshaw	Kustoff (TN)	Taylor
Curtis	LaHood	Thompson (PA)
Davidson (OH)	Latta	Thornberry
Davis, Rodney	Lesko	Tipton
DesJarlais	Long	Turner
Diaz-Balart	Loudermilk	Upton
Duncan	Lucas	Wagner
Dunn	Marshall	Walberg
Emmer	Massie	Walker
Ferguson	Mast	Walorski
Fitzpatrick	McCarthy	Watkins
Fleischmann	McCaul	Webster (FL)
Flores	McHenry	Wenstrup
Fortenberry	McKinley	Westerman
Foxx (NC)	Meadows	Williams
Fulcher	Meuser	Wilson (SC)
Gaetz	Miller	Wittman
Gianforte	Mitchell	Womack
Gibbs	Moolenaar	Woodall
Gohmert	Mooney (WV)	Yoho
Gonzalez (OH)	Mullin	Zeldin
Gooden	Murphy (NC)	

NOT VOTING—50

Armstrong	García (IL)	Reed
Babin	Green (TN)	Rooney (FL)
Barragán	Higgins (LA)	Sánchez
Calvert	Higgins (NY)	Serrano
Carter (TX)	Hunter	Sires
Collins (GA)	Jeffries	Smith (NJ)
Cook	Johnson (GA)	Smith (WA)
Crawford	Kinzinger	Suozzi
DeFazio	Lamborn	Timmons
Demings	Lieu, Ted	Titus
Deutch	Luetkemeyer	Van Drew
Doggett	Marchant	Waltz
Estes	McClintock	Wasserman Schultz
Evans	Nadler	Weber (TX)
Gabbard	Neal	Wright
Gallagher	O'Halleran	Young
Gallego	Posey	

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (Ms. DEGETTE) (during the vote). There are 2 minutes remaining.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (during the vote). The Chair will remind all persons in the gallery that they are here as guests of the House and that any manifestation of approval or disapproval of proceedings is in violation of the rules of the House.

□ 1814

So the motion to table was agreed to.

The result of the vote was announced as above recorded.

LOWER DRUG COSTS NOW ACT OF 2019

GENERAL LEAVE

Mr. PALLONE. Madam Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material on H.R. 3, the Elijah E. Cummings Lower Drug Costs Now Act.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from New Jersey?

There was no objection.

The SPEAKER pro tempore. Pursuant to House Resolution 758 and rule XVIII, the Chair declares the House in the Committee of the Whole House on the state of the Union for the consideration of the bill, H.R. 3.

The Chair appoints the gentleman from New Jersey (Mr. PAYNE) to preside over the Committee of the Whole.

□ 1818

IN THE COMMITTEE OF THE WHOLE

Accordingly, the House resolved itself into the Committee of the Whole House on the state of the Union for the consideration of the bill (H.R. 3) to establish a fair price negotiation program, protect the Medicare program from excessive price increases, and establish an out-of-pocket maximum for Medicare part D enrollees, and for other purposes, with Mr. PAYNE in the chair.

The Clerk read the title of the bill.

The CHAIR. Pursuant to the rule, the bill is considered read the first time.

General debate shall not exceed 4 hours, with 3 hours equally divided among and controlled by the respective chairs and ranking minority members of the Committee on Energy and Commerce, Committee on Ways and Means, and Committee on Education and Labor, and 1 hour equally divided and controlled by the majority leader and the minority leader or their respective designees.

The gentleman from New Jersey (Mr. PALLONE), the gentleman from Oregon (Mr. WALDEN), the gentleman from Massachusetts, (Mr. NEAL), the gentleman from Texas (Mr. BRADY), the gentleman from Virginia (Mr. SCOTT), and the gentlewoman from North Carolina (Ms. FOXX), the majority leader or a designee, and the minority leader or a designee each will control 30 minutes.

The Chair recognizes the gentleman from New Jersey (Mr. PALLONE).

Mr. PALLONE. Mr. Chair, I yield myself such time as I may consume.

Mr. Chair, this week, we will fulfill a promise we made to the American people to make prescription drugs more affordable. No American should be forced into choosing between putting food on the table for their family and taking a lifesaving drug, but, all too often, that is exactly what is happening.

The American people are getting ripped off because drug companies have a monopoly on their drugs until generics come to market. They can charge Americans whatever they want, and they do.

H.R. 3, the Elijah E. Cummings Lower Drug Costs Now Act, finally gives the Federal Government the power to negotiate lower prescription drug prices for the American people. Other developed countries negotiate with the pharmaceutical companies, and prices in those countries are four or five or ten times less for the exact same drugs. This simply isn't fair, and the American people are rightfully fed up.

It is time that we finally level the playing field and empower the Federal Government to negotiate a better deal. These negotiations will not only lead to lower prices for consumers, it will also result in significant savings to the Federal Government. H.R. 3 takes the resulting $500 billion in savings and reinvests it in the American healthcare system and the search for new cures.

We cap out-of-pocket costs for seniors in the Medicare Part D program for the first time, giving seniors the peace of mind of knowing that their drug cost will not bankrupt them or empty their retirement accounts.

We make transformational investments in the Medicare program—adding for the first time benefits for dental, hearing, and vision coverage. These new benefits are going to make a huge difference in the lives of our Nation's seniors.

We invest $12 billion in the search for new cures and treatments by boosting funding for the National Institutes of Health and the Food and Drug Administration. NIH, as we know, plays a critical role in the research and development of new drugs, and this investment will ensure that these cures and treatments become a reality. We also invest in combatting the opioid crisis, community health centers, and maternal healthcare. And finally, beyond the negotiation, we are holding pharmaceutical companies accountable for when they jack up prices, bringing much-needed transparency to the process.

Mr. Chairman, the status quo is simply unacceptable and unsustainable. It is time to negotiate a better deal for the American people. It is time to pass H.R. 3.

Mr. Chair, I reserve the balance of my time.

Mr. WALDEN. Mr. Chair, I yield myself such time as I may consume.

Mr. Chair, let me be clear: Drug costs in America are too high. Republicans believe this, and so do Democrats. We all should work together, though, to lower drug costs for consumers. We all

should work together to stop anti-competitive actions of pharmaceutical companies that try to game the system and delay access to lower cost alternative medicines. And we should all work together—together, Mr. Chair—to pass legislation that both lowers drug costs, without killing off medical innovation.

Unfortunately, H.R. 3 fails on this count. And that is not just my conclusion, Mr. Chair. The great American innovators who are working day and night to find cures to Alzheimer's, to cancer, to ALS, to Parkinson's, and the hundreds of other diseases and life-changing therapies are pleading with us for a ''no'' vote to H.R. 3—the Democrats' plan.

Mr. Chair, 138 different biotech companies signed a letter to Congress 5 days ago. After reading the bill, they wrote: ''This extreme proposal will upend the ecosystem of U.S. biomedical innovation, destroying our ability to attract private sector investment.''

These are the companies who develop the new innovations in medicine. They said H.R. 3 will shatter the dreams of patients hoping for lifesaving cures.

Mr. Chair, I include in the RECORD the letter in support from those companies.

DECEMBER 5, 2019.

Hon. NANCY PELOSI,
Speaker of the House,
Washington, DC.
Hon. KEVIN MCCARTHY,
House Republican Leader,
Washington, DC.

DEAR SPEAKER PELOSI AND REPUBLICAN LEADER MCCARTHY: We represent the community of emerging biotechnology companies whose researchers and scientists strive daily to develop innovative life-changing therapies and cures for patients. We take pride that we are providing hope to patients and their families and changing the world through medical breakthroughs. These dreams will be shattered if H.R. 3, the Lower Drug Costs Now Act, if passed.

We are at an incredible inflection point in science and technology that is bringing forth transformative treatments and even cures for cancer, infectious diseases, and a myriad of other serious and rare diseases. These advancements are benefiting lives of millions of patients and alleviating human suffering, while helping to reduce other more expensive parts of our health care system, such as hospital spending. Our continued success depends on maintaining an environment that supports investment in tomorrow's discoveries.

Unfortunately, H.R. 3 is an unprecedented and aggressive government intervention in the U.S. market of drug development and delivery that will limit patient access to these extraordinary advancements in health care. This extreme proposal will upend the ecosystem of U.S. biomedical innovation, destroying our ability to attract private investment dollars that allow us to develop new treatments and change the course of healthcare delivery for so many patients.

We strongly urge you to abandon H.R. 3. Further, in order to keep pace with this biomedical revolution and ensure America remains the world leader in innovation, we hope that you will pursue bipartisan, holistic policies that modernize our health care payment system and lower drug costs for patients.

Sincerely,

Adelene Perkins, Chair & CEO, Infinity Pharmaceuticals, Inc.; Adrian Gottschalk. President & CEO, Foghorn Therapeutics; Alden Pritchard, CEO, Kaio Therapy, Inc.; Alex Nichols, PhD. President & CEO, Mythic Therapeutics; Amit Munshi, President & CEO, Arena Pharmaceuticals, Inc.; Andre Turenne, President & CEO, Voyager Therapeutics. Inc.; Aprile Pilon, PhD, President & CEO, Trove Therapeutics, Inc.; Armando Anido, Chairman & CEO, Zynerba Pharmaceuticals; Axel Bolte, Co-Founder, President & CEO, lnozyme Pharma; Barry Quart, President & CEO, Heron Therapeutics; Bassil Dahiyat, President & CEO, Xencor, Inc.; Bill Enright, CEO, Vaccitech, Ltd.; Bill Newell, CEO, Sutro Biopharma; Blake Wise, CEO, Achaogen, Inc.; Bonnie Anderson, Chairman & CEO, Veracyte, Inc.; Bradford Zakes, President & CEO, Cerevast Therapeutics; Brandi Simpson, CEO, Navigen, Inc.; Brian Windsor, CEO, Lung Therapeutics, Inc.

Briggs W. Morrison, MD, CEO, Syndax Pharmaceuticals; Bruce Clark, PhD, President & CEO, Medicago, Inc.; Casey Lynch, CEO, Cortexyme; Cedric Francois. Co-Founder, CEO & President, Apellis Pharmaceuticals; Chris Gibson, Co-Founder & CEO, Recursion; Christopher Barden, CEO, Treventis Corporation; Christopher Burns, PhD, President & CEO, VenatoRx Pharmaceuticals, Inc.; Christopher Schaber, President & CEO, Soligenix, Inc.; Ciara Kennedy, PhD, CEO, Amplyx Pharmaceuticals; Clay Seigall, President, CEO & Chairman, Seattle Genetics, Inc.; Craig Chambliss, President & CEO, Neurelis; David Baker, President & CEO, Vallon Pharmaceuticals; David Bears, Founder & CEO, Tolero Pharmaceuticals; David de Graaf, PhD, President & CEO, Comet Therapeutics, Inc.; David Donabedian, PhD, Co-Founder & CEO, Axial Biotherapeutics; David Lucchino, President & CEO, Frequency Therapeutics, Inc.; David Mazzo, President & CEO, Caladrius Biosciences.

David Meeker, CEO, KSQ Therapeutics; Doug Kahn, Chairman & CEO, TetraGenetics, Inc.; Douglas Doerfler, President & CEO, MaxCyte, Inc.; Dr. Elizabeth Poscillico, President & CEO, EluSys Therapeutics, Inc.; Eric Dube, PhD, CEO, Retrophin, Inc.; Eric Schuur, President & CEO, HepaTx Corporation; Erika Smith, CEO, ReNetX Bio; Franciso LePort, Founder & CEO, Gordian Biotechnology; Gail Maderis, President & CEO, Antiva Biosciences; Gary Phillips, President & CEO, Orphomed, Inc.; Geno Germano, President & CEO, Elucida Oncology, Inc.; George Scangos, CEO, VIR Biotechnology; Gil Van Bokkelen, Founder, Chairman & CEO, Athersys, Inc. Greg Verdine, President & CEO, LifeMine Therapeutics, Inc., FOG Pharmaceuticals, Inc.; Imran Alibhai, CEO, Tvardi Therapeutics; James Breitmeyer, President & CEO, Onctemal Therapeutics, Inc.; James Flanigon, CEO, Honeycomb Biotechnologies.

James Sapirstein, President & CEO, AzurRx BioPharma; Jay Evans, President & CEO, Inimmune Corporation; Jeb Keiper, CEO, Nimbus Therapeutics; Jeff Cleland, PhD, Executive Chair, Orpheris, Inc.; Jeff Jonker, President & CEO, Ambys Medicines; Jeff Kindler, CEO, Centrexion Therapeutics; Jeremy Levin, Chairman & CEO, Ovid Therapeutics, Inc.; Joe Payne, President & CEO, Arcturus Therapeutics, Inc.; John Crowley, Chairman & CEO, Amicus Therapeutics, Inc.; John Jacobs, President & CEO, Harmony Biosciences; John Maraganore, CEO, Alnylam Pharmaceuticals; Julia Owens, President & CEO, Millendo Therapeutics, Inc.; Justin Gover, CEO & Executive Director, Greenwich Biosciences; Keith Dionne, CEO, Casma Therapeutics; Keith Murphy, Founder, CEO & President, Viscient Biosciences; Ken Mills, CEO, REGENXBIO, Inc.; Ken Moch, President & CEO, Cognition Therapeutics; Kent Savage, CEO, PhotoPharmics, Inc.

Kevin Gorman, CEO, Neurocrine Biosciences; Kiran Reddy, MD, CEO, Praxis Medicines; Lawrence Brown, CEO, Galactica Pharmaceuticals; Lorenzo Pellegrini, Founder, Palladio Biosciences; Marc De Garidel, Chairman & CEO, Corvidia Therapeutics; Marilyn Bruno. PhD, CEO, Aequor, Inc.; Mark Leuchtenberger, Executive Chairman, Aleta Biotherapeutics; Mark Pruzanski, MD, President & CEO, Intercept Pharmaceuticals, Inc.; Mark Timney, CEO, The Medicines Company; Markus Renschler, MD, President & CEO, Cyteir Therapeutics; Martin Babler, CEO, Principia Biopharma; Melissa Bradford-Klug, CEO, Mayfield Pharmaceuticals; Michael Clayman, MD, CEO, Flexion Therapeutics; Michael J. Karlin, Co-CEO, Ibex Biosciences, LLC; Michael Raab, CEO, Ardelyx, Inc.; Mike Narachi, President & CEO, Coda Biotherapeutics; Ming Wang, PhD, President & CEO, Phanestra Therapeutics, Inc.; Morgan Brown, Executive VP & CFO, Lipocine.

Nancy Simonian, CEO, Syros Pharmaceuticals; Olin Beck, CEO, Bastion Biologics; Pam Randhawa, President & CEO, Empiriko Corporation; Pat McEnany President & CEO, Catalyst Pharmaceuticals, Inc.; Paul Bolno, MD, CEO, Wave Life Sciences; Paul Boucher, President & CEO, Parion Sciences, Inc.; Paul Hastings, CEO, Nkarta Therapeutics; Paul Laikind, President & CEO, Viacyte; Peter Savas, CEO & Chairman, LikeMinds, Inc.; Rachel King, Founder & CEO, GlycoMimetics, Inc.; Randy Milby, Founder & CEO, Hillstream BioPharma, Inc.; Rashida Karmali, PhD, President & CEO, Tactical Therapeutics, Inc.; Richard Markus, CEO, Dantari Pharmaceuticals; Richard Pascoe, Chairman & CEO, Histogen, Inc.; Richard Samulski, President, Asklepios BioPharmaceutical, Inc.; Rick Russell, President, Minverva Neurosciences; Rick Winningham, Chairman & CEO, Theravance Biopharma; Rob Etherington, President & CEO, Clene Nanomedicine.

Robert Goodwin, PhD, CEO, Vibliome Therapeutics, Inc.; Robert Gould, PhD, President & CEO, Fulcrom Therapeutics; Robert Bernard, President & CEO, Ichor Medical Systems; Robert Wills, Chairman, CymaBay Therapeutics. Inc.; Roger Tung, President & CEO, CoNCERT Pharmaceuticals; Ron Cohen, Founder, President & CEO, Acorda Therapeutics, Inc.; Russ Teichert, PhD, CEO, Scintillant Bioscience; Russell Herndon, President & CEO, Hydra Biosciences, LLC; Samantha S. Truex, CEO, Quench Bio; Sandy Macrae, President & CEO, Sangarno Therapeutics, Inc.; Scott Koenig, President & CEO, MacroGenics, Inc.; Sean McCarthy, President, CEO & Chairman, CytomX; Sharon Mates, Founder, Chairman & CEO, Intra-Cellular Therapies; Shawn K. Singh, CEO, VistaGen Therapeutics, Inc.; Stan Abel, President & CEO, SiteOne Therapeutics, Inc.; Stanley Erck, President & CEO, Novavak.

Stephen Farr, PhD, President & CEO, Zogenix, Inc.; Stephen R. Davis, CEO, ACADIA Pharmaceuticals; Stephen Yoder, CEO, & President, Pieries Pharmaceuticals; Sue Washer, President & CEO, AGTC; Sujal Shah, President & CEO, CymaBay Therapeutics, Inc.; Ted Love, CEO, Global Blood Therapeutics; Terry Tormey, CEO, Kibow Biotech; Thomas Wiggans, Founder, President & CEO, Dermira, Inc.; Tia Lyles-Williams, Founder & CEO, LucasPye BIO; Tim Bertram, CEO, inRegen & TC Bio; Timothy Walbert, President & CEO, Horizon Therapeutics; Todd Brady, CEO, Aldeyra Therapeutics; Vipin Garg, PhD, CEO, Altimmune;

Wendye Robbins, MD, President & CEO, Blade Therapeutics; Will DeLoache, CEO, Novome Biotechnologies; Zandy Forbes, CEO, MeiraGTx.

Mr. WALDEN. Mr. Chair, the Congressional Budget Office, they also looked at H.R. 3, Speaker PELOSI's bill, and they said it would kill off more than 38 new medical innovations—38.

The Council of Economic Advisers, they looked at it and said they thought it would be more like 100 new medicines that would be lost. It is no wonder that President Trump, the country's strongest advocate for lowering drug prices, said even he could not support H.R. 3, and would have to veto it.

Mr. Chair, I include in the RECORD the Statement of Administration Policy.

STATEMENT OF ADMINISTRATION POLICY

H.R. 3—THE ELIJAH E. CUMMINGS LOWER DRUG COSTS NOW ACT—REP. PALLONE, D–NJ, AND 106 COSPONSORS

The Administration opposes passage of H.R. 3, which contains several provisions that would harm seniors and all who need lifesaving medicines. Nevertheless, as Congress follows the President's lead on reducing prescription drug costs, the Administration welcomes bipartisan efforts to enact legislation that provides additional prescription drug-cost relief for American families.

In its current form, H.R. 3 would likely undermine access to lifesaving medicines. The bill creates a statutory scheme for ''negotiation'' between the Secretary of Health and Human Services and pharmaceutical manufacturers regarding the price of prescription drugs, but the penalty for failing to reach agreement with the Secretary is so large that the Secretary could effectively impose price controls on manufacturers. Moreover, this price-fixing mechanism places price controls on drugs available under Medicare and commercial plans, and imposes devastating fines on manufacturers, raising serious concerns under the Fifth Amendment's Takings Clause and Eighth Amendment's Excessive Fines Clause.

