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House of Representatives

The House was not in session today. Its next meeting will be held on Monday, July 11, 2005, at 2 p.m.

Senate

FRIDAY, JULY 1, 2005

The Senate met at 10 a.m. and was called to order by the Honorable RICHARD BURR, a Senator from the State of North Carolina.

PRAYER

The Chaplain, Dr. Barry C. Black, offered the following prayer.

Let us pray.

Eternal God, as we prepare to celebrate our Nation's independence, we thank You that we can look to You to meet our needs. You provide our food and drink, our health and strength. You give us the warmth of friendship and the love of family. And when all of these blessings are scarce, You provide us with patience to wait and courage to persevere.

Bless our lawmakers today. Keep them on right paths. Help them to avoid the shortcuts that lead away from Your will. Strengthen their families and keep them from harm.

Lord, give each of us the prudence to foresee the danger ahead and take precautions.

We pray in Your loving Name. Amen.

PLEDGE OF ALLEGIANCE

The Honorable RICHARD BURR led the Pledge of Allegiance, as follows:

I pledge allegiance to the Flag of the United States of America, and to the Republic for which it stands, one nation under God, indivisible, with liberty and justice for all.

APPOINTMENT OF ACTING PRESIDENT PRO TEMPORE

The PRESIDING OFFICER. The clerk will please read a communication to the Senate.

The assistant legislative clerk read the following letter:

U.S. SENATE,
PRESIDENT PRO TEMPORE,
Washington, DC, July 1, 2005.

To the Senate:

Under the provisions of rule I, paragraph 3, of the Standing Rules of the Senate, I hereby appoint the Honorable RICHARD BURR, a Senator from the State of North Carolina, to perform the duties of the Chair.

TED STEVENS,
President pro tempore.

Mr. BURR thereupon assumed the Chair as Acting President pro tempore.

RECOGNITION OF THE MAJORITY LEADER

The ACTING PRESIDENT pro tempore. The majority leader is recognized.

SCHEDULE

Mr. FRIST. Mr. President, this morning we are in session for a period of morning business. There are several Senators who have indicated their desire for time today to introduce legislation and to make general statements. There will be a number of statements over the course of the morning and possibly into the early afternoon—in part because we have had such a busy week with legislation on the floor so that people will take advantage of this opportunity today.

Last night we were able to complete both the CAFTA legislation and the Energy and Water appropriations bill. I hesitated a little bit because, by the time we finished here—it was not that long ago, about 9 hours ago. We finished about 1 o'clock in the morning. But we had a very full day, a very productive day yesterday, passing the appropriations bills as well as the legislation that will do a great deal in terms of lowering trade barriers to very important countries, most of which are recently emerged democracies.

Because we were able to finish our work late last night into the wee hours of the morning, we will not have rollcall votes today. When we finish our business today, we will adjourn for our recess and return on Monday, July 11. At that point in time the plans are to take up the Homeland Security appropriations bill. We will have a vote late Monday afternoon—later this morning we will say more about that—in relation to an amendment on the Homeland Security bill.

I do thank all of our Members for their hard work and their assistance over the last week, indeed the last several weeks. In the last week alone, the last 5 days, we were able to initiate the appropriations process and pass three appropriations bills as well as the Central American Free Trade Agreement bill.

It could not have been done without a lot of understanding and participation by both sides of the aisle, including the Republican leadership working with the Democratic leadership very effectively, hand in hand. We had long, late, busy sessions, but they were very

● This "bullet" symbol identifies statements or insertions which are not spoken by a Member of the Senate on the floor.

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productive and we moved America's business forward in a very positive way.

I know several people will have statements over the course of the morning, looking back over the past several weeks, in that we have had a very productive session that delivered to the American people.

CONCERNS ABOUT PRESCRIPTION DRUG ADVERTISING

Mr. FRIST. Mr. President, I would like to make a statement that I regard as a very important one because it reflects what I think is a needed change in behavior that affects health care across America. Let me begin with a few phrases: ''Keep the spark alive,'' ''The healing purple pill,'' ''If a playful moment turns into the right moment you can be ready,'' ''For everyday victories.''

You turn on your TV anytime of the day and that is what you will hear and that is what you will see. These are the advertising tag lines for some of America's best selling and most advertised prescription drugs—in the last several weeks, months and years. We all know them when I read them. Some even have the images that pop up into their minds, because we see them again and again and again and again. We are barraged by them.

I mention this as a physician, because 10 years ago you would not have seen any of that advertising on television. We have heard them on our television sets, we hear them on our favorite radio programs, we see them in newspapers, we see them in magazines. Those who go to NASCAR races see them on the cars. You see them on billboards along the highways. We are barraged with this information. It is called direct-to-consumer advertising. When I was practicing medicine before coming to this body—not that long ago, in 1994—it didn't exist.

