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

between whether they were going to buy their medications or buy their groceries.

I was the one on the other side of the counter. I committed myself to do something about that once I became a Member of Congress, and I am glad to see that we are finally doing that.

I want to preface my remarks by saying this: I truly believe that those on the other side of the aisle and we on this side of the aisle want the same thing. I truly believe that. I truly believe that we all want to lower prescription drug prices, and I truly believe that we can do just that. I truly believe that we need to do just that.

However, there are some differences here. Those experiences that I had on the other side of the counter have driven me to work hard on bipartisan solutions to lower drug costs for patients since coming to Congress, but particularly during this last year. However, it seems that every time I get my hopes up that we will work together to pass meaningful policies to help the American people afford their medications, the Democrats have put politics over progress.

In the spring, I was proud to work with my friend Congressman SCHRADER, in a bipartisan way, on the BLOCKING Act to increase generic competition in the marketplace. Again, both of us wanted the same thing. We worked on this together, in a bipartisan fashion.

But what happened? Speaker PELOSI paired our bipartisan drug pricing bill up on the floor with political poison pills. Politics over progress.

This summer, I worked with Congresswoman SCHAKOWSKY to strike a deal to pass a comprehensive drug transparency bill, the METRIC Act. Unanimously, it passed out of committee. Republicans and Democrats voted for it.

But what happened? Different versions of these policies we had struck a bipartisan agreement on were added to the Speaker's bill before us today. Politics over progress.

This fall, Energy and Commerce Committee Republicans were close to striking a bipartisan deal with our friends across the aisle to cap out-of-pocket spending for seniors on Medicare.

What happened? Our Democratic colleagues walked away from those bipartisan negotiations to double down on a partisan bill that we know is dead on arrival in the Senate. Politics over progress.

This holiday season, Energy and Commerce Committee Republicans introduced a bill, H.R. 19, the Lower Costs, More Cures Act, to make one last, earnest effort to pass good, bipartisan drug spending policies that could be signed into law this year and immediately help patients—immediate help for patients.

My hope is that we can come together because, as I said before, we all want the same thing. We all need the same thing. My hope is that we can come together and support the Walden amendment and pass the bipartisan Lower Costs, More Cures Act instead of this deeply partisan H.R. 3.

My hope is that my Democratic colleagues stop putting politics over progress and join us to pass bipartisan drug pricing reforms that actually can be signed into law and will help patients.

Madam Speaker, we have a number of people here today who want to speak on this. I know that I am going to have some personal stories that I want to share, and I think some of my colleagues are going to have some personal stories as well, real-life situations, real people, real problems, real diseases. This is what we are talking about here.

There is no reason in the world that this should be a partisan issue. Never, in my over 30 years of practicing pharmacy, did I ever go to the counter and say: Okay, are you a Republican or are you a Democrat? No, never did that happen, and it should not happen. And it should not happen in the Halls of Congress, either. There is no excuse, no reason, that should ever happen.

Madam Speaker, I yield to the gentleman from Kentucky (Mr. GUTHRIE), a gentleman on the Energy and Commerce Committee.

Mr. GUTHRIE. Madam Speaker, I thank the gentleman for yielding.

Madam Speaker, I rise today to bring attention to the consequences of the drug pricing bill H.R. 3.

There is no doubt we must act to lower prescription drug prices for Americans and for Americans to pay only their fair share. However, this bill is not the right path.

We often hear stories about the way other countries pay for their drugs and other country payment systems. What you don't often hear are stories about patients who are unable to receive care and access to lifesaving drugs because of the limitations in their country.

For Louise Moorhouse, we have examples of how much less is offered in these other countries, but it is personal. For example, Louise Moorhouse is a teacher in England. Hope was within reach when she enrolled in a trial for Kuvan, a drug used to treat PKU, a rare genetic metabolic disorder. If left untreated, the disease can result in mild to severe neurological issues.

When Louise was in the clinical trial for Kuvan, she was able to eat and function like anyone else. Sadly, Louise discovered after the trial that the drug that helped her live a more normal life was not covered by the United Kingdom's National Health Service.

Despite the agency's acknowledgment of the drug's efficacy, as the drug is not covered by the NHS, she no longer has access to this drug. Instead, she has returned to taking 80 pills a day, in conjunction with a highly restrictive diet.