This bill would also compromise the health of Americans by dramatically reducing the incentive to bring innovative therapeutics to market. The preliminary Congressional Budget Office (CBO) analysis indicates that the bill would reduce the number of new medicines coming to market. The Council of Economic Advisers (CEA) finds that H.R. 3's price controls would affect as much as one third of drugs under development, meaning that out of 300 projected new medicines that would otherwise be approved over 10 years by the Food and Drug Administration, 100 could be severely delayed or never developed. As a result, CEA estimates H.R. 3 would erase a quarter of the expected gains in life expectancy in the United States over the next decade.

The preliminary CBO analysis of H.R. 3 does not account for the additional costs that would burden families and the Federal Government due to the unavailability of lifesaving and cost-reducing medicine that would otherwise exist. For example, an Alzheimer's cure, or new treatments for site specific cancers or diabetes, may be delayed or never developed under the regime imposed by H.R. 3. Thus, the cost of caring for a growing and aging population with direct care, skilled nursing, and home health could be substantially greater than the drug-cost savings estimated by CBO. More importantly, the effects of these cost increases on individuals and their families will be significant, personal, and long-lasting.

This legislation does include important policies championed by the Trump Administration to lower prescription drug costs. These include establishing a cap on out-of-pocket expenses for all beneficiaries in Medicare Part D and simplifying and improving that program. H.R. 3 also would limit annual price increases of certain drugs in Medicare to the rate of inflation, protecting beneficiaries and taxpayers from excessive price hikes. These provisions reflect the Administration's priorities, although modifications should be made to strike a better balance in protecting beneficiaries, taxpayers, and innovation.

The Administration strongly prefers the Prescription Drug Pricing Reduction Act of 2019, which was reported out of the Senate Finance Committee on a bipartisan basis. This legislation offers a sound approach to delivering relief to seniors from high prescription drug costs while safeguarding the ongoing development of life-saving and sustaining medicines.

Additionally, H.R. 19, the Lower Costs, More Cures Act, shares many of the same bipartisan elements of the Prescription Drug Pricing Reduction Act and is also a far better approach to lowering drug prices and discovering life-saving cures than H.R. 3.

The President believes there is a path forward to enacting bipartisan legislation that lowers prescription drug costs for American families. The Administration remains committed to working with both parties to pass legislation that will lower drug costs while encouraging innovation in the development of lifesaving medicines.

If H.R. 3 were presented to the President in its current form, he would veto the bill.

Mr. WALDEN. Mr. Chair, my friends on the other side, the Democrats, ignore these facts. Some have even said—can you imagine this—that it is ''worth it'' to forego cures.

Seriously? That it is worth it to never have a cure for Alzheimer's?

Is it worth it to never have a cure for ALS?

What about Huntington's Disease, or Parkinson's, or rheumatoid arthritis? The answer for me is ''no,'' because one lost cure is one too many.

The Independent Congressional Research Service also read through H.R. 3. They said it is unconstitutional, most likely because of the huge and punitive club that it hands the government. You see, if an innovator, under the bill on the floor today that the Democrats have, if an innovator does not agree with the price that the government demands, then the government can take 95 percent of that company's revenues for the sale of that drug—95 percent.

Oh, by the way, it is actually higher than that because you can't deduct it and they have to pay tax. Democrats call that a negotiation. I call that a mugging, Mr. Chair, a mugging.

Their scheme is based on what happens with drugs in six other countries. And they ignore that in these referenced countries and other countries around the world, people are actually denied access to lifesaving medicines that Americans have access to. So this is the tradeoff here.

If you remember nothing else, it is that we first get access to medicines, and in the countries the bill would emulate and copy and bring the process here, you don't get access to some of these lifesaving drugs that Americans do here. That is your trade.

Let me tell you about the family of Katie Stafford:

She is a child living with cystic fibrosis in the United Kingdom. She was told by officials she cannot receive the medicine that her doctor determined would be the best chance at treating her life-threatening condition, because they don't cover it in the United Kingdom under their system.

Let me tell you about Andre and Joshua: They are Canadian brothers, tragically both suffering from cystic fibrosis. Their parents had to beg the Canadian Government to cover treatment for their sons as they slowly lose their lung function. Now, their oldest son is enrolled in a clinical trial that the youngest son is ineligible for. So they must watch as one child gets help and the other child's health declines.

Fortunately, Mr. Chair, American children have access to this new medicine. We cannot allow this to happen in the United States. Denial of care is not an American value.

But I want to be clear: We all agree that Americans do pay too much for prescription drugs, and we need to come back together as Republicans and Democrats to help solve this issue. There is a better way, because we can reduce the cost of drugs. We can improve healthcare, and we can lower long-term costs, but we don't have to do it at the expense of great American innovation while restricting patient's access to lifesaving medicines.

There is a way to do this. In fact, Members will have an opportunity to support, really, the only bipartisan legislation to come to the floor, H.R. 19. You will see it as a substitute, the Lower Costs, More Cures Act, which we will offer as a substitute amendment, is the bipartisan solution. It can be signed into law this year—this year—not vetoed, not never gain attention in the Senate like H.R. 3 will find itself, if it gets there, but this can become law.

This is where we can join together and immediately begin to provide relief to patients and seniors from high prescription drug costs. This bill lowers out-of-pocket spending, protects access to new medicines and cures, strengthens transparency and accountability, and champions competition and innovation. And most importantly, every single proposal, Mr. Chair, every single proposal in H.R. 19, the substitute, is bipartisan work—Democrats and Republicans. We give you this option.

□ 1830

This is a serious proposal. It has been described that way. It could be signed, would be signed into law by the President by the end of this year. So let's not force a partisan plan that, frankly, puts politics over progress, that kills medical innovation and cures.

Instead, can't we come together and pass meaningful bipartisan legislation,

get it across the finish line and actually find lower costs and more cures for Americans?

Mr. Chair, I reserve the balance of my time.

Mr. PALLONE. Mr. Chair, I yield 3 minutes to the gentleman from South Carolina (Mr. CLYBURN), our majority whip.

Mr. CLYBURN. Mr. Chair, I thank the gentleman for yielding me the time.

Mr. Chair, I rise in strong support of H.R. 3, the Elijah E. Cummings Lower Drug Costs Now Act.

Martin Luther King, Jr., once said: ''Of all the forms of inequality, injustice in healthcare is the most shocking and inhumane.'' I believe my dear friend, Elijah Cummings, would agree that H.R. 3 is a giant step toward addressing injustice in healthcare.

This landmark legislation gives Medicare the power to negotiate directly with drug companies and extends those negotiated prices to Americans with private insurance, also. This is a huge win for the American consumer.

In the United States, our drug prices are nearly four times higher than in similar countries. This legislation provides real price reductions that would put significant money back in consumers' pockets. A portion of those savings will be reinvested in researching new cures and treatments.

These cost savings will also extend Medicare benefits to cover dental, vision, and hearing, and caps out-of-pocket prescription drug costs at $2,000 for those on Medicare.

In addition, these savings will allow $10 billion to fund provisions that are in my community health center's legislation to enhance those facilities that serve 28 million Americans, half of which are in rural communities.

The bill includes a $5 billion funding boost for capital improvements and construction to expand the footprint of community health centers, and an additional $5 billion in funding over 5 years for community health center grants.

Providing consistent funding for and building on the success of community health centers is critically important to making quality healthcare more accessible and affordable.

In my district, where four rural hospitals recently closed, there are eight federally funded community health centers working to serve almost 190,000 patients.

Mr. Chair, I urge strong bipartisan support for H.R. 3, a piece of legislation that will contribute to the ending of injustice in healthcare and help move us closer to making the greatness of America accessible and affordable for all.

Mr. WALDEN. Mr. Chair, I yield 1 minute to the gentleman from Ohio (Mr. LATTA).

Mr. LATTA. Mr. Chair, I rise today, agreeing with Americans that drug prices are too high. Congress must act, and we have done so in the Energy and Commerce Committee by passing bipartisan solutions.

H.R. 3 is bad policy, a partisan sham, and will result in more than 100 fewer cures. Plus, it is dead on arrival in the Senate.

What if that one new drug is the cure for Alzheimer's or cancer?

Under the leadership of Ranking Member WALDEN, we have solutions that deliver lower costs and more cures to Americans. Our bill is entirely bipartisan.

H.R. 19 lowers the costs of prescription drugs and caps seniors' out-of-pocket costs. It encourages innovation and will increase competition, while enhancing transparency and getting more generic medicines to market faster.

The American people deserve solutions that will be signed into law. I encourage my colleagues across the aisle to deliver the American people more cures, not fewer, and to support H.R. 19.

Mr. PALLONE. Mr. Chairman, I yield 2 minutes to the gentlewoman from California (Ms. ESHOO), who is the chairwoman of our Subcommittee on Health.

Ms. ESHOO. Mr. Chair, I rise in support of the Elijah E. Cummings Lower Drug Costs Now Act.

This is in your name, Elijah, and I think that you are listening.

This bill is the most transformational change to Medicare since President Johnson signed Medicare into law in 1965. Why? Because it allows Medicare to directly negotiate the price of the most expensive drugs in our country, including insulin. The lower price will not only apply to seniors who are enrolled in Medicare, but across all private insurance policies.

Manufacturers will no longer be able to hike prices faster than the rate of inflation. And, very importantly, it caps the out-of-pocket cost to seniors for their prescriptions at $2,000 a year. That is going to be a godsend to seniors.

Something else that will be a godsend to seniors is, with the savings in this legislation, seniors in Medicare will have additional benefits that they have been clamoring for for a very long time: coverage for vision, dental, and hearing, as well as colonoscopies and lymphedema treatment.

Very importantly—very importantly—I hear a lot about innovation here. This legislation increases funds for the National Institutes of Health to research and develop new cures. It provides almost $3 billion for the FDA to ensure the safety of our drugs—very important that all the committee members know that.

It invests in our community health centers, and it directs $10 billion to address the opioid crisis in our country.

So what is the difference between what the Republicans are saying and what the Democrats are saying? At the core of this bill, H.R. 3, is that there will be direct negotiations with the drug manufacturers to bring the price of drugs down. Our Republican friends do not support that.

And we know it works, direct negotiations in the VA, direct negotiations in TRICARE, which is the healthcare system for all of our fellow Americans that wear a uniform and their families.

So this legislation is sensible. Millions of Americans are not only going to save money, they will finally, finally, finally have the peace of mind that they will be able to afford the prescription drugs that they need for treatment, or those treatments that keep them alive.

I am so proud of the work that the committee has done, and I recommend this bill to every single Member of the House—Republicans, Democrats—because of the substance of it and what it will bring into people's lives.

Mr. WALDEN. Mr. Chairman, I include a list of the drugs not covered by the VA into the RECORD. They only cover 24 of the top 50 nonvaccine Medicare part B drugs on the VA formulary. I also include a list of available medications in H.R. 3 reference countries.

TOP MEDICARE PART B DRUGS NOT COVERED BY THE VA (EXCLUDING VACCINES)

BRAND NAME/GENERIC NAME

Remodulin/Treprostinil Sodium
Provenge/Sipuleucel–T/Lactated Ringers
Soliris/Eculizumab
Synvisc/Hylan G–F 20
Tyvaso/Treprostinil
Abraxane/Paclitaxel Protein-Bound
Actemra/Tocilizumab
Advate/Antihemophil.FVIII, full Length
Aloxi/Palonosetron HCL
Brovana/Arformoterol Tartrate
Budesonide/Budesonide
Entyvio/Vedolizumab
Erbitux/Cetuximab
Faslodex/Fulvestrant
Injectafer/Ferric Carboxymaltose
Kadcyla/Ado-Trastuzumab Emtansine
Neulasta/Pegfilgrastim
NPlate/Romiplostim
Orencia/Abatacept
Prolia/Denosumab
Remicade/Infliximab
Simponi Aria/Golimumab
Xolair/Omalizumab
Yervoy/Ipilimumab

AVAILABILITY OF MEDICATIONS IN H.R. 3 REFERENCE COUNTRIES

MEDICATIONS CURRENTLY UNAVAILABLE IN ALL REFERENCE COUNTRIES

Aliqopa—relapsed follicular lymphoma
Balversa—advanced or metastatic bladder cancer
Calquence—cell lymphoma
Copiktra—third-line follicular lymphoma
Daurismo—acute myeloid leukemia
Elzonris—blastic plasmacytoid dendritic cell cancers
Exondys—Duchenne muscular dystrophy
Gamifant—hemophagocytic lymphohistiocytosis
Idhifa—elapsed or refractory acute myeloid leukemia
Libtayo—metastatic cutaneous squamous cell carcinoma
Lumoxiti—hairy cell leukemia
Luxturna—Leber's congenital amaurosis (severe vison loss)
Nerlynx—breast cancer
Pigray—advanced breast cancer
Polivy—diffuse large B-cell lymphoma

Surfaxin—infant respiratory distress syndrome
Talzenna—breast cancer
Tibsovo—relapsed or refractory acute myeloid leukemia
Trogarzo—HIV/AIDS

AUSTRALIA

Percent of new medicines available (compared to the United States):
All new medicines: 41%
Cancer medicines: 50%
Diabetes medicines: 70%
Respiratory medicines: 50%
Cardiovascular medicines: 40%

Average delay in approval (compared to the United States):
All new medicines: 19 months
Cancer medicines: 15 months

Average delay in public plan coverage (compared to the United States):
All new medicines: 32 months
Cancer medicines: 37 months

Currently unavailable medicines:
Brineura—first approved treatment for Batten disease
Caprelsa—medullary thyroid cancer
Farydak—multiple myeloma
Idelvion—hemophilia Type B
Imfinzi—extensive-stage small cell lung cancer
Jivi—hemophilia type A
Kymirah—B-cell acute lymphoblastic leukemia
Lartruvo—advanced soft tissue sarcoma
Lorbrena—non-small cell lung cancer
Lutathera—neuroendocrine tumors affecting the digestive tract
Mepsevii—Sly syndrome
Nuwiq—hemophilia Type A
Obizur—hemophilia Type A
Ocaliva—primary biliary cholangitis (rare liver disease)
Portrazza—metastatic squamous non-small cell lung cancer
Potiga—epilepsy
Revcovi—a form of severe combined immune deficiency
Rixubis—hemophilia Type B
Rubraca—ovarian, fallopian tube, or peritoneal cancer
Rydapt—acute myeloid leukemia
Symdeko—cystic fibrosis
Unituxin—second-line treatment for children with high-risk neuroblastoma
Victrelis—hepatitis
Vizimpro—non-small cell lung cancer
Vraylar—schizophrenia, bipolar mania, and bipolar depression
Yescarta—large B-cell lymphoma that's failed conventional treatments
Zaltrap—Colorectal cancer
Zejula—ovarian, fallopian tube or primary perineal cancers

CANADA

Percent of new medicines available (compared to the United States):
All new medicines: 52%
Cancer medicines: 60%
Diabetes medicines: 90%
Respiratory medicines: 67%
Cardiovascular medicines: 80%

Average delay in approval (compared to the United States):
All new medicines: 14 months
Cancer medicines: 13 months

Average delay in public plan coverage (compared to the United States):
All new medicines: 31 months
Cancer medicines: 36 months

Currently unavailable medicines:
Brineura—first approved treatment for Batten disease
Caprelsa—medullary thyroid cancer
Cometriq—second line treatment for renal cell carcinoma
Farydak—multiple myeloma
Idelvion—hemophilia Type B
Imfinzi—extensive-stage small cell lung cancer
Jivi—hemophilia type A
Kymirah—B-cell acute lymphoblastic leukemia
Lartruvo—advanced soft tissue sarcoma
Lorbrena—non-small cell lung cancer
Lutathera—neuroendocrine tumors affecting the digestive tract
Mepsevii—Sly syndrome
Nuwiq—hemophilia Type A
Obizur—hemophilia Type A
Ocaliva—primary biliary cholangitis (rare liver disease)
Odomzo—basal-cell carcinoma
Orkambi—cystic fibrosis
Plegridy—relapsing forms of multiple sclerosis
Portrazza—metastatic squamous non-small cell lung cancer
Potiga—epilepsy
Revcovi—a form of severe combined immune deficiency
Rixubis—hemophilia Type B
Rubraca—ovarian, fallopian tube, or peritoneal cancer
Steglatro—type 2 diabetes
Symdeko—cystic fibrosis
Unituxin—second-line treatment for children with high-risk neuroblastoma
Vizimpro—non-small cell lung cancer
Vraylar—schizophrenia, bipolar mania, and bipolar depression
Yescarta—large B-cell lymphoma that's failed conventional treatments
Zaltrap—Colorectal cancer
Zejula—ovarian, fallopian tube or primary perineal cancers

FRANCE

Percent of new medicines available (compared to the United States):
All new medicines: 53%
Cancer medicines: 67%
Diabetes medicines: 30%
Respiratory medicines: 50%
Cardiovascular medicines: 50%

Average delay in approval (compared to the United States):
All new medicines: 19 months
Cancer medicines: 20 months

Average delay in public plan coverage (compared to the United States):
All new medicines: 27 months
Cancer medicines: 29 months
Currently unavailable medicines:
Brineura—first approved treatment for Batten disease
Cometriq—second line treatment for renal cell carcinoma
Farydak—multiple myeloma
Idelvion—hemophilia Type B
Imfinzi—extensive-stage small cell lung cancer
Jivi—hemophilia type A
Kymirah—B-cell acute lymphoblastic leukemia
Lartruvo—advanced soft tissue sarcoma
Latuda—schizophrenia and depression associated with bipolar disorder
Lorbrena—non-small cell lung cancer
Mepsevii—Sly syndrome
Ocaliva—primary biliary cholangitis (rare liver disease)
Orkambi—cystic fibrosis
Portrazza—metastatic squamous non-small cell lung cancer
Potiga—epilepsy
Revcovi—a form of severe combined immune deficiency
Rubraca—ovarian, fallopian tube, or peritoneal cancer
Rydapt—acute myeloid leukemia
Steglatro—type 2 diabetes
Symdeko—cystic fibrosis
Unituxin—second-line treatment for children with high-risk neuroblastoma
Victrelis—hepatitis
Vizimpro—non-small cell lung cancer
Vraylar—schizophrenia, bipolar mania, and bipolar depression

GERMANY

Percent of new medicines available (compared to the United States):
All new medicines: 67%
Cancer medicines: 73%
Diabetes medicines: 50%
Respiratory medicines: 83%
Cardiovascular medicines: 80%

Average delay in approval (compared to the United States):
All new medicines: 10 months
Cancer medicines: 11 months

Average delay in public plan coverage (compared to the United States):
All new medicines: 10 months
Cancer medicines: 14 months
Currently unavailable medicines:
Latuda—schizophrenia and depression associated with bipolar disorder
Lutathera—neuroendocrine tumors affecting the digestive tract
Revcovi—a form of severe combined immune deficiency
Rexulti—schizophrenia and major depression
Yescarta—large B-cell lymphoma that's failed conventional treatments

