

Grande. On average the local pharmacists on the central coast are themselves paying \$100 to \$110 for Ticlid. The final price seniors pay includes only a reasonable markup to the outrageous price pharmacists are forced to pay to the drug companies.

□ 1015

No, the extra money that seniors pay goes to the drug company so that it can continue to give big discounts to the HMOs and managed care companies.

That seniors should be paying more money for drugs than they should, while HMOs reap huge profits, is a very sad story. And these are profits that are based partly on the huge discounts that they get from the drug companies. But there is even a sadder element. Many seniors simply cannot afford

these high prices and so instead, because of their fixed incomes, they take half the prescribed dosage or they just do not buy these life-saving drugs because they cost too much.

For example, Clyde Vann, of Pismo Beach, told my staff that he pays over \$300 per month for seven prescription drugs on his fixed income, and he is not even taking two others because he cannot afford the extra \$150 a month. Harriet MacGregor of Santa Barbara told my staff that because of the high cost of her five prescriptions she must sometimes skip or reduce her dosage.

Mr. Speaker, this is intolerable. Senior citizens should not be subsidizing the big profits of HMOs, and they should not have to choose between filling their prescriptions or buying food or paying rent.

Last week I was proud to be an original cosponsor of legislation to address this issue. H.R. 4646 was introduced by my good friend and colleague, the gentleman from Texas (Mr. JIM TURNER), who is here today and will be also speaking to this topic. This bill will allow pharmacists the opportunity to receive the same big discounts that HMOs get for drugs that they dispense to seniors.

This legislation is long overdue and will ensure that seniors pay reasonable prices for the life-saving medications that they so desperately need, and I urge my colleagues on both sides of the aisle to support this legislation.

Mr. Speaker, I submit for the RECORD a document providing information on cost differentials on prescription drugs.

APPENDIX A.—INFORMATION ON PRESCRIPTION DRUGS ANALYZED IN THIS STUDY

Brand name drug	Dosage and form	Indication	Prices (Dollars)				Price differential (percent)
			FSS	Major wholesaler	AWP	Average retail price	
Ticlid	250 mg, 60 tablets	Stroke	\$33.57	\$99.44	\$108.90	\$131.24	291
Zocor	5 mg, 60 tablets	Cholesterol reducer	42.95	85.47	106.84	112.55	161
Prilosec	20 mg, 30 cap	Ulcer	58.38	99.20	108.90	131.47	125
Norvasc	5 mg, 90 tablets	Blood Pressure	58.83	97.92	125.66	128.78	119
Fosamax	10 mg, 30 tablets	Osteoporosis	31.86	50.91	51.88	69.22	117
Procardia XL	30 mg, 100 tab	Heart	67.35	105.05	131.31	143.75	113
Relafen	500 mg, 100 tab	Arthritis	62.58	88.88	111.10	132.78	112
Vasotec	10 mg, 100 tab	Blood Pressure	56.08	85.56	102.94	116.28	107
Cardizem CD	240 mg, 90 tablets	Angina	99.36	154.10	165.42	199.04	100
Zoloft	50 mg, 100 tab	Depression	123.88	172.44	215.55	232.50	88
Average price differential							133

H.R. 4646, THE PRESCRIPTION FAIRNESS ACT

The SPEAKER pro tempore (Mr. BURR of North Carolina). Under a previous order of the House, the gentleman from Texas (Mr. TURNER) is recognized for 5 minutes.

Mr. TURNER. Mr. Speaker, I thank the gentlewoman from California (Mrs. CAPPS) for her remarks regarding the legislation that she and 61 other Members of the House have joined in to try to address this very serious problem that faces many of our senior citizens: The high cost of prescription drugs.

The Committee on Government Reform and Oversight did a study at my request, in my district, in response to the many senior citizens who have contacted me telling me that they have noticed that it is becoming an increasing problem for them to pay for the high cost of prescription medication. One of these ladies is a constituent of mine in Orange, Texas. Her name is Frances Daley. I had the opportunity to visit with her in my district, when I was going around talking about H.R. 4646, the Prescription Fairness Act, that 62 of us in the House have introduced.