□ 2130

In the United States, we have access to innovative drugs. The keyword is ''access.''

When people talk about H.R. 3, what they want to say is that we can completely transform the way we pay for drugs and never talk about or never even acknowledge the way we completely transform the way we receive and have access to drugs. We know that from the Congressional Budget Office.

There are other studies that say we can lose 100 different cures that are coming down the path. So, as Americans want relief from prescription drug prices, Americans also want access to these innovative drugs.

President Carter is alive today because of access to one of his experimental drugs that are becoming lower cost and more affordable for everyone.

My point is there doesn't have to be a choice. We can have both. We can have lower prices and not completely lose access to these drugs and continue the great innovation that we have.

That choice is H.R. 19. It is a bill that will be on the floor tomorrow. Every bit of it is bipartisan. Every single piece of it has a Republican and a Democrat cosponsor. It is something we know the Senate will take up and the President will sign and give relief to the American people and continue to give access to the great innovations that we have.

Madam Speaker, I hope that we can take that bill up tomorrow, and I thank the gentleman for yielding.

Mr. CARTER of Georgia. Madam Speaker, I thank the gentleman especially for making the point that is true: We can have both. We can lower drug costs; we can continue with innovation; and we do not have to stymie innovation. We can achieve what both sides want to achieve without stymieing innovation and without cutting out research and development.

Madam Speaker, I want to bring up another situation in which modern medicine has played a role. I will give you an example of where research and development has resulted in miracle cures.

Duchenne muscular dystrophy is another terrible disease that predominantly impacts males and is a result of a genetic mutation that inhibits the body from producing the chemical needed to make your muscles work.

As with the other diseases that we are going to mention tonight, it has a significant impact on those who are affected. But, fortunately, we have a drug to treat it.

Exondys is a drug developed to treat a particular group of people suffering from Duchenne, and it was the first treatment of its kind approved by the FDA. That means that these people for whom this was developed would be able to have their bodies develop the protein necessary to stimulate muscle development and activity. In other words, it can help to improve the daily

lives of these people with that particular type of muscular dystrophy.

Once again, I can't stress how much of an impact these incredible cures that I have witnessed during my lifetime have. During my professional practice, I have seen nothing short of miracles of people being able to get their lives back and being able to extend their lives and live a healthy life.

This therapy that we are talking about right here, Exondys, is not available in any other country if you needed it. You have to come to the United States, Madam Speaker. That is the only place that it is available. It is not available in these other countries.

The gentleman from Kentucky just mentioned about all these medications that aren't available in other countries. This is an example of one that we are talking about right here. Our focus has to continue to be on the cutting edge of drug development.

Madam Speaker, I yield to the gentlewoman from Washington (Mrs. RODGERS), who is my good friend and a valuable member of the Energy and Commerce Committee. Representative RODGERS brings an outstanding portfolio of experience, and we appreciate her very much.

Mrs. RODGERS of Washington. Madam Speaker, I thank my friend and colleague from Georgia, Representative BUDDY CARTER, very much for bringing us all together.

Many of us are members of the Energy and Commerce Committee. We are on the forefront, and we are committed to making sure that lifesaving drugs and treatments are more affordable. It is a top priority, and I appreciate the gentleman's leadership as a pharmacist on the front lines of so many of these lifesaving and life-changing treatments.

We hear it every day from seniors, people with disabilities, and patients that they are anxious for results. The good news is that we are leading. The Trump administration has led on this front to deliver. The FDA is breaking records for the amount of generic drugs that are being approved right now. That is the key to bringing down the costs of prescription drugs.

I am also so proud of the bipartisan work that we did in the Energy and Commerce Committee 3 years ago to get the 21st Century Cures legislation signed into law. Thanks to 21st Century Cures, we are continuing to lead. America has led for 70 to 80 years. Because of this legislation, we will continue to lead.

However, that is all threatened with H.R. 3. It means fewer cures.

I think about my dad. He has diabetes. My mom struggles with heart issues. My grandma had dementia, and my son was born with an extra 21st chromosome, Down syndrome. Because research has given my son an opportunity to live and to reach his full potential, his life expectancy is today longer than ever.