JAPAN

Percent of new medicines available (compared to the United States):
All new medicines: 48%
Cancer medicines: 56%
Diabetes medicines: 70%
Respiratory medicines: 58%
Cardiovascular medicines: 70%

Average delay in approval (compared to the United States):
All new medicines: 19 months
Cancer medicines: 24 months

Average delay in public plan coverage (compared to the United States):
All new medicines: 19 months
Cancer medicines: 24 months
Currently unavailable medicines:
Brineura—first approved treatment for Batten disease
Cometriq—second line treatment for renal cell carcinoma
Kymirah—B-cell acute lymphoblastic leukemia
Lartruvo—advanced soft tissue sarcoma
Latuda—schizophrenia and depression associated with bipolar disorder
Lutathera—neuroendocrine tumors affecting the digestive tract
Mepsevii—Sly syndrome
Nuwiq—hemophilia Type A
Obizur—hemophilia Type A
Ocaliva—primary biliary cholangitis (rare liver disease)
Odomzo—basal-cell carcinoma
Orkambi—cystic fibrosis
Plegridy—relapsing forms of multiple sclerosis
Portrazza—metastatic squamous non-small cell lung cancer
Potiga—epilepsy
Rubraca—ovarian, fallopian tube, or peritoneal cancer
Rydapt—acute myeloid leukemia
Steglatro—type 2 diabetes
Symdeko—cystic fibrosis
Unituxin—second-line treatment for children with high-risk neuroblastoma
Victrelis—hepatitis
Vraylar—schizophrenia, bipolar mania, and bipolar depression
Yescarta—large B-cell lymphoma that's failed conventional treatments
Zejula—ovarian, fallopian tube or primary perineal cancers

UNITED KINGDOM

Percent of new medicines available (compared to the United States):

All new medicines: 64%
Cancer medicines: 70%
Diabetes medicines: 90%
Respiratory medicines: 75%
Cardiovascular medicines: 80%

Average delay in approval (compared to the United States):
All new medicines: 11 months
Cancer medicines: 11 months

Average delay in public plan coverage (compared to the United States):
All new medicines: 20 months
Cancer medicines: 26 months
Currently unavailable medicines:
Brineura—first approved treatment for Batten disease
Caprelsa—medullary thyroid cancer
Jivi—hemophilia type A
Kymirah—B-cell acute lymphoblastic leukemia
Lorbrena—non-small cell lung cancer
Lutathera—neuroendocrine tumors affecting the digestive tract
Mepsevii—Sly syndrome
Ocaliva—primary biliary cholangitis (rare liver disease)
Odomzo—basal-cell carcinoma
Orkambi—cystic fibrosis
Plegridy—relapsing forms of multiple sclerosis
Portrazza—metastatic squamous non-small cell lung cancer
Revcovi—a form of severe combined immune deficiency
Rexulti—schizophrenia and major depression
Rixubis—hemophilia Type B
Rubraca—ovarian, fallopian tube, or peritoneal cancer
Symdeko—cystic fibrosis
Unituxin—second-line treatment for children with high-risk neuroblastoma
Vizimpro—non-small cell lung cancer
Yescarta—large B-cell lymphoma that's failed conventional treatments
Zaltrap—colorectal cancer

Mr. WALDEN. Mr Chairman, I yield 1 minute to the gentleman from North Carolina (Mr. HUDSON).

Mr. HUDSON. Mr. Chairman, Republicans and Democrats agree: Americans pay too much for prescription drugs. We agree we need to do something about it. We agree our friends and loved ones need access to lifesaving cures and treatments.

Americans want us to work together in a bipartisan way to get things done; yet, today, we are considering Speaker PELOSI's partisan bill. This is an exercise in futility. Not only will it stop an estimated 100 new lifesaving drugs, it has no chance of being signed into law.

I care about the millions of Americans, like my late grandmother, living with Alzheimer's and the thousands of Americans diagnosed with cancer every single day and the children who face life-altering diagnoses, like spinal muscular atrophy, epilepsy, or cystic fibrosis. I want them to have hope, and I want them to have access to the very best medicine. That is why we introduced H.R. 19, bipartisan legislation that could be signed into law by President Trump this year.

So let's stop the partisan theatrics and get serious about the problem that people are begging us to fix.

Mr. PALLONE. Mr. Chairman, I yield 2 minutes to the gentlewoman from Illinois (Ms. SCHAKOWSKY).

Ms. SCHAKOWSKY. Mr. Chairman, since 2003, the pharmaceutical companies have had free rein to gouge sick people. They forced into law language that prohibited the Federal Government from negotiating with the drug companies for lower prices, which already the Veterans Administration does and has done for decades.

We know that negotiating for fair prices actually is the only way that we are going to be able to lower prices, and that is what H.R. 3 is going to do. Even Donald Trump has said that, when he was a candidate: When it comes to negotiating the cost of drugs, we are going to negotiate like crazy.

That was then, and this is now.

The Congressional Budget Office says we are going to save about half a trillion dollars when we negotiate in the most effective way to protect seniors and families and anyone who has insurance, and we are going to be able to use that money to finally help senior citizens who need help with their eyeglasses, with their hearing aids, with their dental care. We are going to be able to make such a difference in their lives.

Ninety percent of Democrats, 87 percent of Independents, and 80 percent of Republicans say they support allowing the Federal Government to negotiate for prices. The time is absolutely now for us to pass this legislation.

H.R. 3, the Elijah E. Cummings Lower Drug Costs Now Act of 2019, is the solution that we have been waiting for, a historic step forward in our fight to solve the problem of the prescription drug pricing crisis that we face in this country.

I look forward to seeing it pass into law and the President of the United States keeping his promise and not breaking it by signing negotiation into law.

Mr. WALDEN. Mr. Chairman, I yield 1 minute to the gentleman from Illinois (Mr. SHIMKUS), an incredible, important member of our committee.

Mr. SHIMKUS. Mr. Chairman, do you want 10 new drugs, 30 new drugs on the market, 100 new drugs on the market or zero? H.R. 3 removes research and development investments, which will hinder innovation.

Innovation doesn't always mean higher cost. Take hepatitis C, which lowers, reduces healthcare costs in the long run.

Technology and innovation have always had the potential to reduce the time and costs of identifying and developing new therapies, which lower the cost of drugs.

Incorporation of innovative genomic analysis means drug developers can reduce the amount of guesswork in identifying candidate molecules for further research.

This same technology is being used by drug manufacturers today to help streamline and expedite the process of conducting trials.

And investments in precision medicine will mean that you don't prescribe drugs that will not work or, in some cases, make people sicker.

That is why I support H.R. 19, the Lower Costs, More Cures Act, which is composed entirely of bipartisan provisions and could become law right now.

Mr. PALLONE. Mr. Chairman, I yield 2 minutes to the gentlewoman from California (Ms. MATSUI), a member of our Energy and Commerce Committee.

□ 1845

Ms. MATSUI. Mr. Chairman, I thank the gentleman for yielding.

I rise today in support of H.R. 3, the Elijah E. Cummings Lower Drug Costs Now Act, the most transformational expansion of Medicare since its creation.

As co-chair of the House Democrats' Task Force on Aging and Families, I am fighting for the nearly 9 in 10 seniors taking a prescription drug, because when our system puts profit over patient health, beneficiaries pay the price.

With this landmark legislation, we are delivering on the promise to lift up older Americans and their families. H.R. 3 negotiates lower drug prices. It expands Medicare to include vision, dental, and hearing coverage. It caps out-of-pocket costs, and we extend low drug prices to all Americans with private plans.

While there are many reasons to support H.R. 3, mine is Tony from Sacramento. Tony has type 2 diabetes. She is a single mom and works part-time to care for her child, all while managing multiple chronic conditions.

Over the last decade, the price of insulin has increased 197 percent, and those increases make it harder and harder for a family to get by.

Under H.R. 3, drug price savings will be passed on to families like Tony's. Tony could pay as little as $34 per month, giving her family the relief they need for other expenses.

For seniors, for families, and for all Americans who desperately need to lift the burden of high drug prices from their everyday lives, I ask that my colleagues support this bill.

Mr. WALDEN. Mr. Chairman, I yield 2 minutes to the gentleman from Texas (Mr. BURGESS), the top Republican on the Health Subcommittee of the Energy and Commerce Committee.

Mr. BURGESS. Mr. Chairman, I thank the gentleman for yielding.

In the early days of my medical practice in the 1980s, I would sit around with other doctors and kvetch that there were treatments available in Europe that were not available in the United States. But Congress acted and enacted the prescription drug user fee agreements in 1992, sped up the regulatory process, and broke the regulatory bottleneck. The drug approval process over the past four decades has significantly improved to the point that American doctors now have more tools at their disposal to alleviate human suffering than at any time in the Nation's past.

The President weighed in right around Thanksgiving with what he

thought would be the correct path forward. Indeed, in the Rules Committee last night, we received the Statement of Administration Policy from the President that said he would veto H.R. 3 if presented in its current form. But he goes on to say that H.R. 19 is a far better approach to lowering drug prices and discovering lifesaving cures. The President believes there is a path forward. The administration remains committed to working with both parties to pass legislation.

What H.R. 3 represents to me is a lost opportunity. It was an opportunity to work together. The President wanted to work together. But it is a lost opportunity to bring down drug costs for American patients. We can vote against H.R. 3. We can support the amendment in the nature of a substitute. H.R. 19 could become law this year, in 2019.

Mr. PALLONE. Mr. Chairman, I yield 1½ minutes to the gentleman from California (Mr. MCNERNEY), a member of our committee.

Mr. MCNERNEY. Mr. Chairman, I thank the gentleman for yielding and for bringing this bill forward. I rise in support of H.R. 3, the Elijah E. Cummings Lower Drug Costs Now Act.

We are here today to debate an issue that shouldn't need any discussion from Members of this body. We have all heard from constituents back home forced to choose between critical medications and basic needs because prescription drugs are just too expensive.

Just this week, one of my constituents, Marta, shared her story with me. Marta suffers from an autoimmune disease that causes her own body to attack her muscles, and without medication, she struggles to see. Even the slightest movement feels like a colossal feat, including her breathing.

The prescription drug she needs in order to walk or even just to breathe was once available for free, but the medication she is now taking costs an outrageous $375,000 a year. Who can afford that?

While Marta's insurance covers some of the cost, it is a constant fight for her to get the medication she needs to be able to live her life.

What good are miracle drugs if people can't afford them?

As Members of Congress, we must do everything in our power to ensure that people can afford lifesaving and life-changing drugs. Under H.R. 3, the government would be empowered to negotiate directly with the drug companies to lower prices for the American people.

I urge my colleagues to support H.R. 3 for Marta and the millions of Americans burdened by skyrocketing prescription drug costs.

Mr. WALDEN. Mr. Chairman, I yield 1 minute to the gentleman from Kentucky (Mr. GUTHRIE), the top Republican on the Oversight and Investigation Subcommittee of the Energy and Commerce Committee.

Mr. GUTHRIE. Mr. Chairman, I thank the gentleman for yielding. I rise today in opposition to H.R. 3.

Two of the issues that I often hear about back home are robocalls and drug prices. Last week, despite ideological differences on both sides of the aisle, we came together to address robocalls. I am disappointed that the same cannot be said for drug prices.

Republicans, Democrats, President Trump, doctors, pharmacists, patients, we all want lower drug prices. Yet, the Democrats have chosen to pursue partisan poison pill legislation that will go nowhere.

I was proud to cosponsor the Lower Costs, More Cures Act, a bill that includes only bipartisan solutions to lower drug prices. My Democratic colleagues have agreed to these provisions in the past. The Lower Costs, More Cures Act will allow the continuation of lifesaving innovation in healthcare research while lowering drug prices for Kentuckians.

Mr. Chairman, I oppose H.R. 3, and I urge my colleagues to support the Lower Costs, More Cures Act.

Mr. PALLONE. Mr. Chairman, I yield 1½ minutes to the gentleman from Vermont (Mr. WELCH), a member of our committee.

Mr. WELCH. Mr. Chairman, I thank the gentleman for yielding.

We have done in our committee some bipartisan work that attacks patent abuse and will help bring down the costs of drugs, but there is a question. It is not a partisan question. It is really a judgment. Can we stop pharma from what has been relentless price increases—I would call it price gouging—without the government intervening on behalf of the consumer? We are the only country where the government sits on its hands while pharma boosts the prices.

President Trump told Elijah that is a rip-off. That is what the President told Elijah, and the President said he would be okay with bringing in safe drugs from abroad for price negotiation, or as the President called it, getting a better deal.

The President's idea, which is a good one and incorporated in the bill, was to have an international reference price so we don't pay four, five, six times what they pay in Europe. That is a good idea.

But bottom line, the question is, will pharma stop killing us if we don't step up with governmental authority for consumers? That is not partisan. That is a judgment. It won't happen without us asserting that authority, as is done in this bill.

Then, the benefits are extended to employers who are struggling to pay health insurance for their folks and can't give them a raise, to seniors, and to every individual.

Mr. WALDEN. Mr. Chairman, I yield 1 minute to the gentleman from West Virginia (Mr. MCKINLEY), an important member of our committee.

Mr. MCKINLEY. Mr. Chairman, I thank the gentleman for yielding.

Let's be frank, Senate leadership has already said they are never going to vote on H.R. 3. Earlier today, President Trump made it clear that he would veto it. So what are we doing here?

If lowering the costs of prescription drugs were really a priority for Democrats, they would vote to adopt H.R. 19, the bipartisan alternative, instead of this politically charged bill. H.R. 19 has 35 bipartisan provisions that passed out of the House committee. It includes 90 percent of the bipartisan Grassley-Wyden bill in the Senate.

H.R. 19 will not only lower drug prices, but it will protect innovation and research into new medicines and cures for diseases like Alzheimer's, rheumatoid arthritis, ALS, diabetes, and Parkinson's.

The Congressional Budget Office and the Council of Economic Advisers have both concluded that H.R. 3 will prevent hundreds of new cures from entering the market. Therefore, I have to ask the supporters of H.R. 3: Which cures for our loved ones are you willing to sacrifice?

Mr. PALLONE. Mr. Chairman, I yield 1½ minutes to the gentleman from Oregon (Mr. SCHRADER), a member of our committee.

Mr. SCHRADER. Mr. Chairman, I thank the gentleman for yielding. I rise today to speak on behalf of H.R. 3, the Elijah E. Cummings Lower Drug Costs Now Act of 2019.

The bill before us today will finally allow Medicare to negotiate the price for prescription drugs to get a better deal for our seniors, a task that has long been successful by the Department of Veterans Affairs, Medicaid, the Department of Defense, and, frankly, in commercial insurance plans.

Why not allow our seniors to negotiate the best price for their costly drugs? It can save the taxpayers a lot of money. Americans support negotiation.

I will point out that while I appreciate the efforts to expand service, the Medicare trustees report has shown that the Medicare hospital insurance trust fund is projected to be depleted by 2026, a mere 6 years from now. At the same time, Medicare per capita spending is supposed to grow at a rate of over 5 percent a year.

The savings from the drug negotiation portion of this bill, at least a big portion of it, should be put toward ensuring that our seniors will continue to have access to Medicare.

We cannot keep spending money we do not have. As we continue to have conversations around expanding access to healthcare and lowering costs of prescription drugs, I urge my colleagues to be mindful that they need to address the solvency of our healthcare safety net systems.

This is a good bill. I urge support.

Mr. WALDEN. Mr. Chairman, I want to say that we cannot lose sight of how anti-innovation H.R. 3 is. We cannot lose sight of how many cures will never come around as a result. These aren't my conclusions. They are, but they are also the conclusions of the Congressional Budget Office and the Council of Economic Advisers.

Hundreds of new drugs will never come to market. Medicines will never be created. We know that 10 percent fewer drugs will enter the market every year in the 2030s and every year thereafter as a result of H.R. 3.

This bill will leave people behind. It will result in earlier deaths than otherwise should happen.

Mr. Chairman, I yield 1 minute to the gentleman from Virginia (Mr. GRIFFITH).

Mr. GRIFFITH. Mr. Chairman, I thank the gentleman for yielding.

In committee, I raised issues of unconstitutional takings in H.R. 3. Ninety-five percent of gross revenues are taken from a manufacturer unless they agree to the price the government offers.

It is not negotiation. It is an offer you can't refuse. It is confiscatory. Accordingly, it is unconstitutional.

But you don't have to believe me. The nonpartisan Congressional Research Service says H.R. 3 likely violates the Fifth and Eighth Amendments of the United States Constitution.

Mr. Chair, I took an oath to support the United States Constitution when I entered this body. To support the Constitution, you must vote ''no'' on H.R. 3. To fix drug pricing, you should vote ''yes'' on the Walden amendment in the nature of a substitute.

Mr. PALLONE. Mr. Chairman, I yield 2 minutes to the gentleman from California (Mr. RUIZ), a member of our committee.

Mr. RUIZ. Mr. Chairman, I thank the gentleman for yielding.

We already have hundreds of drugs in the market that millions of Americans do not have access to and cannot get because they are not affordable. Seniors in my district are walking out of the pharmacy without their medication after seeing the out-of-pocket costs and saying to themselves they can't afford it.

Many seniors are choosing between eating and buying their groceries versus taking their medications. They are not taking the medicine that they need, which puts their health and their lives at risk.

I have heard from seniors in my district who face up to $6,000 a month in out-of-pocket costs for their medicine. To quote one constituent of mine: ''Prescription and healthcare costs are an astronomical burden.'' To quote another: ''Necessary medication should not be treated as a luxury.''

We must bring down the outrageous out-of-pocket costs plaguing our seniors and families. H.R. 3, the Elijah E. Cummings Lowering Drug Costs Now Act, finally answers the call to bring down out-of-control costs.

□ 1900

It does so by empowering Medicare, for the first time ever, to negotiate lower drug prices with Big Pharma, which will lower costs for not only seniors, but also American families with private health insurance.

It does so by limiting out-of-pocket costs to no more than $2,000 a year for seniors—very important to seniors needing expensive medication.

It does so by strengthening Medicare, delivering vision, dental, and hearing benefits for seniors across this country.

Every Member of the House should do the right thing for seniors and American families: pass H.R. 3.

Senate Majority Leader MCCONNELL should do his job and bring this legislation up for a vote immediately so that we can strengthen Medicare for seniors and lower the cost of medicine for American families.

Mr. WALDEN. Madam Chair, I yield myself such time as I may consume.

Madam Chair, I would point out that the Republican alternative also caps costs for seniors, again, for the first time. We believe there is a place where that needs to happen for our seniors.

In the committee, Republicans offered up an amendment that would have taken all the middleman profits, the rebates, and put them toward making insulin at no cost for seniors at the pharmacy counter. Unfortunately, every Democrat on the committee voted against that. Why, I do not know, but they did.

We want more cures and we want lower costs. We can have both.

There is no dispute among us, Republicans and Democrats, that drugs are too high. The question is: Can we find a scheme that is constitutional, and does it eliminate cures for diseases that people are relying on and shut down innovation in America?