Ms. Daley is blind. She takes nine prescription medications. She spends an average of \$450 a month on those nine medications. She lives on a meager Social Security check, \$650 a month. With only \$110 left after trying to pay for these prescription drugs, I asked Ms. Daley, "How do you do it?" And she leaned over to me, in a proud

sort of way, and said, "I just take half my medication."

No senior citizen should be faced with the choice of taking only half of their medications. I even talked to senior citizens who quietly told me that they sometimes have to choose between buying food and buying medication.

While we have been very proud of the fact that Medicare has provided some protection for our senior citizens' health care, all the while we have failed to note that slowly prescription drug prices have been rising and rising, to the point where many of our seniors can no longer pay for their prescription medications.

At my request and the request of several other members of our Committee on Government Reform and Oversight, the staff put together a study. We went out and we surveyed pharmacies in our own districts, just to find out what the price differential was between what our senior citizens are paying for drugs and what the big drug manufacturers' most favored customers are paying for those same drugs.

The results of that study are shown on this chart to my right. What we determined was that there are 10 drugs that are commonly prescribed for senior citizens. The 10 most commonly prescribed drugs are shown in the left-hand column. The name of the manufacturer is shown in the next column. The use of that drug is shown in the next column.

And in this column we see the prices that are paid by the big drug manufac-

turers' most favored customers. By "favored customers" we are talking about the big HMOs, the big hospital chains, and even the Federal Government. Those are the favored customers of the big drug manufacturers.

For Ticlid, the first example on the chart, which is used as a stroke medication, the most favored customers pay \$33.57 to the big drug manufacturers for a typical prescription; about a month's supply of Ticlid. The retail price paid in the Second Congressional District of Texas, the average retail price, is \$117.95. That is what the senior citizens pays when they walk into their local pharmacy.

The price differential is shown in the last column. For Ticlid, senior citizens in the Second Congressional District, and in most districts in this country, are paying over twice, 251 percent more for Ticlid than the most favored customers of the big drug manufacturers.

We took all 10, we averaged them, and as we can see in the bottom right-hand corner, there is over twice a difference between what senior citizens are paying in their local retail pharmacies and what the big drug companies are charging their most favored customers.

This is not right. This kind of price discrimination is placing the burden of paying the highest prices for prescription drugs in this country on the segment of our population that is least able to pay: our senior citizens who walk into their local pharmacy without insurance.

Our study showed many other examples of price discrimination. One drug, Synthroid, a hormone treatment, had a price difference of 1350 percent. The most favored customers were paying \$1.78 for the prescription, while our senior citizens in their local pharmacies are paying \$25.86.

Some would say, well, maybe the local pharmacies are getting rich. The truth is the markup on drugs at a local pharmacy is very small. Our study indicated that it ranged anywhere from a 1 percent markup to a high of 19 percent. So it is not our local pharmacies that are responsible for this problem. It goes back to the big drug manufacturers and their discriminatory pricing practices. It is wrong, and we need to do something about it.

H.R. 4646 addresses this problem by allowing our local pharmacies to buy directly from the Federal Government at these lower prices and then resale, resale to our senior citizens at much lower prices. We think this is a common sense solution, will cost the government nothing, but it should be done for folks like Ms. Daley in Orange, Texas. The big drug companies will not like it, but for Ms. Daley it is worth the fight.

RESPECT WILL OF HOUSE AND SENATE AND ALLOW WOMEN EQUAL BENEFITS UNDER FEDERAL HEALTH PLANS

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from the District of Columbia (Ms. NORTON) is recognized for 5 minutes.

Ms. NORTON. Mr. Speaker, last night the Treasury-Postal conference settled virtually everything except the controversy over contraceptives in this body.

Normally, such controversies concern differences between the House and the Senate. There are no differences between the House and the Senate on the matter of allowing Federal employees options for contraception. This matter was won in the House; it was won in the Senate. There is an attempt to undemocratically overturn the will of this House and the will of the Senate in conference. Both the House and the Senate understood that this no-cost health necessity for women is elementary. Yet a group of men, largely of men, in this body is trying to reverse what the majority of two houses have done.

What have we done? We simply require that health plans cover contraception as they do other prescriptions. Most of what men need in prescriptions are covered, yet many health plans do not cover contraception. This is essential for the health of American women, in this case Federal employees, because of vast differences in contraceptives.