This is what direct-to-consumer advertising is. When drug companies, pharmaceutical companies, market their products, the marketing used to be done to physicians who could accumulate that information and help patients make decisions. But the direct-to-consumer goes over the heads of physicians with this advertising, direct to the American people, direct to the consumer. It is called direct-to-consumer advertising, or DTC is the terminology people use.

It is a two-edged sword. Obviously there can be huge health education benefits to such advertising because you are exposed to it, you are barraged with it, and information is provided, information to which you might not otherwise have access. But let there be no mistake, drug advertisements are fuel to America's skyrocketing prescription drug cost. It is a two-edged sword. The advertising is new over the last 10 years. Now it is time to assess the efficacy of advertising, but also potential damage that is done by this proliferation, this skyrocketing of advertising to which we are being exposed.

These ads do influence consumer behavior; otherwise, drug companies wouldn't be putting money into them. Their real purpose at the end of the day is to have a drug that, yes, helps people, but also makes money for them. It affects consumer behavior and it also—though it is not said very much but I will speak to it here shortly—affects physician behavior in a way I think is detrimental. Physicians don't want to talk about it very much because it is a little embarrassing. I will come back to that. But it affects physicians' behavior in a way that I think is not healthy, as well as affecting consumer behavior.

These ads cause people to take more prescription drugs. They have the potential to create an artificial demand and thereby they can drive up health care costs for everybody listening to me as individuals, but also our overall health care cost for the Nation.

I believe it has reached a point where they—again, it can be very positive with the health education—are needlessly and wastefully driving up health care costs. Thus it is time for us to get more information but also address the issue.

Moreover, a lot of the direct-to-consumer advertising is misleading. I know, as people listen, you tend to believe, unfortunately, what you see on TV and that can be dangerous in certain cases. This direct-to-consumer advertising can oversell hope, and people want hope; it can oversell results; and it can also undersell the risk. Every drug has side effects. Every drug has a side effect. We may not know all of the side effects, but the idea of promoting a drug without adequately enumerating, spelling out, highlighting the risk is wrong. Misleading advertising, especially when we are barraged with it, when that is all we see—a little bit of hyperbole, on TV between shows, if it is misleading, hurts patients and definitely pressures doctors to overprescribe or to change prescribing habits in response to that request, that specific request from a patient.

So today I rise to urge all pharmaceutical companies to voluntarily restrict consumer drug advertising during the first 2 years that a new drug is on the market. Today I am also requesting a Government study into the cost and into the consequences and any potential benefits of direct-to-consumer advertising. It is time for the drug companies, I believe, when it comes to direct-to-consumer advertising, to clean up their act. If they do not, I believe Congress will need to act in this arena.

In its proper place, direct-to-consumer drug advertising gives patients, gives consumers, information. It empowers them to make decisions. It can give them the information they need in order to make informed decisions about their health, about the advantages of a particular drug. It can instruct them and open their eyes to symptoms they have that might be very serious but they might not otherwise go to see a doctor about. It can inform them about new therapies, the breakthrough therapies that are so powerful—made in large part because of the research and development in our private sector by our pharmaceutical companies.

These are good things. These are the good things that advertising can do, that education can do, that knowledge can do. Indeed, I envision a health care system—and we are not yet there today, but I think we are moving in that direction, in part through legislation on the floor of the Senate, to move to a system that is centered not on big Government and not on us micromanaging from the floor of the Senate prices and decisions, but, no, move toward a system that is patient centered. We are moving toward a health care system that centers on the individual patient, that is provider friendly, and that is driven by three things. Those are knowledge or information that is given the patient, the individual, the opportunity to choose and make choices for themselves, and to make sure that patient is empowered, they have resources to make those decisions.

So if you are looking at a consumer-driven, patient-centered health care system, having timely information, accurate information, complete information, and balanced information has to be one of the major pillars.

Direct consumer advertising can be very helpful in that regard if that is the purpose and if it meets those standards. I don't think the advertising we see today—and I base this on people coming up to me all the time as a physician and policymaker—I don't think the advertising today meets those standards. I will have more to say about that issue.

With today's advertising, perhaps you are at a ball game with your family, going to a movie or to dinner—ask somebody about it—and today's advertising will likely leave parents having to explain to their young children, their 10-, 9-, 8-year-old, what erectile dysfunction is rather than a discussion of the importance of getting your blood pressure checked to see if you have hypertension so you will not have a stroke or heart disease. That would be useful information.

That is the problem. How did we get to this point? Prior to the 1980s, drug manufacturers almost always introduced and explained their products to physicians. Physicians had a body of knowledge and the training to make an assessment of whether, based on the information the drug companies gave them, this would be an efficacious drug, a useful drug to use, or whether the side effects would be appropriate for individual patients.

In 1981, just over 20 years ago, Boots Pharmaceuticals ran the first U.S.