I think we can, by the way. I think that is H.R. 19. We will deal with that later.

Madam Chair, I yield 1 minute to the gentleman from Ohio (Mr. JOHNSON).

Mr. JOHNSON of Ohio. Madam Chair, Americans see a Congress paralyzed by impeachment and other distractions.

We should change course, do our job, and put our constituents before partisan politics. Reducing prescription drug prices is a way to do that.

My friends across the aisle brag about ''affordable'' healthcare in other countries, but they don't mention the hidden costs.

Look at a young boy from Canada, Ashton Leeds, who, in 2018, was stricken with an aggressive form of thyroid cancer. Treatments approved by the Canadian health system failed, and his life was saved when his family brought him to America for a cutting-edge treatment unavailable in Canada.

This isn't an isolated instance. As my Republican colleagues have described today, the data shows that H.R. 3 takes us in the wrong direction—stifling innovation and reducing future cures.

Madam Chair, Americans are desperately looking for relief at the pharmacy counter, and we can give it to them with H.R. 19, a bipartisan proposal with a real chance of becoming law, and I urge my colleagues to support it.

Mr. PALLONE. Madam Chair, may I inquire how much time remains on each side.

The Acting CHAIR (Ms. WEXTON). The gentleman from New Jersey has 12½ minutes remaining. The gentleman from Oregon has 12 minutes remaining.

Mr. PALLONE. Madam Chair, I yield 1½ minutes to the gentleman from Texas (Mr. VEASEY), a member of our committee.

Mr. VEASEY. Madam Chair, I thank the chairman for really helping deliver on the promise to work for the people by bringing down the costs of prescription drugs for all Americans.

This is a historic and much-needed piece of legislation, and I am proud to be a member of the Energy and Commerce Committee and Congress to bring this bill to the floor.

This past summer, William from Arlington, Texas, came into my district office because, like so many Americans, William was enrolled in a Medicare plan and was concerned with the price of his lifesaving prescriptions. William was worried about the price of his generic cholesterol medicine. He had been paying $600 a month—$600 a month—when he went to his local pharmacy to fill his prescription.

I am hearing all this whooping and hollering about all these other things, protecting these pharmaceutical drug companies, but why is no one talking about people like William who are having a hard time making ends meet and they just want some relief when it comes to these prescription drug prices? That is who we need to be taking care of and defending in this debate.

Many seniors across the country are living like William. They are on fixed incomes. They are really having a hard time making ends meet, and forcing them to choose between paying for their prescription drugs and their daily necessities is really unacceptable in our country.

That is why I am proud to stand here with my colleagues today to voice support for H.R. 3, the Elijah E. Cummings Lower Drug Costs Now Act. I am proud this legislation will ensure Medicare beneficiaries will be covered on things like vision, dental, and hearing benefits.

The Acting CHAIR. The time of the gentleman has expired.

Mr. PALLONE. Madam Chair, I yield an additional 30 seconds to the gentleman from Texas.

Mr. VEASEY. Madam Chair, I thank the chairman very much for yielding me additional time.

Again, I am just proud that the version of this bill that will help our low-income residents all across this country will be passed into law.

There are so many other things that I could talk about, but I just have to tell you, in closing, there are people who are out there hurting. They are making life-and-death decisions every day and having to choose between whether or not they are going to eat or

pay for their prescription drugs. This is unacceptable in this country.

Mr. WALDEN. Madam Chair, I yield myself such time as I may consume.

Madam Chair, I just want to point out a couple of things.

First of all, what is really unacceptable is to kill off American innovation in this space. We know from the biotech people who are doing this innovation, they have written us saying it will shatter the hopes and dreams of Americans waiting for cures. It will completely upend the ecosystem of innovation.

America is where the innovation occurs. We don't think that has to happen to bring down the costs of drugs, which we also support.

We also don't think you should end up in a system like this where, in these countries that they want to emulate, like Australia, Canada, France, Germany, Japan, and the United Kingdom, all new medications that we have here, they only have between 30 and 60 percent.

In fact, in cancer, there are 27 to 50 percent fewer cancer drugs in these countries. There is a range here, Madam Chair, that are available. So, if you get cancer, if you were in America here, you might get a drug that would prolong your life or cure your cancer. In these countries, you have a run of 27 to 50 percent chance you won't get that drug; diabetes, 10 to 50 percent fewer; respiratory, 17 to 50 percent fewer.

They, in part, control their costs because they deny access to care of the lifesaving new cutting-edge drugs that we innovate.

Madam Chair, I yield 1 minute to the gentleman from Michigan (Mr. WALBERG), a very important member of our committee.

Mr. WALBERG. Madam Chair, I thank the gentleman for yielding.

Madam Chair, as I travel across Michigan, I constantly hear about the high cost of prescription drugs. Hardworking families are simply paying too much. That is why we need to tackle this issue in a bipartisan way, not try to score political points.

Sadly, H.R. 3 is a partisan, heavy-handed approach that has no chance of becoming law.

Let's be honest: Government doesn't negotiate; they dictate.

This drug pricing scheme will ultimately hurt families, stifle innovation, and prevent lifesaving cures from becoming available to our friends, our neighbors, and families.

There is a better approach, a plan that is patient-focused and filled with bipartisan provisions that enjoys support in the Senate as well. It is H.R. 19, the Lower Costs, More Cures Act. This bill will strengthen transparency, encourage medical breakthroughs, and make medications that families rely on more affordable.

If the other side is serious about getting something done, then we should be voting on the Lower Costs, More Cures Act this week.

Mr. PALLONE. Madam Chair, I yield 2 minutes to the gentleman from Florida (Mr. SOTO), my colleague.

Mr. SOTO. Madam Chair, back in central Florida, we had a townhall where we had everyone from BERNIE SANDERS supporters supporting Medicare for all to Donald Trump Make America Great Again, red hat-wearing Trump supporters, and all of them, regardless of the political spectrum, could not believe Medicare can't negotiate. ''What a sham'' is what they said.

Well, today is the day. We are going to end the ban on Medicare negotiating.

So you can wring your hands, contort the facts, but then you are going to have to go home and explain why you campaigned on ending the ban on Medicare negotiating and then you voted ''no,'' and then you voted to keep this sham system in place where we don't even allow the government to negotiate for lower drug prices.

This bill caps out-of-pocket costs at $2,000. That saves $1,196 per senior for the over 124,000 seniors in my district. It also applies to the 550,000 people who have private insurance.

What do we do with the $500 billion we save? We finally crack that injustice for seniors to get dental, vision, and hearing coverage.

We hear scare tactics: Hundreds of drugs aren't going to be improved. Try 8 to 15, while 300-plus drugs, according to the CBO, will be improved over the next 10 years. So let's stop the scare tactics.

And is it worth it? Of course it is worth it.

Hundreds of new cures; finally giving dental, vision, hearing coverage—of course it is worth it.

$1,196 in savings per senior in my district. Of course it is worth it.

America put us in the majority because they think it is worth it, so it is time to pass the Lower the Drug Costs Now Act.

Mr. WALDEN. Madam Chair, I yield myself such time as I may consume.

Madam Chair, we have heard this refrain before that it is worth it, worth it not to have a cure. A cure for what? We don't know.

We know that there are 100 drugs that will never be developed because of H.R. 3. That is what the Council of Economic Advisers said. The Congressional Budget Office says 38 in the next 20 years will never be developed.

Is that the cure for Alzheimer's? Is that the cure for Parkinson's? Is that the cure for ALS?

Madam Chair, the gentleman says it is worth it to upend the entire ecosystem of innovation in America. That is what we just heard. We heard it in committee too: It is okay. We don't need a cure for this, that, or the other thing.

138 of these great American innovators wrote us and said it is not worth it. This bill is going to shatter the hopes and dreams of people who are hoping that there will be a cure for cystic fibrosis or sickle cell anemia or SMA.

Oh, by the way, we are developing those cures, but this bill, H.R. 3, kills innovation in America, and that means people will die because they didn't get those drugs because they were never invented.

We don't have to do that to bring down the cost of drugs. There are bipartisan ways to bring down the cost of drugs without destroying medical innovation in America, and we want to work with you to do this.

H.R. 3 is the purely partisan bill on the floor.

The proposal we have is all bipartisan, Republican and Democrat ideas put together that will have a positive effect on bringing down drug prices. It will stop the gaming of the system, and it will result in more cures.

Madam Chair, I yield 2 minutes to the gentleman from Georgia (Mr. CARTER), Congress' only pharmacist, an outspoken advocate for our legislation and doing the right thing for patients, whom he greeted at the pharmacy counter every day.

Mr. CARTER of Georgia. Madam Chair, I thank the gentleman for yielding.

You know, I find myself in a situation here where I am both excited and I am sad. I am finally getting the opportunity to address something that was one of my major initiatives coming to Congress, and that is to do something about prescription drug pricing.

As the ranking member noted, I am the one, for over 30 years, who was at the front counter telling patients how much their medication was going to be.

I am the one who watched a mother in tears because she couldn't afford her child's medication.

I am the one who watched a senior citizen try to decide between buying medication and buying groceries.

Yet, never did it enter into my mind that this was a Republican or a Democrat thing. No. It never was, and it should not be now. This is about Americans and about Americans trying to get medications.

Now, I will tell you, in my career, in my pharmacy career, I have witnessed nothing short of miracles in the way of new drugs.

I can remember a time when, if you were diagnosed with hepatitis C, you were going to die. That is all there was to it. Now, think about it. We can actually cure it with a pill. How phenomenal is that? That is what research and development has done for us.

Now, do pharmaceutical manufacturers need to do a better job with their pricing? Yes, they do. But I am here to tell you where the real problem lies. I have been saying it ever since I have been here for 5 years, and that is in the middleman, in the fee PBMs, the pharmacy benefit managers, the ones who hide behind the curtain and are causing this, that bring no value whatsoever to the system. Yet H.R. 3 is going to do away with research and development.

And, yes, you have heard it. Even if it is 8, even if it is 15, even if it is 100, even if it is 1, that is one too many that doesn't come to market. What if it is the one for Alzheimer's?

The Acting CHAIR. The time of the gentleman has expired.

Mr. WALDEN. Madam Chair, I yield an additional 15 seconds to the gentleman from Georgia.

□ 1915

Mr. CARTER of Georgia. Madam Chair, this is too important. This should not be partisan.

Thank goodness we have H.R. 19, a bipartisan bill. Everything that is in H.R. 19 is bipartisan—everything. And it brings down the cost of medication without stymieing innovation, without ruining research and development.

Madam Chair, I encourage Members to support H.R. 19.

Mr. PALLONE. Madam Chair, I yield myself such time as I may consume.

Madam Chair, this is a historic piece of legislation before us this evening. H.R. 3, the Elijah E. Cummings Lower Drug Costs Now Act, is the critical action we need to lower prescription drug prices for Americans across the United States.

Unfortunately, my Republican colleagues this evening continue to peddle Big Pharma's talking points and say that this bill will stifle innovation. Even the Trump administration's Health and Human Services Secretary Alex Azar, who was a drug company executive himself, acknowledged that drug companies like to claim that ''if one penny disappears from pharma's profit margins, American innovation will grind to a halt.''

Frankly, I am appalled by this argument, Madam Chair. It is the Federal Government and the American taxpayers who are the largest investors in innovation.

In fact, the National Institutes of Health, which has long enjoyed bipartisan, bicameral support, is the largest public funder of biomedical research in the world. For decades, publicly funded research has laid the foundation for the treatment and cures that patients use today.

Research shows that many patented prescription drug products were first discovered through taxpayer-funded NIH research and grants.

According to a report by the National Academy of Sciences, NIH-funded research contributed to the development of all 210 new drugs approved by the FDA between 2010 and 2016.

The impact is clear: Americans are living longer, healthier lives; heart disease, stroke, and diabetes are less deadly; cancer mortality rates are also, overall, on the decline.

The Elijah E. Cummings Lower Drug Costs Now Act, H.R. 3, will strengthen innovation—I stress, strengthen innovation—by investing $10 billion of direct funding to continue this momentum. This money is delivered to the agency over 10 years to provide sustained, predictable investments to our Nation's brightest researchers at our world-class universities and medical research centers.

This bill will advance research in cancer, rare diseases, regenerative medicine, and antibiotic resistance, among others. It also provides additional funding for phase 2 and phase 3 clinical trials.

History shows us that investments like these will pay dividends for patients.

Madam Chair, I am just so tired of hearing the Republican claim that H.R. 3 will kill new drug development and innovation. It is just the same tired fearmongering that the big pharmaceutical companies have used in an effort to lower their out-of-control drug prices.

We, as Members of Congress, work for the American people, not Big Pharma. And now is the time for us to act and deliver our promise to patients who rely on prescription drugs to live long and meaningful lives by lowering their drug prices.

Madam Chair, I reserve the balance of my time.

Mr. WALDEN. Madam Chair, I yield myself such time as I may consume.

Madam Chair, I can't help but just respond. Our information is based on fact, not rhetoric. It comes from the independent Congressional Budget Office that works for all of us. And when they evaluated H.R. 3, they are the ones—at CBO, the Congressional Budget Office—that said that the Democrats' plan, the Pelosi plan, would result in fewer new drug products being developed and coming to market.

CBO is the one, not Big Pharma. You can throw that around all you want, but it is the Congressional Budget Office that said 38 new cures that could be developed in the next 20 years would be lost in development because of this bill—38. Up to 38.

It was the Council of Economic Advisers that said upwards of 100 new cures, new medicines, would not come to market because of H.R. 3.

The great American innovators wrote to the Speaker and wrote to the Republican leader and said the dreams of life-changing therapies and cures for patients would be ''shattered'' by H.R. 3. They said that, unfortunately, H.R. 3 is an unprecedented and aggressive government intervention in the U.S. market of drug development and delivery that will limit patient access to these extraordinary advancements in care.

These are the people that—when they get a cure for cystic fibrosis; when they develop a cure for sickle cell; when, hopefully, they develop a cure for diabetes—we will all rush out to say, ''We helped. We funded NIH. They did an important role.''

And NIH funding is extremely important, but it is these innovators that do the actual development of the drugs. In fact, the Congressional Budget Office said, when it comes to H.R. 3 spending for NIH, that the effects of the new drug introductions from increased Federal spending under the bill on biomedical research would be modest—modest. Okay.

We have all supported increases in additional research at NIH. It is an important element of this. But it is actually the innovators spread all across the country and these tiny little startups, in some cases, that are begging us not to blow up the system to get drug prices down.

We can get drug prices down. We are willing to work on both sides of the aisle to do that. You don't have to destroy innovation in America and lifesaving cures for patients to get there. H.R. 3, independent analyses show, would do exactly that.

Madam Chair, I yield 1 minute to the gentleman from Ohio (Mr. STIVERS).

Mr. STIVERS. Madam Chair, I thank Ranking Member WALDEN for yielding, and I commend him for his efforts to limit drug prices and continue innovation.

I have a concern about the increased costs that both H.R. 3 and H.R. 19, as well as Senate proposals, could have on small manufacturers through the part D redesign.

These small manufacturers often serve the Low-Income Subsidy population that are our most vulnerable, and it would disproportionately affect their access to lifesaving and life-changing medications, such as drugs for mental illness and addiction. H.R. 3 is catastrophic to this population.

Madam Chair, I ask to enter into a colloquy with the gentleman from Oregon and seek his commitment to ensure small manufacturers and the LIS population are not inadvertently penalized as this process moves forward of our alternative.

Mr. WALDEN. Madam Chair, I thank the gentleman from Ohio for his remarks. I am hopeful that, after this political exercise of H.R. 3 is done, we can work on a bipartisan basis on needed part D modernization like we were doing before the Speaker, unfortunately, shut down these discussions.

When we do so, I look forward to working with the gentleman from Ohio to ensure that the vulnerable LIS population is not unintentionally adversely impacted.

The Acting CHAIR. The time of the gentleman has expired.

Mr. WALDEN. Madam Chair, I yield myself such time as I may consume. I appreciate the gentleman for bringing up this important issue.

Madam Chair, I reserve the balance of my time.

Mr. PALLONE. Madam Chair, I yield myself such time as I may consume.

Madam Chair, the Republicans keep saying that they want to work with us. We have suggested to them that the only way to reduce prices, that I know of—and they haven't suggested anything else—is by having some kind of negotiation.

We are talking about the drugs for which there is a monopoly. These are

the brand-name drugs for which there is no competition, no generic alternative. Every other country, the six that we have mentioned as part of this bill that we are looking at, because we subsidize them as the American people get ripped off, Australia, Canada, Japan, United Kingdom, and France bring prices down considerably by negotiating.

When you have all these Medicare beneficiaries, if you will, you have a tremendous amount of power, if you will, to negotiate with the drug companies because they want to sell their drugs to bring the prices down. If you don't do that, which is what the Republicans refuse to do, then you have no effective way of bringing prices down. We know that.

Now, this is why, when Medicare part D was established—I was here how many years ago—the Republicans insisted that they put in this clause in part D that said that the government can't negotiate prices.

So that is why we have to pass this bill, because right now the government has no power to do that.

Why not give the government that ability? So far, they refuse to do it.

So, I know they keep saying they want to work with us on a bipartisan basis, but they have refused to do any kind of negotiated prices, to get rid of that clause that says that the Department of Health and Human Services can negotiate prices.

The American public is getting ripped off. We are subsidizing drugs that are being sold in this other country. It is not fair. It is not a fair playing field.

Why should we let the drug companies continue with this monopoly? That is why we are moving H.R. 3. That is the basis for H.R. 3.

Madam Chair, I reserve the balance of my time.

The Acting CHAIR. The gentleman from Oregon has 2 minutes remaining.

Mr. WALDEN. Madam Chair, I yield to the gentleman from Georgia (Mr. ALLEN) for 1 minute.

Mr. ALLEN. Madam Chair, we all agree here that prescription drug prices are skyrocketing, and Congress must act. That is something that we all agree on. The question is how do we go about it.

A couple of facts:

One, H.R. 3 is a radical government takeover of the pharmaceutical industry, and it ultimately will prevent Americans from accessing potentially lifesaving cures.

Fact 2: According to the White House Council of Economic Advisers, H.R. 3 will prevent as many as 100 fewer drugs from entering the U.S. market in the next decade.

Fact 3: Countries that have adopted similar drug pricing schemes, as proposed under this legislation, have experienced a decrease in access to innovative new medicines, increased wait times for treatment, and supply shortages for in-demand drugs.

Americans will not stand for this. We have an alternative: H.R. 19, the Lower Costs, More Cures Act.

I urge Members to work together in a bipartisan way on H.R. 19.

Mr. WALDEN. Madam Chair, may I inquire how much time is remaining.

The Acting CHAIR. The gentleman from Oregon has 1 minute remaining. The gentleman from New Jersey has 3½ minutes remaining.

Mr. WALDEN. Madam Chair, I yield myself such time as I may consume.

Let's go through this really quickly.

Democrats have said it is worth it not to have future cures. That is point one. They have said that: worth it not to have future cures.

Congressional Budget Office tells us up to 38 cures will not come about because of H.R. 3.