Let's keep moving forward. H.R. 19, the Lower Costs, More Cures Act, helps us move forward. It includes bipartisan solutions that President Trump can sign into law this year.

We should be building upon the work that we did with 21st Century Cures. We want to see more generic drugs come to the market faster and finally make insulin more affordable for our seniors, lower out-of-pocket spending, cap the doughnut hole, access new medicines and cures, and require price transparency. Every single provision is bipartisan.

Unfortunately, the Speaker and the Democrats are moving forward in a partisan exercise directing the Federal Government to set drug prices, and it will stop innovation. America will fall behind as the global leader, and we can see what impact that has all over the world: hundreds and hundreds of fewer drugs entering the market.

I want to stand on the side of innovation and more breakthroughs helping millions of people with the ravages of disease that they encounter every day.

Madam Speaker, I thank the gentleman for his tremendous leadership on this issue.

Mr. CARTER of Georgia. Madam Speaker, I guarantee you that every person who has the honor and privilege of serving in this august body has a story just like that and knows someone or has a family member who has been impacted by a disease and whose quality of life has been improved by the fact that we have had medications available—everyone in this Chamber, everyone who has the honor and privilege of serving in this Chamber.

Again, as I have said all along, we all want the same thing. We all need the same thing. As Representative GUTHRIE said earlier, we can have the same thing without stopping innovation and without stopping research and development.

Madam Speaker, I yield to the gentlewoman from Indiana (Mrs. BROOKS), who is another invaluable member of the Energy and Commerce Committee. Representative BROOKS is a gentlewoman who brings, again, an outstanding portfolio of experience, and we appreciate her very much.

Mrs. BROOKS of Indiana. Madam Speaker, I rise today to thank my colleague, the only pharmacist in the House, BUDDY CARTER from the great State of Georgia, who has brought us together to talk about the importance of lowering costs and making sure we can continue to focus on more cures.

I also rise today in opposition to H.R. 3. We know that Americans pay far too much for the drugs at the pharmacy counter, something that my colleague knows better than anybody, and it is our duty to come together to find solutions that are solutions to lower costs of drugs while protecting innovation and future drug development in our country.

But, unfortunately, H.R. 3, which we are scheduled to vote on tomorrow, jeopardizes that American innovation and patient access to care. The nonpartisan CBO estimates that, under H.R. 3, approximately 15 fewer drugs will be introduced over the next decade, and about 30 fewer drugs over the following decade, and then a 10 percent reduction annually, afterwards, into perpetuity. This means that over 40 potential cures will not be discovered over the next 20 to 30 years.

So let's talk about what that means.

It might mean there might not be a cure for breast cancer, maybe no cure for diabetes and no cure for Alzheimer's, diseases that we know impact Americans all across our country.

We lead the world in innovation, in breakthrough medicines, cutting-edge technologies, and therapies to save and improve lives. Our peer nations have 40 to 60 percent fewer cures—as you just heard from previous speakers—compared to what is available in our market.

In Canada, a country with a nationalized health system, Tori Lacey, a 21-year-old with SMA type 2, spinal muscular atrophy, is unable to access a treatment called Spinraza because it is not covered for those with type 2 SMA in Ontario.

Stringent eligibility criteria for novel medicines prevent Tori, a college student, from focusing on her schoolwork and future. So Tori must suffer through this genetic neuromuscular disorder that affects the nerve cells that control voluntary muscles instead of being granted access to this critical drug. In America, Tori would be able to access this cure.

If we lose these 15 drugs over the next decade, again, which drug and which disease is going to lose out? Is it breast cancer, a disease that claims one in eight women each year?

Madam Speaker, do I go home and tell my dear, longtime friend Judy, who, at one time, was told she had 18 months to live—that was 8 years ago—do I tell her: Sorry, we may not be able to work on it, and the drug companies that do this R&D may not be able to because we can't get our act together to protect innovation?

Judy has been fighting, for the second time, breast cancer for 8 years. She has been holding on to hope that next month there may be a cure and that next year there may be a cure. But under H.R. 3, those chances drop precipitously.

If we lose 15 drugs over the next decade, will it be diabetes, a disease affecting over 30 million Americans, a disease gripping 700,000 of my fellow Hoosiers?