We all know, for example, of the pill. And there are some people who cannot take the pill. Some kinds of contraception do not work for some people. Some

have serious side effects. Some are uncomfortable. Some have long-term effects and people do not wish to take the risk.

Federal employees do not have the options necessary for their health today. Eighty percent, that is the vast majority of Federal plans, do not cover the range of available contraceptives and, thereby, are putting the health of women in the Federal service at risk. Ten percent do not cover contraception at all. Imagine that. Often plans cover abortion but not contraception. Really turns on its head the way we should be going at this issue.

One reason why women of reproductive age spend 68 percent more in out-of-pocket costs for health care is this failure to cover contraception which most American women use and need. Most Americans, including the majority of pro-life voters, support the requirement that health insurance cover contraception. So why is it, then, that the gentleman from New Jersey (Mr. CHRIS SMITH), the gentleman from Oklahoma (Mr. ISTOOK), and all the Republicans on the conference committee on the House side, and even the gentleman from Kentucky (Mrs. NORTHUP), who is on that committee, are trying to defeat the will of the majority in conference?

The bipartisan Women's Caucus of this House supports this measure. This measure was won fair and square in committee, and then there was an attempt to overturn it here in the House. Now it has been won fair and square in both Houses, and democracy does not yet rule.

This gets to be very personal, Mr. Speaker, because we are here not only talking about women's health, we are talking about the most personal side of their health: reproductive health. We have no right to limit what contraception a woman may use. The five leading methods, oral contraception, diaphragm, IUD, Norplant, and Depo-Provera, are none of them associated with abortion. That, of course, is already taken care of in the bill. Federal employees are put at considerable disadvantage by having their options limited in so basic a way.

Allow women equal benefits under Federal health plans. Let the will of the majority of the House and Senate prevail. Do not give in to an energetic minority not committed either to women or to democracy in this body.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Arkansas (Mr. BERRY) is recognized for 5 minutes.

(Mr. BERRY addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

□ 1030

A CHALLENGE TO AMERICA, RECOGNIZE THE FREEDOM IN WHICH WE LIVE

The SPEAKER pro tempore (Mr. BURR of North Carolina). Under a pre-

vious order of the House, the gentleman from Texas (Ms. JACKSON-LEE) is recognized for 5 minutes.

Ms. JACKSON-LEE of Texas. Mr. Speaker, in less than a week the Committee on the Judiciary, of which I am a member, on October 5 will convene for what I believe will be an important hearing.

I thought it was important this morning, in light of the press conference yesterday of the chairman, the gentleman from Illinois (Mr. HYDE), to try to not only clarify for myself but to articulate some of the views of those of us who are Democrats juxtaposed against the chairman's remarks yesterday.

This committee now has a task that for many is not a pleasant task. It is not a pleasant time for America or Americans. It is a somber time and a highly serious commitment on all of our parts, for the concept of impeachment goes to the very infrastructure of this Nation.

As I reflected on the will of the Founding Fathers in their design of article 2, section 4, the impeachment provision, I now more than ever understood their thoughts. This fledgling nation they wanted to survive. How well they do, that in 1998, we live in a free nation, a sovereign nation, that respects the First Amendment and certain rights under the Bill of Rights, such as the Fifth Amendment of due process.

The Founding Fathers were immediate immigrants from desperate nations, or nations with monarchies. I believe what they said, that we will have a nation that elects, where the head of government is not a monarchy and we will have a right as a people to elect that person but as well we will have a right to remove that person.

At the same time, I would simply say that they did not want this process to be frivolous and without meaning. Nor did they give us any fine definition.

High crimes and misdemeanors, many may think of the word high as very important. If one reads further one might find that it is high, meaning against the crown. So, in fact, they did leave the definition of high crimes and misdemeanors to the ongoing time frame of when we might find it.

So in 1974, as the Nixon proceedings moved forward, we found that the Republicans, who were then in the minority, decided that high crimes had to be a commitment of a crime and as well it had to be against the government, for obviously Mr. Nixon was of the Republican Party.

We now have had 6 days of hearings in the Committee on the Judiciary. None of them have been on the issue of defining what high crimes and misdemeanors might portend to be in 1998. We have spent a lot of time playing to the public opinion, the media blitz. We have spent a lot of time releasing documents that most Americans thought were sacred because they were part of a grand jury system.