They have said we want to model America after foreign countries, and the facts show that in foreign countries you have less access to lifesaving drugs for cancer, diabetes, respiratory issues, and cardiovascular.

The chart on the far side here lists those drugs individually. We are not making this up. This is fact. We can do this better. We can work together.

The Congressional Budget Office said, when we created Medicare part D—which I was here for and supported—that having the government in charge of pricing would have a negligible effect in terms of the savings. I think they believe that today.

But if you want to restrict access to drugs, if you want to deny new cures to patients, if you want to go on a system where you die because the medicine is not available in your country, then vote for H.R. 3.

If you don't, if you want to have lower drug prices, stop the gaming by the pharmaceutical companies and have more cures, then support our alternative.

Madam Chair, I yield back the balance of my time.

Mr. PALLONE. Madam Chair, I yield myself such time as I may consume.

Madam Chair, with H.R. 3 we are one step closer to fulfilling our promise of making prescription drugs more affordable for the American people.

Today, here in the United States, drug companies can charge whatever they want because there is no competition until a generic comes to market and because the Federal Government has no ability to negotiate drug prices.

The American people are getting ripped off. The status quo is unacceptable and unsustainable.

In other countries negotiations occur, and prices in those countries are substantially lower than here in the United States. For years the American people have been subsidizing prescription drugs for the rest of the world, and we are fed up with paying 3, 4, or 10 times as much for the exact same drug as someone in a similar developed country.

Under H.R. 3, those days are over. We are finally empowering the Federal Government to negotiate lower prices with the drug manufacturers.

Now, what we are doing with the savings that come from this bill is we are providing additional benefits to seniors.

H.R. 3 adds Medicare part B comprehensive dental coverage for the first time. It adds a new dental benefit to Medicare part D and will provide coverage for screening and preventive services. It adds a new vision coverage. H.R. 3 adds new vision benefits that would cover routine eye exams, contact lens fitting, and glasses or contact lenses once every 2 years.

□ 1930

It adds a comprehensive hearing benefit. It adds new hearing benefits that provide hearing aid coverage for individuals with severe, profound hearing loss.

The list goes on. We are investing more money to go to NIH. We are providing more money for community health centers. The bottom line is, we are also trying to save seniors' out-of-pocket costs by capping out-of-pocket costs at $2,000.

We are doing all this at the same time that we are lowering prescription drug prices through negotiation by the Secretary of Health and Human Services, or the Federal Government. Understand that once that price is set for Medicare, that price is also available in the rest of the market for those with insurance coverage.

This is a win-win situation for the American people. I don't understand how the Republicans on the other side could say that there is any other way to lower prescription drug prices, and they, frankly, haven't given us any suggestion in that respect.

I ask my colleagues, please, this is a transformational piece of legislation. Please support us. This should be supported on a bipartisan basis.

Madam Chair, I yield back the balance of my time.

The Acting CHAIR. All time for the Energy and Commerce Committee has expired.

The gentleman from Massachusetts (Mr. NEAL) and the gentleman from Texas (Mr. BRADY) each will control 30 minutes.

The Chair recognizes the gentleman from Massachusetts.

Mr. NEAL. Madam Chair, I yield myself 4 minutes.

Madam Chair, I rise in strong support of H.R. 3, the Elijah E. Cummings Lower Drug Costs Now Act.

I am delighted to have been asked to join with my colleagues Mr. PALLONE and Chairman SCOTT in authoring this historic legislation. It delivers on a Democratic promise to meaningfully stabilize and lower the very high costs of prescription drugs in the United States.

As a recent Ways and Means Committee report details, Americans pay, on average, four times more for the same prescription drugs as patients in

other similarly developed countries. An overwhelming majority of Americans, 95 percent, believe this disparity is unacceptable. I certainly agree with them.

H.R. 3 will level the playing field for patients and taxpayers by giving the Health and Human Services Secretary the power to negotiate better prescription drug prices in Medicare and throughout the private market. It also caps Medicare beneficiaries' out-of-pocket prescription drug spending at $2,000.

According to CBO, H.R. 3 will save American taxpayers over $500 billion. We will vigorously reinvest these tremendous savings into unprecedented dental, vision, and hearing Medicare coverage expansions.

These are benefits that are directly associated with positive short- and long-term health outcomes, and seniors deserve meaningful access to them.

H.R. 3 also expands eligibility to low-income subsidy programs so that seniors can get help to lower their out-of-pocket costs. These changes ensure seniors can afford lifesaving medications, protect Medicare beneficiaries with preexisting conditions from discrimination, and give older Americans access to commonly needed and life-transforming health services. Millions of Americans will see improvements to their quality of life and to their financial security.

I have long believed that we need to look at ways to reinvest in healthcare across the spectrum, and H.R. 3 does that by doubling our investment in maternal, infant, and early childhood home visiting programs, a proven tool to reduce maternal mortality and morbidity.

The bill also builds on the successful Health Profession Opportunity Grant demonstration projects to provide a leg up for low-income adults to fill good-paying healthcare jobs currently unfilled because of a lack of trained workers. Expanding HPOG programs will help low-income adults gain new skills, earn good jobs, and help address health worker shortages that exist across our 50 States, in the U.S. territories, and in American Indian communities.

I am pleased and proud of the medical innovation and research that is undertaken daily around the Nation, especially in the Commonwealth of Massachusetts. But I am concerned that this innovation is becoming out of reach for consumers who simply cannot afford its discoveries.

H.R. 3 gives patients the ability to benefit from and afford innovative drugs. In addition, the legislation reinvests savings from lower drug prices back into a very important part of the Massachusetts economy, the National Institutes of Health, to fund additional groundbreaking, lifesaving research.

The Elijah E. Cummings Lower Drug Costs Now Act, is a commonsense proposal that will allow Americans to live healthier lives and save money as they move along the way.

I urge my colleagues to support this legislation, and I reserve the balance of my time.

Mr. BRADY. Madam Chair, I yield myself such time as I may consume.

Madam Chair, why should patients have to choose between affordable medicines and a lifesaving cure for Alzheimer's, ALS, Parkinson's, or cancer? Why should parents with sick children be forced to wait longer for the newest breakthroughs that can save their lives? Why should Americans face shorter lives because the costliest and most painful drug is the one that is never created?

At the depths of NANCY PELOSI's drug bill is a dangerous tradeoff of lower drug prices in the short term but fewer lifesaving cures in the future, and not just a few cures lost, but many, according to the independent Congressional Budget Office and the Council of Economic Advisers, up to 38 cures lost, according to the Congressional Budget Office, and up to 100, according to the CEA.

The California Life Sciences Association predicts nearly 9 of 10 new drugs would never be available—never—from their research and small biotech companies if the Pelosi bill becomes law. This is a cruel and false choice, which is why this bill would quickly die with no real bipartisan support in the Senate.

As Republicans, we believe we need to do both, lower drug prices and accelerate new lifesaving cures. Our bill, the Lower Costs, More Cures Act, lowers out-of-pocket costs for Americans by cracking down on overpriced drugs and empowering seniors to choose the right place to get medicines, which can cut the cost of chemotherapy in half, pulling back the curtain on those who set drug prices, forcing drug companies to justify their increases and list their prices in their ads.

We accelerate, not kill, lifesaving medical cures. We permanently make it easier for Americans to deduct high medical expenses from their taxes. We allow them to use their health savings accounts for over-the-counter medicines, including feminine hygiene products, and save seniors over $300 each year on their medicines in the popular Medicare prescription drug program.

All of these proven ideas are bipartisan. All of these can be passed by Congress. All of these can be signed by President Trump this year if Democrats abandon their partisan games and recontinue what was our bipartisan work that got shelved for the Pelosi drug bill.

I will finish with this. As a member of the Ways and Means Committee, we in the Republican Congress joined with President George Bush in 2003 to create an affordable drug plan for seniors. At the time, Speaker PELOSI and Democrats tried their best to kill it. She famously predicted that trading the crucial part D prescription plan for the elderly would end ''Medicare as we know it.''

Can you imagine how many seniors' lives would have been lost if she had succeeded in stopping the affordable Medicare drug program that 43 million seniors have come to depend upon today?

NANCY PELOSI and Democrats were dangerously wrong then. Can Americans afford the pain and risk when they are dangerously wrong again?

Madam Chair, we have an alternative that lowers costs and accelerates cures in H.R. 19. That is the solution.

I reserve the balance of my time.

Mr. NEAL. Madam Chair, I yield 2 minutes to the gentleman from Texas (Mr. DOGGETT).

Mr. DOGGETT. Madam Chair, there is only one problem with this bipartisan plan that the Republicans have embraced: It will not lower manufacturers' prescription drugs prices by a penny.

As to the phony argument that there are some cures out there that will be lost by this legislation, it also does not stand the test of analysis. The suggestion is that 8 out of 200 drugs over the next 10 years may not be presented. Not new cures, but in many cases, if we look at the current market, these are simply reformulations of existing drugs that manufacturers use to extend their monopoly positions.

All of this about a bill that, frankly, I am not all that enthusiastic. I think this legislation was originally advanced as a narrow approach to win over Republicans, and that doesn't appear to have been too successful this evening.

For that purpose, it may have merit. But as a model for comprehensive future legislation on prescription price gouging by government-approved monopolies, this narrow measure does not. Its negotiation scope is restricted to insulin and certain high-cost, high-volume drugs.

Despite our pledge to repeal the Republican-imposed prohibition of Medicare negotiation, it still remains illegal, a violation of Federal law to negotiate lower prices for two-thirds of the medications covered by Medicare. That includes EpiPens and many other treatments.

No negotiation for lower prices is assured even when the taxpayers paid for much of the research to develop the drugs.

Price gouging is not limited to one disease or one class of drugs. This bill also does not provide any guarantee to 30 million uninsured Americans that they will get any lower prices.

I look forward to a new Congress with a President who wants to follow the campaign promises that President Trump has ignored, to provide relief for all Americans with a comprehensive solution to contain this Big Pharma monopoly power.

Mr. BRADY. Madam Chair, I am pleased to yield 2 minutes to the gentlewoman from Indiana (Mrs. WALORSKI), one of our key members on the Ways and Means Committee.

Mrs. WALORSKI. Madam Chair, I rise today in strong opposition to H.R. 3.

This misguided, partisan legislation was written behind closed doors. It will result in fewer cures, less innovation, and worse health outcomes. We all agree that prescription drug affordability is a vital issue for the American people. However, we shouldn't be sacrificing new cures in the process. The bill tells patients with cancer, Alzheimer's, and other terrible diseases to keep waiting for the cures they so desperately need.

That is why I support H.R. 19, the Lower Costs, More Cures Act. This bipartisan bill will lower out-of-pocket spending while also protecting access to new medicines and cures.

Madam Chair, we have an important opportunity to work in a bipartisan fashion for the American people. But here we are again, considering a partisan bill that has no path forward in the Senate. This has become such a disturbing trend.

I urge my colleagues to vote against this flawed legislation so we can work together on a bipartisan solution.

Mr. NEAL. Madam Chair, I yield 2 minutes to the gentleman from Oregon (Mr. BLUMENAUER).

Mr. BLUMENAUER. Madam Chair, I appreciate the gentleman's courtesy, and I appreciate his leadership.

I strongly urge that my colleagues reject the cynical approach that is being advanced by our Republican friends. Think about it for a moment. We are talking about challenging the monopoly that the Republicans gave, making it illegal to negotiate drug prices.

As a result, we have heard already in the course of this debate that our constituents pay four times more, on average, than other countries. Sometimes it is 67 times as much.

What would happen if we were able to slightly restrain that monopoly power and have a little competition? The Republicans are so cynical that they say the first thing the drug companies will do is not cut executive bonuses, not cut back on stock buybacks, not cut back on bizarre advertising. The first thing the pharmaceutical industry would do, in the vision of the Republicans, is cut back on vital research.

□ 1945

Give me a break. They already spend less on research than they do on the items that I have mentioned.

I really believe that, even though we have big differences with them—and I think we settled some of those scores in the recent trade negotiations—I have a hard time believing that they would make patients suffer instead of cutting back a little bit on executive compensation or stock buybacks.

I am proud that we have stood firm against Big Pharma in our trade negotiations, and I hope my colleagues will vote in favor of this legislation that will lower prescription drug prices by almost $2,000 per average family.

It will have savings that will expand Medicare benefits to include dental, vision, and hearing—critical benefits for the older constituents whom we all represent.

It reinvests the savings in Federal health programs, drug innovation, and medical research.

The Acting CHAIR. The time of the gentleman has expired.

Mr. NEAL. Madam Chair, I yield the gentleman from Oregon an additional 15 seconds.

Mr. BLUMENAUER. Madam Chair, reject this cynical view that the drug companies will punish consumers before they will restrain some of the excesses if we finally take back part of the monopoly powers that the Republicans gave to the pharmaceutical industry.

Mr. BRADY. Madam Chair, I yield 3 minutes to the gentleman from Arizona (Mr. SCHWEIKERT), who is one of our leaders in technology in healthcare.

Mr. SCHWEIKERT. Madam Chair, this is one of those, the tyranny of the clock as we have talked about, 3 minutes.

There are so many things here we agree upon about the rage we feel when we see the pricing mechanisms and those things. But there are so many things also being said here that are absolutely wrong, from what is happening in Big Pharma to the new biologics that are coming from the small research companies, that I believe, actually, H.R. 3 is going to do incredible violence to our society.

Madam Chair, you have to understand. We are living in the time of miracles. There are cures coming that would not happen under H.R. 3.

The single shot that cures hemophilia, one of most expensive diseases in our chronic population, that single shot is going to be outrageously expensive; but it is actually dramatically cheaper than just 3 or 4 years of living with the disease.

Madam Chair, here is actually one of my incredible concerns.

You do understand the pricing efficiency you are importing. This is a reference pricing bill.

Madam Chair, what is a year of your life worth? Madam Chair, what is a year of your life worth if you are healthy? One year of healthy life, what is it worth to you, Madam Chair?

Because, Madam Chair, if you are in Great Britain, it is $37,000. If the drug comes in at $37,001, it is not purchased. That is the efficiency you are about to import into our country. You are going to do this.

There are countries here where, if a pharmaceutical breakthrough is $19,000 and it would give you 1 year of healthy life, they don't buy it. That is what you are importing. You are importing this type of cruelty.

You get to look at someone's face and say: Look, we imported that European model that basically said that your life is not worth that to us for you to be healthy for another year.

We are better than this. We can do better.

We both passionately agree the pricing mechanisms are crappy. The way capital is moved around is unfair. But H.R. 3 is going to do so much more damage.

And I think I can build you a financial model that says that you will lower some people's drug prices and you will raise the cost of, functionally, healthcare in our country because the cures that are coming don't come anymore.

Madam Chair, do you really want to import that type of cruelty into our society?

Mr. NEAL. Madam Chair, if the gentleman asked me what a year of my life was worth, I would have said: An awful lot.

But I am appreciative of the fact that you were mute on that issue, Madam Chair.

Madam Chair, I yield 2 minutes to the gentleman from New Jersey (Mr. PASCRELL).

Mr. PASCRELL. Madam Chair, I want to thank FRANK PALLONE, RICHARD NEAL, and BOBBY SCOTT for all their hard work on the Elijah E. Cummings Lower Drug Costs Now Act.

The science and innovation behind lifesaving drugs is light-years beyond our wildest imagination.

As the medicine chest of America, New Jersey leads the way in biopharmaceutical research, which is integral to discovering lifesaving treatments. But with the blessing of living longer, the curse of high costs lingers. After too many years of inaction, it falls on us to address exploding costs in the health system.

Pharmaceutical innovation demands the best science, not the highest prices. But if medications are not affordable for all, how can they be lifesaving?

H.R. 3 is landmark legislation that helps us address the cost crisis by allowing Medicare to negotiate fair prices for American families.

We talked about this in 2009. The minority rejected it then, too. We should have done it then.

Medicare beneficiaries, our seniors, will save $150 billion in lower premiums and out-of-pocket costs. On top of that, Medicare part D beneficiaries will see an average discount of nearly 55 percent on current prices of the first drugs chosen for negotiation.

Our seniors will ultimately benefit from lower premiums, cost sharing, and a cap on their out-of-pocket expenses.

By the way, Medicare would finally, at long last, cover dental, hearing, and vision care services to help our seniors stay healthy—instead of bumper stickers and empty promises.

This legislation requires drug manufacturers to justify price increases and launch prices for drugs. By making this information public, manufacturers will be accountable.

This bill also includes a reauthorization of the Health Profession Opportunity Grants program, or HPOG, to

provide education and training to low-income individuals for health occupations that are in high demand or are experiencing labor shortages.

Mr. BRADY. Madam Chair, I yield 4 minutes to the gentleman from Pennsylvania (Mr. KELLY), who is a small business person who has always offered quality healthcare for his workers.

Mr. KELLY of Pennsylvania. Madam Chair, I am going to read a letter from a family back in Pennsylvania, the Stewarts, Sara, Michael, and their three daughters: Maddie, Gilly, and Daphne. It start off this way:

Dear Congressman Kelly, my name is Sara Stewart, and I am from Saint Petersburg, Pennsylvania. It is my understanding that the House Ways and Means Committee is having a public hearing on H.R. 3, the Lower Drug Costs Now Act of 2019.

Now, it appears this legislation does not have bipartisan support. It needs to take a more balanced approach. The balance is needed for patients like my 10-year-old daughter, Maddie.

Maddie suffers from a rare mitochondrial deletion condition called Pearson syndrome, which is a disorder that occurs as a result of mutated genes in the body. These genes impact mitochondria of her cells that prevent them from producing enough energy for the body to function properly.

Pearson syndrome is difficult to diagnose because it affects each individual differently. Maddie's symptoms through the years have included being blood transfusion-dependent for several years, the inability to heal after heat and Sun exposure, becoming type 1 diabetic, progressively losing her hearing and her vision, kidney failure, and several other daily complications, including developmental delays from having a body that runs on limited energy. It has been truly heartbreaking to see her endure this disease, but she continues to defy the odds.

My message is simple to you, Mr. KELLY, and to the rest of the committee: There is no cure or treatment for Pearson syndrome. There isn't any right now. Each day is a struggle to keep Maddie balanced so her body is able to better cope with the symptoms of this terrible disorder.

All we have—as well as many other families across the world—is hope. Please don't let partisan bickering impact the ability of researchers to discover and innovate new therapies that could save Maddie's life one day. The clock is ticking, and Maddie is waiting.

Madam Chair, I went to visit the Stewarts. I saw this adorable child, and her mom told me: She has so much energy today, and we are really excited that she is feeling this way when you came to see her.

When I looked at the Stewart family, when I looked at Maddie, when I looked at her sister Gilly, and when I looked at her sister Daphne, I thought: This isn't fair. She has never had a chance to live her life. She has already doubled the chances of what the life expectancy is. The mom is saying please don't let political bickering stand in the way of developing and innovating a new source that could save Maddie's life.

Last year, there were 80-some children who had the same condition as Maddie. This Christmas, hopefully, the 40 who are left will have the chance to celebrate it.