This past summer, I visited with a young JDRF advocate, Ella, from Indianapolis. Ella was diagnosed with type 1 diabetes at age 4. She is an incredible young girl who is advocating on behalf of kids like her with diabetes. She came to Washington and shared her story with me.

She is a gymnast, but with her disease, she has to be incredibly careful and monitor her blood sugar constantly. She told me sometimes she has

to sit out at practice due to her blood sugar and that it is very annoying to this 11-year-old gymnast. She should be focused on her gymnastics and on school, but instead of being a kid, she has to worry about her blood sugar and about her insuline pump.

I hear from constituents like Ella and her family that the technology developments in the diabetes space is working to make lives almost normal. Diabetes was a death sentence just over 100 years ago. Now, diabetics can almost live normal lives.

But what if we could find a cure?

Hopefully one day, advancements in medicine technology will allow Ella to be that kid, a kid without any worry.

If we lose these 15 drugs over the next decade, is it the GNAO1 encephalopathy? It is a rare neurological disorder that causes developmental delays, early infantile seizures, and abnormal movements.

My dear friend and a former House staffer here on the Hill, Emily, had to leave my team when she found out that her first child, sweet Madeline, was diagnosed with this rare disease. Madeline is now 5 years old.

Madeline, at this point in her life, will never be able to feed herself. She will never be able to run around with classmates. She will never experience a normal childhood without a cure, let alone more answers to this very rare disease.

We could go on and on and on if we lose 15 drugs over the next decade.

H.R. 3 is so wrong for America. But we have an alternative.

We came together with H.R. 19, the Lower Costs, More Cures Act, of which I am proud to be an original cosponsor. This is a piece of legislation that is a bipartisan package, what BUDDY CARTER was talking about. It is focused on lowering drug prices while protecting America's ability to lead the world in innovative solutions.

Our Energy and Commerce Committee enjoys an, actually, very warm and bipartisan working relationship on so many bills. We worked across the aisle; we held many hearings; we had many markups; and we worked on thorny issues together. Our committee actually put forward several serious bipartisan measures that could become law. They are part of H.R. 19.

I am not going to go through all of those pieces that are in H.R. 19, but one of the things that is so important about H.R. 19 is it provides affordability and predicability for patients and seniors.

Americans don't want a guessing game at the pharmacy counter. H.R. 19 caps out-of-pocket costs for seniors; it increases competition, which is key to getting more generic medicines to the market; it increases low-cost options for patients by bringing these generics to the marketplace faster; it ends pay-for-delay; it implements CREATES; and it eases new product entry to the market.

I could go on and on.

□ 2145

These were things that we worked on with our colleagues across the aisle, and that is what is in H.R. 19.

So while H.R. 3 crushes investments in the R&D of new cures, it stifles innovation and uses incredibly harsh penalties to squeeze drug manufacturers who create these cures. It squeezes them almost out of existence in many ways.

Ultimately, it is the patients who suffer, and it is H.R. 19 that will encourage innovation of those cures and protect access to new medicines. It will support competition, which will drive down prices and lower the cost of medicines, and it does put patients first.

So I urge my colleagues to support that innovation by opposing H.R. 3 and supporting the bipartisan H.R. 19, Lower Costs, More Cures Act—real solutions for Americans.

Madam Speaker, I thank my colleague for hosting this important hour.

Mr. CARTER of Georgia. Madam Speaker, just one important point to the gentlewoman, really quick: You are right, whether you believe the CBO who says that H.R. 3 will result in 8 to 15 drugs not coming to market, or whether you believe the Council of Economic Advisers, who says over 100 drugs won't come to market, even if it is just one drug, that is one too many. And I thank the gentlewoman.

Madam Speaker, I recognize one of the members of our Doctors Caucus. We are very blessed in this Congress to have a number of fine physicians. Madam Speaker, I yield to the gentleman from Kansas, (Mr. MARSHALL).

Mr. MARSHALL. Madam Speaker, I thank Congressman CARTER for his leadership as a community pharmacist.

You and I have worked together in different cities but on the same projects trying to help patients out. And here we are gathered in Congress now for this same purpose.

I thought I might talk about Alzheimer's disease for a little bit this evening.

