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Sincerely,

TOM BLILEY,
Chairman.

THE HIGH COST OF PRESCRIPTION DRUGS IN AMERICA

The SPEAKER pro tempore (Mr. PEASE). Under a previous order of the House, the gentlewoman from Michigan (Ms. STABENOW) is recognized for 5 minutes.

Ms. STABENOW. Mr. Speaker, I rise today, as I have on numerous occasions, to speak out about the high cost of prescription drugs for families all across America, and particularly for older Americans who are regularly using the largest number of medications on a daily basis.

I have for over a year now been leading an effort in Michigan when speaking with seniors, getting letters from them, have set up a hotline for people to call and share their concerns and stories about the high cost of their medication.

As a result of that effort over the past year, I have come to this floor sharing stories and reading letters from my constituents urging that we pass a comprehensive Medicare benefit for prescription drugs, one that is voluntary, one that is within Medicare, and will help our seniors pay for the costs of their medications.

Once again, today I rise to read a letter. I would like to read a letter that says, "Dear Debbie, I don't call this fair for an elder citizen on fixed income to pay \$2,100 a year to just stay alive. I need my heart patches every day to make my ticker keep going, my inhaler so I can breathe, and pain medication to help me with the daily pain of my bones. Thank you for listening to me. Sincerely, Beatrice J. Homan."

Mrs. Homan has also reported to me that she often does not buy her medications because she cannot afford them.

I have now twice taken busloads of seniors from Michigan across the bridge to Canada to demonstrate the dramatic differences in costs between our country and Canada. I would like to share with the Members, because we just took a trip a week ago, how we could make a dramatic difference for Beatrice Homan and the seniors of Michigan if we were to first allow prescriptions to be purchased by our pharmacists at a lower price in Canada, if in fact that is available, and secondly, if we were to lower the costs of prescription drugs in our country and provide a Medicare benefit for our seniors so that they can have real health care coverage.

We have Medicare that has been set up since 1965, but it does not cover the way health care is provided today. Under Medicare, we could go in the hospital and have an operation. We could get the prescriptions in the hospital. But most seniors and most of us are going to outpatient clinics, getting

home health care, needing our prescriptions on an outpatient basis. That is what Medicare does not cover. It is outdated. It needs to be fixed. With the greatest economy we have had in over a generation, we can do it if we have the political will to make it happen.

I have had the opportunity to take our seniors from Michigan to Canada, and let me give an example of the differences in the costs.

Barbara Morgan normally pays \$273 a month for her medications, and just crossing the bridge, 5 minutes across the bridge, we lower the cost from \$273 to \$31.83, a savings of 88 percent.

Lonnie Stone normally spends \$800. We were able to get his same medications, FDA-approved, American-made, in Canada for \$268, a savings of 67 percent.

Dorothy Price normally pays \$477. We were able to cut her costs by 66 percent, to \$163.20.

Ilene Carr normally pays \$1,071.30. We were able to cut that by 50 percent, cut in half a \$1,000 prescription drug bill.

We can do better than this. We are fortunate in our country to have wonderful public facilities in which research is done that our drug companies use to then produce products for the market. We are fortunate that we encourage that through taxpayers' funded tax credits to help with that research. We help to fund that, and yet in this country we are paying more than any other country in the world. Every other country is sold these same drugs, American-made, helped to be subsidized by the American taxpayers for less.

We can do better, Mr. Speaker, and I would strongly urge my colleagues to make prescription drug coverage under Medicare a priority.

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

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

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

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

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

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

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

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

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

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

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

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

THE NEED FOR NATIONAL LEADERSHIP IN PUBLIC EDUCATION

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 1999, the gentleman from North Carolina (Mr. ETHERIDGE) is recognized for 60 minutes as the designee of the minority leader.

Mr. ETHERIDGE. Mr. Speaker, I rise today to speak about one of the most critical issues facing our Nation. That is the education of our children. Hopefully as this afternoon goes on I will be joined by some of my Democratic colleagues to discuss this issue and the need for national leadership in this whole area of public education.

We spend an awful lot of time in this body arguing back and forth about appropriations and budgets. We have just finished today doing that, and on and on. But what gets lost too often in all the sound and the fury of the legislative debate is the central meaning of the choices that we make and the people that it impacts so directly.

My colleague, the gentlewoman from Michigan, was just talking about prescription drugs, real live people. Education is about real live young people.

The budget and spending choices that we make help us define what our priorities are. They express our values. A whole lot more than what we argue about those values being, our actions speak for what our values really are.

Mr. Speaker, my colleagues and I in the Democratic Caucus have been working now for several years trying to give greater priority to education in the budget process.

Let me explain to all of my colleagues, the budget process is where the action takes place. We can talk about authorizing committees and they are the people who write the policies, et cetera, et cetera. Before I came to Congress I served as a legislator in North Carolina. I chaired the Committee on Appropriations for 4 years. Let me remind my colleagues, words are cheap, actions cost money.

I have often said to folks, there is a big slip between the lip and the hip. It is easy to talk about it, it is tough to put actions to words when it really comes to making it happen.

I go into an awful lot of schools. Before I came to Congress I served 8 years as State superintendent of my State