Now, I don't know how the Stewarts are registered. I don't know if the Stewarts vote, and I don't care. But I do know how the Stewarts pray, and they pray every night not just for Maddie, but for all the rest of the children who have this horrible disease.

The other thing they pray for is that, in the people's House and on the floor of the people's House, we don't look at each other as Republicans and Democrats, that we look at each other the way we really are: We are moms and dads. We are grandmas and grandpas and aunts and uncles.

If we cannot come here and agree that the hallmark of America has always been her ability to develop, to innovate, and to be the savior of the rest of the world, then what are we doing?

Do we really want to make this a political battle, or do we want to start developing policy that is about people and not political power?

The Acting CHAIR. The time of the gentleman has expired.

Mr. BRADY. Madam Chair, I yield the gentleman an additional 1 minute.

Mr. KELLY of Pennsylvania. Madam Chair, do we really want to look in the eyes of a 9-year-old or a 10-year-old and say to that child: It is not just in the cards right now because we can't get together as adults and do the right thing for the right reasons and let good things happen.

No. We have allowed ourselves to be so damned political and so damned divided that we turn our backs on the people who sent us here.

Maddie Stewart can't develop the drug herself. Mr. and Mrs. Stewart can't develop the drug themselves. The people of Saint Petersburg, Pennsylvania, can't help Maddie develop a drug. But we can. We can by passing legislation and looking not at H.R. 3, because you know it stops innovation.

Forget all the rest of the talk. It is all about innovation. It is about something new, something better, and something great that is going to save somebody's life.

Let's look at H.R. 19. Let's talk about the substitute, the Lower Costs, More Cures Act.

I wish we all had unlimited time to speak on this issue, but we don't. The clock is ticking. It is ticking for Maddie Stewart in Saint Petersburg, Pennsylvania.

Please do the right thing for the right reasons, and good things are going to happen.

Mr. NEAL. Madam Chair, a reminder that our bill will invest $10 billion in the National Institutes of Health for new and innovative cures.

Madam Chair, I yield 2 minutes to the gentleman from Chicago, Illinois (Mr. DANNY K. DAVIS).

Mr. DANNY K. DAVIS of Illinois. Madam Chair, I rise in strong support of H.R. 3, the Elijah E. Cummings Lower Drug Costs Now Act. It is the solution whose time has come.

According to the CBO, this bill will save $448 billion from Medicare alone, which can be used to provide other services to seniors and people with disabilities.

I thank the Democratic leadership for including my bills to reduce maternal mortality and morbidity by doubling the MIECHV program and by expanding the successful Health Profession Opportunity Grants program to train low-income individuals to help relieve the health shortage that exists in this country.

Madam Chair, Elijah Cummings would be proud of this bill to carry his name, and I urge its passage.

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Mr. BRADY. Madam Chair, I yield 2 minutes to the gentleman from Illinois (Mr. LAHOOD), who is a dynamic member of the Ways and Means Committee.

Mr. LAHOOD. Madam Chair, and I rise tonight in opposition to H.R. 3, the fewer cures and more government price control act.

While everyone recognizes that the overall cost of prescription drugs is too high, and that there are some bad actors in the system, I wonder why we are here tonight debating this legislation that essentially puts in place an arbitrary government price setting system. We should be, instead, finding ways to encourage more companies to engage in research for cures and drive competition for lower costs.

During consideration of H.R. 3 in our Ways and Means Committee, I authored a commonsense amendment to exempt any drug or biological product used to treat or cure Alzheimer's from the definition of ''negotiation eligible drug,'' essentially ensuring through this amendment that Alzheimer's research remains intact, so that the scientists and the researchers and the Ph.D.'s that are working hard every day to find a cure can continue to do that uninterrupted. Unfortunately, the amendment was defeated.

We already know from a CBO estimate that 38 cures will not come to market because of the legislation over the next two decades. It essentially cuts off at the knees innovation and deters the work that goes on today. The impact of future treatments and cures for diseases like Alzheimer's and dementia is unacceptable. An impact on even one cure is one too many, let alone 38.

Instead, we have an alternative. The House should support H.R. 19, the Lower Cost, More Cures Act, which consists of over 40 bipartisan provisions that President Trump may actually sign to help lower the cost of prescription drugs for all of our constituents.

It is disappointing that Democrats won't work across the aisle to solve this problem, and instead, are pushing a bill that will stifle innovative healthcare solutions and result in fewer life-saving cures and the research that goes into Alzheimer's.

I urge my colleagues to oppose H.R. 3.

Mr. NEAL. Madam Chair, I yield 2 minutes to the distinguished gentlewoman from Alabama (Ms. SEWELL).

Ms. SEWELL of Alabama. Madam Chair, I rise today in support of H.R. 3, the Elijah E. Cummings Lower Drug Costs Now Act.

I am particularly proud of a provision that I worked on with Speaker PELOSI to improve a provision in the original bill that caps out-of-pocket spending for Medicare part B beneficiaries at $2,000 annually.

My proposal further protects seniors by allowing them to pay these out-of-pocket costs in equal installments over 12 months, rather than all at once.

The final version of H.R. 3 also includes a bill I introduced earlier this month, H.R. 4669, the Maximizing Drug Coverage for Low-Income Seniors Act.

This is smart and innovative legislation that will ensure seniors are enrolled in the best Medicare part D program for their individual needs, not just randomly assigned.

This will save them money on out-of-pocket costs as well as improve access to their needed medication, while also generating savings in overall Medicare spending that can be reinvested in the program.

Madam Chair, in the richest Nation in the world, every American should be able to afford their life-saving medication.

I urge my colleagues to support this groundbreaking legislation and to vote for H.R. 3.

Mr. BRADY. Madam Chair, I reserve the balance of my time.

Mr. NEAL. Madam Chair, I yield 2 minutes to the gentlewoman from California (Ms. JUDY CHU).

Ms. JUDY CHU of California. Madam Chair, I rise today in support of H.R. 3, the Elijah E. Cummings Lower Drug Costs Now Act.

Americans are sick and tired of getting fleeced by Big Pharma and have had enough of skyrocketing prescription drug prices.

In my district, an uninsured patient with diabetes has to pay $655 for a monthly supply of Novolog Flexpen, a popular brand of insulin. But, in Canada, that same supply of insulin can be purchased for just $47.

This is outrageous. Why should Americans have to pay so much more than any other developed country for the exact same medications? Why should my constituents have to plan trips to Mexico and Canada to get the medications they need to stay alive? Because even with the cost of travel, it is still cheaper to buy their insulin abroad. And why are drug company profits soaring while patients go bankrupt? This is simply not right.

H.R. 3 is a landmark piece of legislation. It gives Medicare the power to negotiate for lower prices directly with the drug companies. It makes those lower prices available to those with private insurance. Seniors will not have to pay more than $2,000 out-of-pocket for their drugs. And drug companies can no longer rip off Americans while charging other countries less for the same drug.

This bill is an important first step in addressing the skyrocketing cost of prescription drugs. I am proud to stand here today as a cosponsor of H.R. 3. And I am committed to continuing our work for the people to bring down the cost of prescription drugs for all Americans.

Mr. BRADY. Madam Chair, I reserve the balance of my time.

Mr. NEAL. Madam Chair, I yield 2 minutes to the gentleman from Pennsylvania (Mr. BRENDAN F. BOYLE).

Mr. BRENDAN F. BOYLE of Pennsylvania. Madam Chair, I thank the chairman and all the colleagues of mine on both sides of the aisle and my committee, the Ways and Means Committee.

What a perfect illustration of the difference in priorities between the two parties. The major health initiative of the opposite party, when they were in power 2 years ago, was to repeal the Affordable Care Act, which would have taken away healthcare from more than 20 million Americans.

Yet, now the House, under Democratic leadership, is considering a major priority on this side of the aisle, H.R. 3. A bill that, according to the Congressional Budget Office, will save on drug costs of $500 billion for the American people.

Now, there are many reasons why I support H.R. 3, and I am proud to do so, but I want to highlight, especially, just one of them. This legislation would generate $10 billion to fight the opioid crisis, setting aside resources for the localities that have been impacted the most. That includes many rural areas in our country, but it also includes urban areas as well, especially in my district, in my hometown of Philadelphia.

I am proud to stand here and support H.R. 3. This is one of the most important things we can do for the American people: save prescription drug costs.

Madam Chair, I urge its support.

Mr. NEAL. Madam Chair, I yield 2 minutes to the gentleman from Pennsylvania (Mr. EVANS).

Mr. EVANS. Madam Chair, I am proud to stand before you and offer my support for H.R. 3, the Elijah E. Cummings Lower Drug Costs Now Act.

One issue that has a significant impact on my constituents is the skyrocketing cost of insulin. Across Pennsylvania, more than 1 million people live with diabetes and can spend anywhere from $1,200 to $20,000 on insulin medication each year. Over the past decades, the price of insulin has increased 197 percent.

When I think about the impact that these price hikes have on my constituents, the first person that comes to my mind is a young man by the name of Chase. Chase is from Philadelphia. He was diagnosed with Type 1 diabetes at the age of 3. He came to my office not long ago.

Chase told me that he and his mother needed Members of Congress to do something about the cost of insulin because he was worried about the burden it was placing on his mother, even though his illness was brought on through no fault of his own.

Chase walked me through each step of his journey with his illness. He told me what he and his mother do on a daily basis to manage the diabetes. He is strong in his message that we need to do something about this rising cost. Chase is 10 years old. He did not choose this, and neither did the other 30 million Americans across the country.

Under H.R. 3, there will be a reduction in insulin. It is important that I stand with my colleagues today and support H.R. 3, which includes my bill.

It is important that this bill will help seniors afford healthcare costs by increasing the number of them who are eligible for the Medicare Savings Programs. No one chooses to be sick, and no one chooses illness for their children.

Madam Chair, I urge my colleagues to vote in favor of this legislation. It is time to act.

Mr. NEAL. Madam Chair, I yield 2 minutes to the gentleman from Illinois (Mr. SCHNEIDER).

Mr. SCHNEIDER. Madam Chair, today the House is taking long overdue action in fulfilling our promise to the American people to lower the cost of prescription drugs. Medical research has fueled lifesaving advancements in medicine, but these innovations remain out of reach for too many due to exorbitantly high costs.

Tragically, 3 in 10 adults reported not taking their medicines as prescribed at some point because of the cost. Even those who can afford their prescriptions are charged prices many times higher than in other developed countries. This is simply unacceptable.

H.R. 3 puts us on a path towards a more equitable healthcare system where cost is no barrier to getting the care patients need. In particular, I want to highlight my legislation, the Protecting Medicare Beneficiaries with Preexisting Conditions Act, now included in H.R. 3 as Section 801.

More than 13 million beneficiaries have a supplemental insurance policy known as Medigap. Medigap helps lower out-of-pocket costs, but some 30 million more Americans are unable to buy a Medigap plan without being charged more for a preexisting condition. Specifically, disabled Americans under 65 and Medicare Advantage enrollees are not afforded the same coverage guarantees as nearly every other American.

The Affordable Care Act rightly eradicated discrimination for preexisting conditions in the individual market. We need to finally right this wrong for Medicare beneficiaries as well, and that is exactly what this bill does.

I look forward to this Chamber passing H.R. 3 to give more Americans peace of mind when buying their insurance and standing at the pharmacy counter. I hope all my colleagues on

both sides of the aisle will join me in supporting this bill.

Mr. BRADY. Madam Chair, I yield myself 1 minute.

Madam Chair, the Republican alternative to Lower Cost, More Cures Act is based on both parties working together. In fact, we were doing so until Speaker PELOSI blew this up with H.R. 3, written in secret, without any Republican input.

Our bill contains 36 different provisions that passed unanimously out of the Committee on Ways and Means and the Committee on Energy and Commerce. Madam Chair, 17 provisions that passed out of the House of Representatives also with bipartisan support; 28 different provisions that passed out of 3 different Senate committees with bipartisan support, and 21 of these provisions from the Grassley-Wyden Drug Pricing Package.

When this partisan bill dies, H.R. 3, we Republicans will be ready to take up these bipartisan measures because we agree—Democrats and Republicans—we need to lower drug prices, and we need to accelerate these cures.

Madam Chair, I reserve the balance of my time.

Mr. NEAL. Madam Chair, I yield 2 minutes to the gentleman from New York (Mr. SUOZZI).

Mr. SUOZZI. Madam Chair, I thank Chairman NEAL for yielding me time.

Madam Chair, I rise in strong support of H.R. 3. I think this is one of the most important issues facing America today. The American people are hungering for a solution to this problem.

On January 11, 2017, President-elect Trump said, when referring to the pharmaceutical companies, ''these guys are getting away with murder.''

For too long, Big Pharma has cashed in because our government, the largest purchaser of prescription drugs in the world, has been prohibited from negotiating lower drug prices. Americans pay nearly four times as much for prescription drugs as people in other countries.

H.R. 3 will finally give the United States Government the power to negotiate lower prices. It will stop unjustified price hikes and put a cap on Medicare part D beneficiary out-of-pocket costs.

The $500 billion in cost savings will be used to create historic Medicare improvements, such as dental, vision, and hearing benefits. This bill will also provide financial support for more Medicare beneficiaries, will boost funding for scientific innovation, will invest in community health centers, and will provide more money to fight the opioid epidemic.

I thank Chairman NEAL for also including a provision I wrote to help protect seniors that will require Medicare prescription drug plans to publicly disclose information about when beneficiaries are denied at the pharmacy counter.

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I want to thank Congressman REED for helping in that legislation. I am honored to cosponsor this historic piece of legislation.

Mr. BRADY. Madam Chair, I am pleased to yield 2 minutes to the gentleman from Kansas (Mr. ESTES), one of our new members of the Ways and Means Committee who is really thoughtful on healthcare.

Mr. ESTES. Madam Chair, I rise in opposition to H.R. 3, a bill that should be called the fewer cures and more government price controls act.

My colleagues know this partisan bill is another that is dead on arrival in the Senate, but it didn't have to be this way. I truly wish that my colleagues across the aisle had not abandoned the good faith, bipartisan negotiations on a realistic, workable solution to fix soaring drug prices.

Instead, H.R. 3 was changed after it was passed out of committee to please extreme voices on the left and become a giveaway for radical policies.

Even the nonpartisan Congressional Budget Office said H.R. 3 will result in fewer cures and fewer drugs coming to market, and current drugs being pulled from the market.

That means that, while H.R. 3 may lower drug prices today, it comes at the expense of fewer cures being developed in the future and more government controls.

We should not be forced to choose between lower prices or less innovation, just like no one should have to choose between paying for groceries or paying for their medication.

We must address this issue. But instead of H.R. 3, I encourage my colleagues to join me in supporting an amendment before us based on H.R. 19, the Lower Costs, More Cures Act.

This amendment, and the H.R. 19 bill, will use bipartisan reforms to lower prices, protect access to new medications, strengthen transparency with drug companies and PBMs, and allow competition to thrive.

I know this will help people across our country, like a community pharmacist I heard from in a rural area in my district. Unfortunately, retroactive and unpredictable fees to PBMs totaling $45,000, just in 2018 alone, have left it hard for this business to stay afloat and to serve patients in this rural community.

Unlike H.R. 3, our bipartisan solution will help give him and other community pharmacists, particularly in rural areas, the needed stability and predictability.

This is just one way today's amendment and H.R. 19 will help patients lower their out-of-pocket-costs and help keep more cures coming to market.

And furthermore, unlike H.R. 3, this measure could be passed and delivered to the President's desk this year and provide real relief to our seniors.

Mr. NEAL. Madam Chair, I yield 2 minutes to the gentleman from Nevada (Mr. HORSFORD).

Mr. HORSFORD. Madam Chair, I thank the chairman for his steadfast leadership.

I rise today to speak in support of H.R. 3, the Elijah E. Cummings Lower Drug Costs Now Act of 2019.

I support this bill because of one of my constituents, Steven Pastrone, who lives with multiple sclerosis. He shared: ''My whole right side of my body was weaker than my left and I had a hard time cognitively doing anything.''

Steven was not able to access his medication, which cost $35,000 per treatment, more than many Nevadans earn annually, so he had to rely on a cost-assistance program from the drug manufacturer.

So many people in our country are in Steven's position and cannot access their lifesaving medications outright. Chairman Elijah Cummings would say: ''We are better than that.''

My constituents who stop me at church and at recreation centers don't tell me that they are Democrat, Republican, or Independent. They tell me that they have diabetes; they have cancer; they have heart disease; they have asthma; and they want this Congress to do something, to act.

So this week, we finally tell Americans across this country that we value your health more than Big Pharma profits, and we will pass H.R. 3, to lower drug costs now.

I want to thank the chairman and the Members of this body, my colleagues, for working so hard. This is one of the most important issues that this Congress can act on, and I am proud to be a sponsor of this important legislation.

Mr. BRADY. Madam Chair, I am prepared to close, and I reserve the balance of my time.

Mr. NEAL. Madam Chair, I have no further speakers, and I am prepared to close.

I reserve the balance of my time.

Mr. BRADY. Madam Chair, I yield myself such time as I may consume.

Patients or politics—that is really the choice we have today when we vote on these different drug pricing bills.

There is a path forward that chooses politics. This path takes a partisan approach and throws away months of Republicans and Democrats working together to lower drug prices.

Experts tell us this will delay or eliminate medical breakthroughs and lifesaving cures for American families.

This piece of legislation is potentially unconstitutional, one that leads to patient access restrictions while giving more power to foreign bureaucrats to set prices for American patients right here.

And at what cost?

To save a few dollars in the short term for a dramatically worse landscape in America that discourages science, research, and discovery.

So I think of Representative KELLY's young girl, Mattie Stuart, St. Petersburg, Pennsylvania. She has a Facebook page, Mattie's Followers. Go to that page. Understand how patients are waiting for us, for those new cures.

I think of my friends in my neighborhood. We had a neighbor who died from a rare brain cancer. I have another who is fighting a glioblastoma; another neighbor, a very dynamic friend, who is now struggling with Parkinson's; two friends who have died from ALS; and my friends, acquaintances, coworkers who they or their parents struggle with dementia and Alzheimer's.

This bill, from Speaker PELOSI, in my view, just rips hope, robs hope from people waiting and praying for those cures. There is no way there are not fewer cures.

The Congressional Budget Office estimates that up to $1 trillion will be taken away from research and science and revenues that are invested in drugs and new discoveries.

Some say, well, the drug companies—and everyone seems to hate them—but the drug companies can just not do as many ads, can just shift some money around.

But let me put it in perspective. Drug companies could not spend a dime on any advertisement for the next 25 years; they couldn't make up what is taken from this bill.

We could zero out National Institutes of Health for a quarter century. That is what $1 trillion in research and discovery investment does.

You are in denial if you don't know there will be fewer cures—whether it is 38, whether it is 100, whether it is something in between. No one can tell us that cure that is lost won't be the one for Alzheimer's, ALS, Parkinson's, or for cancer.

This is the path Republicans reject. We believe that is too high a price to pay for this bill, because we think there is a bipartisan road right in front of us that we can take together, one that chooses patients and their needs. And I am convinced Democrats believe, with us, that we can do both.