It is hard to imagine that over 5 million Americans have Alzheimer's disease. And I bet there is not a person in this room, a person at home watching, that doesn't have a loved one that they have watched them suffer and go through the stages of Alzheimer's disease—5 million Americans. And it is hard to imagine, in three decades we are going to have 14 million Americans with Alzheimer's.

For the sake of humanity, we need a drug to cure this. And you and I both know that we are truly this close, that there are medications in the pipeline that are going to help treat Alzheimer's.

The economic impact of this disease on our country is also extraordinary. Right now, we are spending about $300 billion a year treating Alzheimer's patients. Again, in three decades, it is going to be over a trillion dollars a year. A medication that would cure Alzheimer's is going to save this country, literally, trillions of dollars.

When I go back home, people ask me a couple of things. Number one is, they want us to lower the cost of healthcare, to lower the cost of prescription drugs. But they also want us to balance the Federal budget. If we are ever going to be able to balance the Federal budget, we have to start driving the cost of healthcare down. And innovation is the way that we are going to do this.

I hope everybody understands that the Democrats' H.R. 3 does just the opposite. By their price fixing, they are going to stop innovation. Drugs that are going to cure Alzheimer's are never going to come, and I haven't even started talking about hepatitis.

When you and I were in college, and in medical school and pharmacy school, there weren't cures for hepatitis, but now we have vaccines for it. Hepatitis C was a death sentence. Now we have medication, a medication you take, one pill a week for 12 weeks—95 percent cure of hepatitis. So that patient that was going to end up with a liver transplant that was going to cost $500,000, we have cured them with an outpatient medicine.

I think about all the cures for cancer, CAR-T cell therapy, new innovations out there, spinal muscular atrophy—so many things—cortical blindness. For the sake of humanity, we cannot let H.R. 3 happen.

We need H.R. 19, the Lower Costs, More Cures Act. That is what is going to drive down the cost of healthcare and bring great solutions, great new innovation to this country.

And again, Madam Speaker, I thank Congressman CARTER for leading on this very important issue.

Mr. CARTER of Georgia. Madam Speaker, I thank the gentleman.

At this time, I yield to the gentleman from Pennsylvania (Mr. JOYCE), another valued member of our Doctors Caucus.

Mr. JOYCE of Pennsylvania. Madam Speaker, I thank the gentleman from Georgia, a pharmacist, leading this discussion. It is so important the leadership that Representative CARTER has taken in this role in addressing this.

Madam Speaker, I rise today in strong opposition of H.R. 3. This would severely constrain biomedical innovation, limit the access to future cures, and ultimately harm so many patients across America.

While all of us agree that we must act as a Congress to lower the cost of prescription medicine, this bill takes a fundamentally incorrect approach that would jeopardize Americans' access to new medicines and have a negative impact on patient outcomes.

As a physician, as a legislator, I have witnessed new cures that offer hope to patients facing devastating diagnoses.

As recently as 10 years ago, when I would see a patient presenting with metastatic melanoma, the prognosis often would be fatal. Now, thanks to the advent of new biologic therapies, patients diagnosed with widespread

metastatic melanoma have a chance to live, a chance to embrace life.

Let me be clear about this issue. Passing H.R. 3 would deprive patients and their loved ones of a chance for a cure.

Fortunately, we have the alternative in H.R. 19, the Lower Costs, More Cures Act, of which I am proud to be an original cosponsor. This bill is a package of more than 40 bipartisan provisions that would actually become law and have real impact on our patients, on our constituents. And in addition, would ultimately lower drug prices.

Madam Speaker, I am grateful to Mr. CARTER for leading this discussion and for hosting this Special Order on this crucial topic.

Mr. CARTER of Georgia. Madam Speaker, I thank the gentleman for the invaluable experience that he brings to Congress. That is another example of one of the fine physicians that we have in Congress.

Madam Speaker, I yield to the gentleman from Arizona (Mr. SCHWEIKERT).

Mr. SCHWEIKERT. Madam Speaker, I thank the gentleman for letting me come and engage in this discussion, and I may want to ask a couple questions. And we had my doctor friend from Kansas here a couple minutes ago.

A quick thought experiment: What is the greatest economic threat to our society?

It is actually our inability to have enough resources to pay for the promises. So we have made promises in Social Security. But Medicare, if you actually look at the 30-year window—and, look, I'm on Ways and Means—thanks for letting me intrude—but we have made the promises in Medicare really, really difficult. We are talking potentially $103 trillion of deficit, if you add in Social Security and Medicare, but it is mostly healthcare costs.

Well, it turns out, you can reduce the unfunded liabilities in Medicare by 30 percent by just a cure, just a cure for diabetes. I will argue the mechanisms in this H.R. 3, this sort of Democrat takeover of the pricing mechanisms and the capitalization of the next generation of healthcare, does incredible violence to the future.

Madam Speaker, I don't know if Congressman CARTER saw this, but remember, this is a reference pricing bill. The underlying secret is the efficiencies that are actually being claimed in this bill, they are hiding behind something that is really dark, and I don't think they have explained it.

So let's say you are in Great Britain. And what is a year of your life worth?

It turns out in Great Britain, the way they would price a new pharmaceutical that gives you a year of quality life, it is a quality-year adjusted formula, and it is $37,000. So you show up with a new drug that is going to give you a year of quality life, but it is $37,000. They do not buy it.

What is your life worth? What is a quality year of your life worth for a year? Because this is what the left is about to import into your country.

And understand, there are countries out there that it is down to $19,000. If a drug costs more than $19,000, but gives you a year of quality life, they don't buy it.

That is the rationing mechanism that the left is about to import here. In many ways, just the stunning cruelty of such a thing—and they haven't told the truth that this is actually where much of their savings actually come from—is denying you the things that keep you healthy.

And this is the mechanism—and I know it is a confusing chart—but functionally, if that outlay crosses these numbers, you do not get that pharmaceutical.

Yet, there are crazy things you and I could be doing, just actually taking your prescriptions, things we could build into a model. That is half a trillion dollars a year we could be saving on our healthcare costs just by stepping up and changing the way we do our public policy around pharmaceuticals.

And the left has completely cut us out on the Committee on Ways and Means, Republican ideas, on saying there is a whole bunch of things we actually agree upon. Stop being so crazy dogmatic with your hate and start thinking about people's lives and giving them a future, because if we can cure parts of that 5 percent of the chronic condition that is a majority of our healthcare spending, we can have a revolution in crashing the price of healthcare in this country.

Mr. CARTER of Georgia. Madam Speaker, I thank the gentleman for his excellent points, very well-expressed.

Madam Speaker, I yield to the gentleman from Virginia (Mr. GRIFFITH), another valuable member of the Committee on Energy and Commerce.

Mr. GRIFFITH. Madam Speaker, I do appreciate all that the gentleman has done.

The bill that we are proposing as the Walden amendment in the nature of the substitute, actually deals with an item that we have talked about a great deal, and that is pharmacy benefit managers.

I am going to give the gentleman a second to talk about that, but I do want to mention the item that I have been bringing up a lot in these, and that is the unconstitutionality of H.R. 3.

The problem is, as you know—and it sounds shocking, but it is true—if you don't accept the price the government is paying you, they take 95 percent of your gross revenues on that drug. That money they take from you, that penalty is not tax deductible, doesn't do anything as far as what expenses you put into it, so you are actually going to lose money.

Now, as I said in my comments earlier this evening, that is not negotiation. That is, as the Godfather would have said in the old movie series, ''an offer you can't refuse.'' I wish I could do the voice; I can't. But that is a problem.

And you don't have to believe me. In the committee I brought this up—the committee didn't necessarily believe me—but the Congressional Research Service has said this bill likely violates the Fifth and the Eighth Amendments of the Constitution. This is a nonpartisan group that works for Congress that came out and said, Yeah, there are some real problems here. When you are being confiscatory, you are not really negotiating. It is a problem.

Now, in our bill that we have put forward that is bipartisan, we have some things on a subject both of us are very concerned about, and that is pharmacy benefit managers. They are a big part of the problem here. Drug manufacturers we need to work on, but their bill doesn't do anything on this. Our bill does.

Madam Speaker, if the gentleman would tell the people just how that sham works.

Mr. CARTER of Georgia. Madam Speaker, just very quickly. Pharmacy benefit managers are a big part of the problem. What we have to have in the drug supply chain is transparency, and that is what we don't have now. PBMs bring no value whatsoever to the system. They don't do research and development. All they do is take from the system, so it is a big problem.