I believe, with goodwill and good ideas, we can do this Lower Costs, More Cures Act. It sets out what Chairman Richie Neal and I set out to do in February of this year. We wrote that now is ''the time to take meaningful action to lower the cost of prescription drugs in the U.S.''

We said we are committed to working together to end this cycle while preserving access to lifesaving innovations. I believe we can do that.

I believe the solution isn't in H.R. 3. That is as dead as can be. I think the solution is H.R. 19 and working together to fine-tune it even better by accelerating, not killing, lifesaving medical cures; by doing what we have already said is bipartisan: driving out-of-pocket costs down; expanding health savings accounts; deducting medical expenses; letting people use their FHAs more; saving seniors by redesigning part D; forcing drug companies to justify their increases, to pull that curtain back on how they price those drugs; everyone along the system, making them, forcing them to pay more of the drug burdens in Medicare part D.

And together, we can tell families suffering from Alzheimer's, ALS, Parkinson's, cancer, and so many other illnesses that we are committed together to finding a cure.

My vote today will be on behalf of patients. It will be on behalf of bipartisan solutions. It will be cast with the hope that a future cure for cancer can be discovered and developed right here in America, sooner rather than later.

I know my Republican colleagues will join with me in that fight as well, and I ask my friends, my Democrat colleagues, to do the same.

Let me be clear on that. I think there are Democrats who have come here to solve problems but find themselves boxed out by the Speaker's top-down approach. My simple request is, join us in fighting for a bipartisan solution, H.R. 19, no matter how you will eventually vote on H.R. 3.

Send a signal that it is not too late for the Matties of the world. It is not too late. We can deliver a bipartisan win for lower drug prices and that cure we all pray for for our families and loved ones.

Madam Chair, I yield back the balance of my time.

Mr. NEAL. Madam Chair, I yield myself the balance of my time.

Addressing the rising cost of prescription drugs is a complicated issue, as Mr. BRADY has noted, and it needs a thoughtful approach. H.R. 3 is a critical step toward a long-term, sustainable solution.

A lot of hard work went into crafting this measure and, indeed, bringing it to the floor. And there are a number of staff to thank.

From the Legislative Counsel's Office: Jessica Shapiro, Karl Hagnauer, Lisa Castillo, Adam Schilt, Fiona Heckscher, James Grossman, and Henry Christup.

From CBO: Tom Bradley—who, I might add, is retiring after long and distinguished service, and we thank him for that—Paul Masi, Rebecca Yip, Lara Robillard, Chad Chirico, Alice Burns, Stuart Hammond, Lori Housman, Jennifer Gray, and Leo Lex.

From the Joint Committee on Taxation: Tom Barthold, Vivek Chandrasekhar, Shelley Leonard, Chia Chang, Lin Xu, and James Elwell.

From CMS: Manda Newlin, Maia Larsson, Ira Burney, Lisa Yen, Jen Druckman, Stacy Harms, Leigh Feldman, and Jenny Keroack.

And, of course, as always, I want to thank the staff of the Ways and Means Committee, who, as usual, have worked tirelessly and effectively on this legislation. The legislation before this House today is in no small part because of their expertise and their commitment to improving the healthcare for all members of the American family.

I thank Amy Hall, Sarah Levin, Melanie Egorin, Rachel Dolin, Orriel Richardson, Neil Patil, and Morna Miller.

As we have heard today on the floor, there are a lot of views on how to lower prescription drugs, and I am open to suggestions. One policy is not going to be the final fix, but this legislation is an important, impactful first step, and I welcome continued dialogue on both sides of the aisle.

I urge my colleagues to join me in supporting this historic legislation, and I yield back the balance of my time.

The Acting CHAIR (Ms. DAVIDS of Kansas). The time of the Committee on Ways and Means has expired.

The gentleman from Virginia (Mr. SCOTT) and the gentlewoman from North Carolina (Ms. FOXX) each will control 30 minutes.

The Chair recognizes the gentleman from Virginia.

□ 2030

Mr. SCOTT of Virginia. Madam Chair, I yield myself 2 minutes.

Madam Chair, I would first like to thank Chairman NEAL, Chairman PALLONE, the Speaker of the House, and other Democratic leaders for their leadership in lowering skyrocketing drug costs.

The Elijah E. Cummings Lower Drug Costs Now Act is a historic proposal to improve the health and well-being of all Americans. Not only does this legislation lower drug costs for taxpayers and seniors on Medicare, but it also reduces drug costs for businesses and families across the country, allowing employer-sponsored plans to access the same cost savings negotiated for Medicare.

In fact, according to the Centers for Medicare and Medicaid Services, H.R. 3 will save households and businesses more than $160 billion over the next 10 years. In my district, this means savings for approximately 600,000 people in public and private health insurance programs.

H.R. 3 will save the taxpayers hundreds of billions of dollars, and these savings will be reinvested in healthcare priorities. These priorities include funding new cures through the National Institutes of Health; funding community health centers, which serve 29 million Americans across the country; and combating the opioid epidemic.

Simply put, the Elijah E. Cummings Lower Drug Costs Now Act will lower prescription drug costs for workers today while investing in a healthier future for all Americans. I urge my colleagues to support this legislation and deliver on our bipartisan promise to lower healthcare costs for the American people.

Madam Chair, I reserve the balance of my time.

Ms. FOXX of North Carolina. Madam Chair, I yield myself such time as I may consume.

All of us in this Chamber have heard the troubling stories of mothers and fathers, grandmothers and grandfathers, friends, and colleagues who suffer every day because they can't afford

their medications. That is why Congress started a collaborative and bipartisan process to tackle this issue earlier this year.

In October, this bipartisan collaboration was cut abruptly short by Speaker PELOSI with the introduction of H.R. 3, which was written in secret without Member input or the regular committee process.

Instead of a bipartisan solution, we are left with H.R. 3, which is nothing more than a Democrat downpayment on a government-run healthcare system that would eliminate private insurance and implement government-controlled rationing of prescription drugs.

I serve as the senior Republican on the Education and Labor Committee. H.R. 3 is the latest string in a series of radical Democratic bills that I have seen in the committee and in the House that promote unprecedented government interference in private markets and increased regulatory red tape. Proposals that can and should be bipartisan, such as addressing the skills gap, pension reform, and now drug pricing, are being rewritten by Democratic leadership, which is held hostage by their most leftwing Members.

An amendment adopted during our committee markup proves just that point. Representative PRAMILA JAYAPAL's amendment pushes this radical bill even further to the left by requiring the Secretaries of Labor, Health and Human Services, and the Treasury to study and issue regulations on extending government price controls to private healthcare plans.

The mandate for additional price controls suggested in this amendment tells private companies how much they can increase their prices each year or forces them to pay a fine. House Democrats aren't satisfied with only setting prices in government programs, and they continue to find ways to expand the already radical scope of H.R. 3 to the private market as well.

Since the Education and Labor Committee markup, this issue has been a key area of disagreement between moderate and progressive Democrats, but Speaker PELOSI, yet again, caved to the demands of her Progressive Caucus and agreed to keep the amendment in the final bill.

The flawed and extreme approach taken by H.R. 3 includes troubling and unprecedented government interference in private market negotiations. Governments don't negotiate; they dictate. So this radical scheme will eliminate choice and competition and jeopardize innovation, investment, and access to future cures.

Breakthrough cures for diseases like Alzheimer's, cancer, sickle-cell disease, and others will be at risk. In fact, if we pass H.R. 3, the nonpartisan Congressional Budget Office says we could see up to approximately 38 fewer cures for deadly diseases over the next 20 years, and the Council of Economic Advisers says up to 100 fewer cures over the next 10 years.

If those estimates aren't concerning enough, just look at real-world examples for proof. Countries that have adopted drug pricing systems like those included in H.R. 3 face decreased access to innovative new medicines, increased wait times for treatment, and supply shortages for in-demand drugs.

Democratic supporters of this bill have said fewer cures in exchange for government control prices is ''worth it.'' This is shameful. Democrats may be okay with fewer cures. I am not, and neither are my colleagues.

The American people deserve better from Congress. They deserve a real solution that will lower the costs of prescription drugs without jeopardizing access to new treatments and cures.

That is why House Republicans have introduced H.R. 19, the Lower Costs, More Cures Act. This bill contains measures that have bipartisan support in the House and the Senate, and it can become law this year.

Specifically, H.R. 19 will help lower out-of-pocket costs, protect access to new medicines and cures, strengthen transparency and accountability, and champion competition. Yet, House Democrats are ignoring this bipartisan, commonsense legislation. Clearly, they prefer politics over progress.

Madam Chair, I reserve the balance of my time.

Mr. SCOTT of Virginia. Madam Chair, I yield 3 minutes to the gentleman from Connecticut (Mr. Courtney), a distinguished member of the Committee on Education and Labor.

Mr. COURTNEY. Madam Chair, I thank the gentleman for yielding and for his leadership on this issue.

Madam Chair, the Chamber can see the chart on my right, which was prepared by the Organization for Economic Cooperation and Development, which shows that the American people pay far more for prescription drugs than any other country in the world by wide, unacceptable margins. Per capita, the United States spends 25 percent more on prescription drugs than Switzerland, the country with the next highest drug costs.

Specific examples of this outrageous disparity abound. A vial of insulin in the U.S. is $300. The same vial in Canada is $32. In the U.S., an EpiPen two-pack has a list price of $608, in the U.K., $69.

About one-quarter of Americans say that it is difficult for them to afford their prescriptions. Seventy-nine percent of Americans think the costs of prescription drugs is unreasonable. Approximately one-third of Americans say they haven't taken their medicine as prescribed because of trouble affording it.

This week, Congress will vote finally to use the leverage Medicare has to get U.S. drug prices in line with the international price index for developed countries whose standard of living is comparable to the U.S. and whose life expectancy in many cases actually exceeds the U.S.

As CBO confirmed, this bill will save patients millions of dollars and will ensure that this chart changes for the better.

Crucially, this bill is unique from other proposals by lowering drug costs not just for Medicare but also for the 50 percent of Americans who receive their health insurance through work.

This bill directs the Secretary of HHS to negotiate lower drug prices and extends that price voluntarily to employer-sponsored health plans, reducing the relentless increase in healthcare costs that is driving premiums higher for large employers, small employers, and the self-insured.

According to the Connecticut Department of Insurance, the portion of healthcare premiums attributable to prescription drug coverage has increased from 15 percent to 23 percent of every premium dollar since 2010, which eats up wages and salaries.

In a nutshell, this bill will put billions of dollars into the pockets of working Americans and their families, at the same time not using a limited formulary, at the same time preserving a research and development tax credit, and at the same time boosting support for pharmaceutical research at the National Institutes of Health.

This bill is the most significant healthcare proposal in a decade. It is time for us to listen to the American people, who in 2018 listed healthcare costs, specifically prescription drug care costs, as their number one concern in exit polls in the highest voter turnout for a midterm election since 1914. This is the bill that responds to that loud signal from the American people. I urge passage of H.R. 3.

Ms. FOXX of North Carolina. Madam Chair, I yield 3 minutes to the gentleman from South Dakota (Mr. JOHNSON).

Mr. JOHNSON of South Dakota. Madam Chair, I thank the gentlewoman for yielding.

Americans want lower drug prices. I want lower drug prices. My colleagues want lower drug prices.

We have been told tonight that H.R. 3 is the proper vehicle to accomplish that goal. I regret to inform the body that it is not. H.R. 3 is not a bipartisan attempt to find common ground. Make no mistake about it, it will not become the law of the land.

But for those of us who came to Congress to solve problems, there is some good news. There is a better way.

H.R. 19, which was introduced by 111 of my colleagues and me this week, is markedly better than H.R. 3, and it can become law. I want to highlight four components of H.R. 19.

First, it would end abuse of the patent system, and it would end the pay-for-delay agreements that allow generic manufacturers to actually be paid by their competitors to keep drugs off the market.

Secondly, it would, for the first time ever, place a cap on seniors' out-of-pocket drug costs. That is supported by 75 percent of Americans.

Third, it would establish a new negotiator within the Office of the United States Trade Representative, allowing us to push back against countries that expect that the U.S. should subsidize their drug costs.

Finally, it would increase transparency in the doctor's office and at the pharmacy. That will be welcome news for the 90 percent of Americans who want to see more transparency in the drug pricing system.

Madam Chair, with agreements this week on the U.S.-Mexico-Canada Agreement and the National Defense Authorization Act, we have some bipartisan momentum building in this town. Oh, my, perhaps it is a Christmas miracle.

With that in mind, we should set aside the partisan H.R. 3 and instead apply that reemerging bipartisan spirit to lowering drug prices.

Mr. SCOTT of Virginia. Madam Chair, I yield 2 minutes to the gentlewoman from California (Ms. Davis), the distinguished member of the Committee on Education and Labor and chair of the Subcommittee on Higher Education and Workforce Investment.

Ms. DAVIS of California. Madam Chair, I thank the gentleman for yielding, and I thank Chairman SCOTT for his leadership on this bill.

This bill is named after the late Congressman Elijah Cummings for his great work fighting for affordable healthcare and prescription drugs.

He fought for people like a constituent of mine who wrote to me regarding the absurdly high cost of insulin. He explained in this letter that his brother had been diagnosed with type 1 diabetes, which requires him to take an insulin injection four times a day. My colleagues are probably familiar with that, people they know. A single bottle of insulin costs $400. He tells me that some people skip needles. Others let themselves stay at harmful blood sugar levels so that they can make their insulin last longer.

Madam Chair, no one should have to suffer this indignity, especially when in many places around the world, insulin is as low as $8.

With H.R. 3, Medicare will be able to negotiate drug prices for seniors and beneficiaries, and our constituents won't be plagued by such high costs for such a common drug.

□ 2045

And thanks to this bill, the NIH will have more resources to encourage more research and more experimentation. The savings can be used for large projects and for new pilot initiatives to assist the development of new cures and treatments, and this can really be groundbreaking for all of us.

I supported this bill in committee because it boosts the economy by saving both American workers and businesses billions of dollars. We all know what that can mean.

Madam Chair, I encourage my colleagues to vote for the underlying legislation.

Ms. FOXX of North Carolina. Madam Chair, I yield 3 minutes to the gentleman from Texas (Mr. WRIGHT).

Mr. WRIGHT. Madam Chair, I thank Ms. FOXX for yielding.

Madam Chair, I rise in opposition to H.R. 3.

This Congress, we have seen on multiple occasions that Democrats and Republicans are able to agree on and move powerful and beneficial legislation when we put aside politics in favor of bipartisan pragmatism.

Members on both sides of the aisle agree that rising drug prices are a major concern for all Americans, and you would think we would be able to deliver for the American people on this issue.

Unlike the radical bill before us, H.R. 19, the Lower Costs, More Cures Act, contains bipartisan solutions and has a real chance of being signed into law. Sadly, we are wasting the taxpayers' time debating a hapless Federal takeover of America's innovative biotech industry that will result in more harm than good.

H.R. 3 represents the first step of a government takeover, all under the guise of helping. But threatening companies is not helping; restricting future cures is not helping; threatening the jobs of 89,000 Texans employed by the biotech industry is not helping.

This bill would slap manufacturers with a 95 percent excise tax for not negotiating its prices with the Federal Government. That is not negotiating; that is dictating.

Speaker PELOSI's price-setting legislation gives manufacturers a stark choice: comply or exit the U.S. market entirely.

Doctors take the Hippocratic Oath to do no harm. Public officials should do the same.

If one thing is clear to me, it is that H.R. 3 will absolutely do harm. This bill has one assured outcome: the stifling of medical innovation here in the United States.

Experts from the Congressional Budget Office, the Council of Economic Advisers, and the California Life Sciences Association have all warned of the disastrous impact H.R. 3 will have on future cures. Specifically, they warned that up to a third of new cures could be lost over the next 10 years.

Fortunately, we don't have to rely solely on expert estimates about the impact of government price setting. We can look at the real-time results in other countries.

Between 2011 and 2018, 89 percent of new treatments introduced were available to Americans, compared to 62 percent in Germany and 60 percent in the United Kingdom.

We have seen, to the United States' benefit, the migration of R&D activity from Europe in the aftermath of their price controls.

Now is not the time to slow down medical innovations in the United States. We must stop this radical government overreach.

Mr. SCOTT of Virginia. Madam Chair, I yield 3 minutes to the gentlewoman from Pennsylvania (Ms. WILD), a distinguished member of the Committee on Education and Labor.

Ms. WILD. Madam Chair, I rise in support of H.R. 3, the Elijah E. Cummings Lower Drug Costs Now Act. In his name, the days of putting profits over people must come to an end.

Madam Chair, to my colleagues across the aisle, why do they consider this to be a partisan idea?

Drug companies owe a fiduciary duty to make profits for their shareholders, but as Members of Congress, we have a much more important shareholder: the American people.

When we try to pass good bills to drive down drug prices, Big Pharma throws the weight of its lobby to kill them. They talk about innovation and research and development without disclosing that they spend more on marketing than they do on innovation, without disclosing that they could lose $1 trillion in sales and still be the most profitable industry.

One vial of insulin in America should not cost 10 times what it costs in Canada. People like my constituents Danielle Thrapp and her son Brandon should not have to worry about the price of insulin.

People like my constituent Mitchell Lenett shouldn't have to worry whether his 14-year-old daughter Carly, who has type 1 diabetes, will be able to afford her insulin when she is no longer on his health insurance plan. That is why this bill is so important.

The Secretary of HHS must be able to negotiate lower drug prices for the highest cost prescription drugs, something other countries with far lower drug prices have long been able to do.

The Congressional Budget Office tells us that H.R. 3 will lower prices and increase the availability of prescription drugs. The CBO score says that this bill will reduce Federal spending for Medicare by at least $345 billion.

This will free up funding for some of our other priorities, like my bill to increase funding for child abuse prevention and treatment services and for expanding trauma-informed education practices in our schools and for mental health services.

Madam Chair, I call on my colleagues to put people over profits, finally, and pass this bill.

Ms. FOXX of North Carolina. Madam Chair, I yield 3 minutes to the gentleman from Michigan (Mr. WALBERG).

Mr. WALBERG. Madam Chair, I thank the gentlewoman for yielding.

Madam Chair, as I travel across Michigan, I constantly hear about the high cost of prescription drugs. Hardworking families are simply paying too much.

We agree on this, and that is why we need to tackle this issue in a bipartisan way, not try to score political points like, Madam Chair, I am hearing tonight.

Sadly, H.R. 3 is a partisan, heavy-handed approach that has no chance of becoming law.

Mr. Chair, let's be honest: Governments don't negotiate; they dictate. This drug-pricing scheme will ultimately hurt families, stifle innovation, and prevent lifesaving cures from becoming available to our friends, our neighbors, our families.

Approximately 100 lifesaving drugs, according to the Council of Economic Advisers, won't come to fruition if H.R. 3 passes.

Mr. Chair, I would dearly love to ask my colleagues: Which of those cures would we do away with? Alzheimer's? Parkinson's disease? Childhood cancers? Which ones would we give up for H.R. 3?