Mr. GRIFFITH. Madam Speaker, I would ask the gentleman, if this is not true, as I understand it, the PBMs have gone, in some cases, to the drug manufacturers, said, Raise your price. We will do rebates. But those rebates don't help anybody in the donut hole. Those rebates don't help the citizen who is paying a high deductible.

And what happens is they raise the price. And even with the rebate, if you are in one of those insurance companies that gets the rebate, and you don't have to pay as much or pay any more, they increase their profit margin. And they are making hundreds of millions of dollars that we have no idea what they are contributing, as the gentleman was just saying.

Is that true?

Mr. CARTER of Georgia. Madam Speaker, that is true, and I thank the gentleman for bringing that up. And I thank him for his expert witness testimony about the constitutionality of H.R. 3, because we both know that it is not.

Madam Speaker, we are very limited for time here right now, and with your permission, I want to end with this story:

Madam Speaker, again, we are talking about real people. We are talking about people like Richard Lutz. Richard Lutz was a store manager who could be regularly found refereeing youth football, basketball, and baseball games around my hometown of Savannah, Georgia.

Richard started having memory problems at 62 years of age. He was prescribed Aricept to slow down the effects of Alzheimer's, but before too long, he needed to have someone with him at all times. His wife, Barbara, worked as a nurse, but they couldn't afford for her to stop working, too. So Barbara and her four kids did as much as they could to rotate as caregivers, and they eventually hired another nurse to help out as well.

Eventually, Richard's memory deteriorated to the point where he lost his ability to converse. For the last 11 months of his life, he could only respond to his family members with, I love you, too.

After a 7-year fight with Alzheimer's, Richard Lutz passed away at the age of 69. Today, Barbara hears from neighbors and friends when they find out someone they know and love gets diagnosed. They reach out to her and they ask: What do I do? What do I do?

Barbara told me: All I can tell them is pray for a cure. Pray for a cure.

Madam Speaker, we want the same thing. We need the same thing. We can achieve the same thing. And we can do it without giving up hope for a cure for Alzheimer's or all the other diseases that are out there.

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

LEAVE OF ABSENCE

By unanimous consent, leave of absence was granted to:

Ms. BARRAGÁN (at the request of Mr. HOYER) for today.

SENATE BILL REFERRED

A bill of the Senate of the following title was taken from the Speaker's table and, under the rule, referred as follows:

S. 2740. An act to amend the Federal Food, Drug, and Cosmetic Act to clarify the regulatory framework with respect to certain nonprescription drugs that are marketed without an approved new drug application, and for other purposes; to the Committee on Energy and Commerce.

ADJOURNMENT

Mr. CARTER of Georgia. Madam Speaker, I move that the House do now adjourn.

The motion was agreed to; accordingly (at 10 o'clock p.m.), under its previous order, the House adjourned until tomorrow, Thursday, December 12, 2019, at 9 a.m.

EXECUTIVE COMMUNICATIONS, ETC.

Under clause 2 of rule XIV, executive communications were taken from the Speaker's table and referred as follows:

3264. A letter from the Secretary, Department of Education, transmitting the Department's final rule — Availability of Information to the Public [Docket No.: ED-2019-OS-0083] (RIN: 1880-AA89) received December 6, 2019, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Education and Labor.

3265. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Air Plan Approval; Indiana; Second Maintenance Plan for 1997 Ozone NAAQS [EPA-R05-OAR-2019-0377; FRL-10002-93-Region 5] received December 9, 2019, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Energy and Commerce.

3266. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — North Dakota: Incorporation by Reference of State Hazardous Waste Management Program [EPA-R08-RCRA-2018-0554; FRL-10001-40-Region 8] received December 9, 2019, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Energy and Commerce.

3267. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Approval and Promulgation of Air Quality Implementation Plans; Delaware; Amendments to the Regulatory Definition of Volatile Organic Compounds [EPA-R03-OAR-2019-0429; FRL-10002-99-Region 3] received December 9, 2019, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Energy and Commerce.

3268. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Air Plan Approval; Tennessee: Knox County Miscellaneous Revisions [EPA-R04-OAR-2019-0171; FRL-10002-97-Region 4] received December 9, 2019, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Energy and Commerce.

3269. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Air Plan Approval; Indiana; Indiana RACT SIP and Negative Declaration for the Oil and Natural Gas Industry Control Techniques Guidelines [EPA-R05-OAR-2018-0734; FRL-10003-02-Region 5] received December 9, 2019, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Energy and Commerce.

3270. A letter from the Attorney — Advisor, U.S. Coast Guard, Department of Homeland Security, transmitting the Department's temporary final rule — Safety Zone; San Juan Harbor, San Juan, PR [Docket Number: USCG-2019-0686] (RIN: 1625-AA00) received December 9, 2019, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Transportation and Infrastructure.

3271. A letter from the Attorney — Advisor, U.S. Coast Guard, Department of Homeland Security, transmitting the Department's final rule — Waiver of Citizenship Requirements for Crewmembers on Commercial Fishing Vessels [Docket No.: USCG-2010-0625] (RIN: 1625-AB50) received December 9, 2019, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Transportation and Infrastructure.

3272. A letter from the Attorney — Advisor, U.S. Coast Guard, Department of Homeland Security, transmitting the Department's temporary rule — Special Local Regulation; Beauty and the Beast Triathlon; Christiansted Harbor, St. Croix, Virgin Island [Docket Number: USCG-2019-0893] (RIN: 1625-AA08) received December 9, 2019, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Transportation and Infrastructure.

3273. A letter from the Attorney, CG-LRA, U.S. Coast Guard, Department of Homeland Security, transmitting the Department's final rule — Drawbridge Operation Regulation; Kissimmee River, Fort Basinger, FL [Docket No.: USCG-2019-0821] (RIN: 1625-AA09) received December 9, 2019, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Transportation and Infrastructure.

3274. A letter from the Attorney — Advisor, U.S. Coast Guard, Department of Homeland Security, transmitting the Department's temporary final rule — Special Local Regulation; Atlantic Ocean, Key West, FL [Docket Number: USCG-2019-0631] (RIN: 1625-AA08) received December 9, 2019, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Transportation and Infrastructure.

3275. A letter from the Attorney — Advisor, U.S. Coast Guard, Department of Homeland Security, transmitting the Department's temporary final rule — Safety Zone; Coast Guard PSU-312 Training Exercise South Bay, San Francisco Bay, San Francisco, CA [Docket No.: USCG-2019-0859] (RIN: 1625-AA00) received December 9, 2019, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Transportation and Infrastructure.

3276. A letter from the Director, Office of Regulation Policy and Management, Office of the Secretary (00REG), Department of Veterans Affairs, transmitting the Department's final rule — Veterans Healing Veterans Medical Access and Scholarship Program (RIN: 2900-AQ54) received December 9, 2019, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Veterans' Affairs.

3277. A letter from the Chief, Publications and Regulations Branch, Internal Revenue Service, transmitting the Service's IRB only rule — 2019 Required Amendments List for Qualified Retirement Plans and Sec. 403(b) Retirement Plans [Notice 2019-64] received December 6, 2019, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Ways and Means.

3278. A letter from the Chief, Publications and Regulations Branch, Internal Revenue Service, transmitting the Service's Major final rule — Base Erosion and Anti-Abuse Tax [TD 9885] (RIN: 1545-BO56) received December 6, 2019, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Ways and Means.

REPORTS OF COMMITTEES ON PUBLIC BILLS AND RESOLUTIONS

Under clause 2 of rule XIII, reports of committees were delivered to the Clerk for printing and reference to the proper calendar, as follows:

Mr. SCHIFF: Permanent Select Committee on Intelligence. The Trump-Ukraine Impeachment Inquiry Report (Rept. 116–335). Referred to the House Calendar.

Ms. WATERS: Committee on Financial Services. H.R. 4242. A bill to amend the Securities Exchange Act of 1934 to require issuers to disclose information on pay raises made to executives and non-executive employees, and for other purposes; with an amendment (Rept. 116–336). Referred to the Committee of the Whole House on the state of the Union.

Ms. WATERS: Committee on Financial Services. H.R. 4320. A bill to ensure that irresponsible corporate executives, rather than shareholders, pay fines and penalties; with an amendment (Rept. 116–337). Referred to the Committee of the Whole House on the state of the Union.