There is a better approach, a plan that is patient-focused and filled with bipartisan provisions that enjoys support in the Senate, and, oh, by the way, the President would sign. It would become law. It would reduce the costs and increase innovation. It is H.R. 19, the Lower Costs, More Cures Act.

Mr. Chair, this bill will strengthen transparency, encourage medical breakthroughs, and make medications that families rely on more affordable.

If the other side is serious, Mr. Chair, about getting something done, then we should be voting on the Lower Costs, More Cures Act this week and move it forward for our people and provide cures at lower cost—and many more than the other countries that you are talking about tonight.

Mr. SCOTT of Virginia. Mr. Chair, I yield 2 minutes to the gentlewoman from Washington (Ms. SCHRIER), a distinguished member of the Committee on Education and Labor, who, prior to her service in Congress, was a practicing physician.

Ms. SCHRIER. Mr. Chair, I thank everyone who worked so hard on the Elijah E. Cummings Lower Drug Costs Now Act.

As so many of my colleagues have said already, this is a groundbreaking bill.

Medicare is the biggest purchaser of medications in the world, and it should absolutely have the power to negotiate costs, and we should not continue to pay three to four times more than the rest of the world for our medications.

With negotiation, this bill saves hundreds of billions of dollars, and we are going to use that money well. Part is for research, but one of the ways is my bill, included in H.R. 3, that requires Medicare to cover vision care.

Medicare part B covers cataract surgery and yearly glaucoma tests, but it does not cover routine eye exams, glasses, or contact lenses, and this is a tremendous gap in coverage for our seniors.

We want to make sure seniors can live independently for as long as possible, and part of this is making sure they can see well enough to drive to appointments, walk safely around the house, and carefully read their prescription bottles. Also, poor vision can limit physical activity and increase isolation, leading then to deteriorating health.

As a doctor, I am concerned about the number of older Americans who have not had an eye exam in well over a year and might have undiagnosed eye conditions. By expanding Medicare part B to cover vision care, we will ensure that older Americans will be able to access affordable care.

Ms. FOXX of North Carolina. Mr. Chair, I yield 3 minutes to the gentleman from Pennsylvania (Mr. KELLER).

Mr. KELLER. Mr. Chair, I thank Ms. FOXX for yielding me time.

Mr. Chair, I urge my colleagues to join me in opposing H.R. 3.

While we can all agree that Americans pay too much for healthcare and that the rising cost of prescription medicine needs to be addressed, H.R. 3 is not the bill to accomplish those goals.

Traveling across Pennsylvania's 12th Congressional District, I have met with patients and medical professionals who have told me that the best way to address rising prescription drug costs include patient reforms that will include patent reform to get generics to market faster, price transparency so consumers know the actual cost of the medication they are purchasing, and incentivizing innovation to help find new cures.

Contrary to these goals, H.R. 3 would turn a blind eye to good bipartisan work done on this issue throughout 2019 that can provide real savings for our seniors and our families.

H.R. 3 would lead to more government control over a private industry, putting this country on the road to socialized medicine. And H.R. 3 would lead to fewer cures, with some estimates saying up to 100 fewer cures would be found as a result of this legislation.

Mr. Chair, we have a bipartisan plan that has the support of doctors and patients alike. H.R. 19 would provide for more cures, create price transparency, and get generics to market faster.

These are bipartisan solutions backed by doctors and pharmacists in Pennsylvania's 12th Congressional District, in the Commonwealth of Pennsylvania, and across our country.

While Americans struggle to pay for the high cost of prescription drugs, we have real legislation that can help solve this real problem. We should not be wasting our time debating something that harms Americans by providing fewer cures and will never become law.

Mr. Chair, again, I urge my colleagues to oppose this socialist fantasy in H.R. 3 and encourage us to work on the real bipartisan solutions in H.R. 19.

Mr. SCOTT of Virginia. Mr. Chair, I yield 2 minutes to the gentlewoman from Connecticut (Mrs. HAYES), a distinguished member of the Committee on Education and Labor and a former National Teacher of the Year.

Mrs. HAYES. Mr. Chairman, I rise in support of the Elijah E. Cummings Lower Drug Costs Now Act, a bill that would take power wielded and weaponized by massive drug companies and put it back in the hands of the American people.

It is beyond unacceptable that families in my district and around the country are price gouged at the pharmacy counter and forced to make the impossible decision to either pay for their medication or put food on their table.

H.R. 3 will save my constituents in Connecticut's Fifth suffering from diseases like diabetes, asthma, and arthritis, hundreds—even thousands—of dollars per year.

□ 2100

But perhaps the thing I am most proud of in H.R. 3 is that it includes a bill that I sponsored, the Supporting Trauma-Informed Education Practices Act. This bill will put drug companies who share responsibility for the opioid crisis on the hook for part of the solution.

My bill would direct $100 million of the savings from drug pricing negotiations to grants that would improve trauma support services and mental healthcare for children and schools.

As a Member of Congress who has spent a career in the classroom, I have seen the painful reality of too many schools having too few counselors and psychologists to tackle the complex needs of students suffering from abuse, neglect, and trauma.

We need to commit to investing and implementing ongoing supports and wraparound services for every student who is affected, for every student who has faced loss or has been separated from their parents as a result of the opioid crisis.

Drug companies are prioritizing profits over human lives in their cruel business calculus. Communities like Waterbury, Litchfield, and New Britain in my district desperately need help to fight this opioid crisis, which mirrors the crisis that consumers are currently facing with rising drug costs.

I am proud that this bill also includes legislation I cosponsored that would lower drug costs for some of the most vulnerable members of the population.

The Acting CHAIR (Mr. LEVIN of California). The time of the gentlewoman has expired.

Mr. SCOTT of Virginia. Mr. Chair, I yield the gentlewoman from Connecticut an additional 30 seconds.

Mrs. HAYES. The bill would also save older adults with limited incomes money and improve access to their needed medications.

Mr. Chairman, my constituents cannot wait for change. Patients in rural communities cannot wait for change. The 22,000 Connecticut residents diagnosed with cancer each year cannot wait for change. The student in Meriden who has suffered as a victim of the opioid crisis cannot wait for change.

I urge my colleagues on both sides of the aisle to recognize that our constituents need us. I urge my colleagues to vote in support of H.R. 3.

Ms. FOXX of North Carolina. Mr. Chairman, I yield 3 minutes to the gentleman from Wisconsin (Mr. GROTHMAN).

Mr. GROTHMAN. Mr. Chair, I also rise to speak against H.R. 3.

To me, there are two segments of society in which the costs have gone out of control and are really broken. One is the secondary education system, and the other is the medical situation.

It is not surprising that the two areas that prices have spun out of control since I was a child are two areas in which the government has been most involved; and, therefore, we should be very measured before we become involved in a lot more government prescription or mucking around the medical industry.

And I say that as somebody who is no friend of the drug companies. I think their behavior has become absolutely deplorable.

Nevertheless, we have to remember that, when it comes to new drugs right now on the market, other countries have a lot less access than we do in America. In that regard, America is still number one.

Only 36 percent of the new drugs are allowed into Australia, 46 percent in Canada, and under 60 percent in the U.K. We are still the envy of people in other parts of the world there.

Of new cancer drugs launched in the last 8 years, 95 percent are available in the United States, 74 percent in the U.K., and less than 50 percent in Japan.

The thing to remember which is so frequently true: Government involvement can be good, but a lot of times government involvement can make things worse.

The next frustrating thing about this bill is there are good things that both sides could agree on and could pass right away.

We have heard a lot about H.R. 19 right now. One of their folks was talking about the high cost of insulin. We are doing things, or people would do things in H.R. 19, to rush more biosimilars to insulin to the market. They could have that victory tomorrow.

But, for some reason, rather than vote on a bill they know will pass and will do a great deal to reduce the cost of prescription drugs, the other side has elected to bring forth a bill that they know will not pass, which comes down to the third point I am going to make: Why are they not passing a bill that would collect the vast majority of Republicans in the House and has a good chance of passing the Senate and being signed by President Trump?

I reluctantly conclude that, one more time, they don't want to have a victory in these 2 years, for whatever motivation. And that is truly sad because these drug costs are out of control, and there are victories that can be taken today.

But instead of passing a bill, given political reality, that can be brought to the floor, they will pass a bill on the House floor that they know is going to go nowhere in the Senate and that they know is going to delay the relief that people need.

The Acting CHAIR. The time of the gentleman has expired.

Ms. FOXX of North Carolina. Mr. Chairman, I yield the gentleman from Wisconsin an additional 30 seconds.

Mr. GROTHMAN. They know it will delay that relief for at least another year.

I have a bill I am going to talk about, myself, a little bit later.

Mr. SCOTT of Virginia. Mr. Chair, I yield myself such time as I may consume.

Mr. Chair, I just want to comment about a letter that we received from the American Federation of State, County and Municipal Employees. This letter states, in part: ''Enactment of H.R. 3 is needed because:

''It directs our government to stand on the side of all Americans and protect us from price gouging by directly negotiating for lower prescription drug prices.

''It creates a new $2,000 out-of-pocket limit on prescription drugs for people on Medicare.

''It reinvests Federal savings into much-needed new Medicare benefits to cover dental, vision, and hearing.

''The cost of inaction is too high. It is calculated in the suffering of individuals who are forced to ration their medicines or choose between buying medicines or paying for housing and groceries. Prescription drug companies must be made accountable. We urge you to send a clear message that Congress is on the side of all Americans by directing the government to directly negotiate for lower prescription drug prices. Please vote in support of H.R. 3.''

Mr. Chair, I reserve the balance of my time.

Ms. FOXX of North Carolina. Mr. Chairman, I yield 3 minutes to the gentlewoman from West Virginia (Mrs. MILLER).

Mrs. MILLER. Mr. Chairman, I rise today to oppose H.R. 3.

Every single person in our country deserves lower prescription drug prices. Congress needs to act. But the bill on the floor today is not the answer.

With this legislation, my colleagues across the aisle have decided that, once again, government should be in the business of healthcare, picking winners and losers, taxing lifesaving cures, and ignoring that private innovation is the main driver in advancing healthcare.

House Republicans have a bipartisan solution, one which will deliver the transparency, affordability, and predictability we need: H.R. 19, the Lower Costs, More Cures Act.

With this bill, we can make sure that every person—the parents of a newborn baby, a young adult with a chronic illness, a coal miner coping with black lung disease, or a senior citizen taking their daily pills—has access to the drugs they need at the affordable, predictable prices they deserve.

We need the innovators to be at the forefront of creating new, better drugs to improve quality of life for all Americans in need. H.R. 19 delivers this. We can have it all. That is why I oppose H.R. 3.

Mr. SCOTT of Virginia. Mr. Chairman, I yield myself such time as I may consume.

Mr. Chair, I want to comment on a letter we received from the AFL–CIO, a legislative alert. It says, in part, that ''3 in 10 adults report that they were unable to take their medicines as prescribed at some point in the past year because of the cost, often worsening their medical condition, according to the Kaiser Family Foundation. Yet according to AARP, the average annual cost of prescription drugs rose nearly 58 percent between 2012 and 2017. Prices in 2019 increased for 3,400 drugs on the market, with an average price increase of 10.5 percent, a rate roughly five times the inflation rate. . . . ''

''The Lower Drug Prices Now Act takes bold action to address this relentless rise in drug prices. . . . ''

''H.R. 3 reinvests the estimated $500 billion in Federal savings in historic improvements to Medicare benefits and other important healthcare programs. Medicare part D prescription drug coverage is substantially improved by the addition of a $2,000 out-of-pocket maximum. Medicare benefits are further expanded by the inclusion of vision, dental, and hearing benefits. To help low-income seniors, the legislation expands subsidy eligibility to make premiums and out-of-pocket costs more affordable.

''Other investments in healthcare include $7.7 billion to support community responses to the opioid crisis and $10 billion for National Institutes of Health biomedical research toward the discovery of breakthrough drug therapies.

''The Lower Drug Prices Now Act will provide crucial assistance to working families who are currently unable to afford the medicines they need, while simultaneously making important investments to address other healthcare priorities. We urge you to vote for this bill.''

Mr. Chair, I reserve the balance of my time.

Ms. FOXX of North Carolina. Mr. Chairman, I yield 3 minutes to the gentleman from North Carolina (Mr. MURPHY).

Mr. MURPHY of North Carolina. Mr. Chairman, I rise tonight in opposition to H.R. 3.

As a practicing surgeon for the last 30 years, I believe I give somewhat of a unique perspective on the unbearable high price of prescription drugs, an issue that all Americans can agree upon.

I have seen patients and continue to see patients who simply cannot afford their medications. We all agree on this problem. Unfortunately, however, H.R. 3 is, while well intentioned, a poorly executed solution.

Healthcare economics are unique, a fact that many here do not realize. Price controls do not work in healthcare. There is evidence to show that, in countries that implement price controls, only a fraction of medicines that come to market are actually available.

I should know. I have worked across the globe. I have worked in places where I have tried to prescribe medications that I thought were best for patients, only to have government prevent me from doing so.

In Australia, for example, only 36 percent of new drugs released between 2011 and 2018 were available. Canada and the United Kingdom hardly fared better with 46 and 59 percent.

The American public does not deserve to be shortchanged.

In my 30 years as a practicing surgeon, I have seen new drugs and treatments become available that 20, 10, and even 5 years ago patients could have only dreamed of. But curative therapies do not occur overnight. They occur by innovative and dedicated scientists who continue to be on the cutting edge of research and development.

Yet it takes financial risks to develop these drugs. At present, less than 1 in 100 drugs that are being discovered actually ever come to market.

H.R. 3 will gut companies with a 95 percent tax if they do not succumb to the government's strong-arm negotiation.

As a urologist, I can personally attest to the leaps and bounds that have been made in drugs that treat advanced prostate cancer. In just the last 5 years, more progress has been made in metastatic prostate cancer than in the preceding 70 years. I can now talk to patients about outliving their cancers rather than succumbing to them.

We can control drug costs. H.R. 19, the Lower Costs, More Cures Act, is a much better path. We should cut the billions spent on direct-to-consumer advertising or the billions spent on pharmacy benefit managers. We need a surgical approach to cure this disease, not a heavy-handed hatchet job by an overreaching government.

H.R. 19 leads to decreased costs while, at the same time, providing a pathway for the cures that so many patients desperately seek.

□ 2115

Mr. SCOTT of Virginia. Mr. Chairman, I yield myself such time as I may consume.

I will point out that the question of availability of drugs in the United States came up at a hearing we had on this legislation. It was pointed out that the target negotiated price will be approximately 120 percent of the international average. That is a lot better than the two, three, five, as much as 60 times higher Americans are paying for the same drugs here than in other countries.

At that price, at 120 percent, that will be the highest price, and we will be the biggest market. They certainly won't take a drug away from the biggest market paying the highest price, so we don't have to worry about availability.

I reserve the balance of my time.

Ms. FOXX of North Carolina. Mr. Chairman, I yield myself such time as I may consume.

Mr. Chairman, House Democrats have once again decided to pursue politics over progress and advance a radical drug pricing scheme that will eliminate choice and competition, and jeopardize innovation, investment, and access to future cures, putting breakthrough treatments for diseases like Alzheimer's, cancer, sickle-cell, and others at risk.

As many as 100 lifesaving drugs—and that needs to be repeated, Mr. Chairman, as many as 100 lifesaving drugs—could be kept from Americans desperately in need because of Speaker PELOSI's socialist drug-pricing scheme. This is unacceptable.

We shouldn't be pursuing policies that will harm the health and well-being of American patients, and we shouldn't destroy a system that allows the U.S. to lead the world in new cures and treatments.

Bottom line, this radical legislation offers fewer cures, and American families will suffer because of it.

I strongly urge my colleagues to vote ''no'' on this seriously flawed bill, and I yield back the balance of my time.

Mr. SCOTT of Virginia. Mr. Chair, I yield myself the balance of my time.

Mr. Chair, last year, Congress made a promise to lower skyrocketing drug costs and strengthen our healthcare system for Americans. H.R. 3, the Elijah E. Cummings Lower Drug Costs Now Act, delivers on that promise. The legislation not only lowers the costs of prescription drugs for taxpayers and those enrolled in Medicare, but it also lowers the costs for workers, businesses, and families.

It improves the quality of healthcare by expanding Medicare benefits to include vision, dental, and hearing benefits, and it limits the out-of-pocket copays and deductibles to $2,000.

It strengthens public health by investing in community health centers, and it provides historic funding for evidence-based student trauma services and the Child Abuse Prevention and Treatment Act. Both of these initiatives will help support children who have suffered abuse or trauma related to substance use disorder and the opioid crisis.

The Elijah E. Cummings Lower Drug Costs Now Act is a long-overdue step to improve healthcare and the lives of Americans across the country, both today and for decades to come.

Again, I thank Chairman PALLONE, Chairman NEAL, Speaker PELOSI, and other Democratic leaders for bringing this legislation to the floor, and I urge all of my colleagues to support this priority for the American people.

Mr. Chairman, I yield back the balance of my time.

The Acting CHAIR. The time of the Committee on Education and Labor has expired.

Mr. SCOTT of Virginia. Mr. Chairman, I move that the Committee do now rise.

The motion was agreed to.

Accordingly, the Committee rose; and the Speaker pro tempore (Mrs. HAYES) having assumed the chair, Mr. LEVIN of California, Acting Chair of the Committee of the Whole House on the state of the Union, reported that that Committee, having had under consideration the bill (H.R. 3) to establish a fair price negotiation program, protect the Medicare program from excessive price increases, and establish an out-of-pocket maximum for Medicare part D enrollees, and for other purposes, had come to no resolution thereon.

HOUR OF MEETING ON TOMORROW

Mr. SCOTT of Virginia. Madam Speaker, I ask unanimous consent that when the House adjourns today, it adjourn to meet at 9 a.m. tomorrow.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Virginia?

There was no objection.

PRESCRIPTION DRUG POLITICS OVER PROGRESS

The SPEAKER pro tempore. Under the Speaker's announced policy of January 3, 2019, the gentleman from Georgia (Mr. CARTER) is recognized for the remainder of the time until 10 p.m. as the designee of the minority leader.

GENERAL LEAVE

Mr. CARTER of Georgia. Madam Speaker, I ask unanimous consent that all Members have 5 legislative days in which to revise and extend their remarks and include extraneous material on the topic of this Special Order.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Georgia?

There was no objection.

Mr. CARTER of Georgia. Madam Speaker, I am thankful to have this opportunity tonight.

Obviously, the subject matter that we have been discussing here, prescription drug prices, is something that is very important to all Americans, and I am very happy that we are finally getting around to this.

Madam Speaker, as a practicing pharmacist for most of my career, I take the issue of drug pricing very personally. In fact, it is one of the primary reasons that I wanted to come to Congress, to do something about it.

I had the honor and privilege of practicing pharmacy for over 30 years. I was the one at the front counter who had to tell the patient how much the medication was.

I was the one who witnessed the mother in tears because she couldn't afford the medication for her child.

I was the one who witnessed the senior citizens trying to make decisions