15,000 fewer maternal deaths; and 92,000 fewer infant deaths.

I oppose this bill because it does not provide assistance to the women and families that most need our help. H.R. 4811 hinders the dissemination of accurate and complete reproductive information for women in developing countries by limiting which family planning options foreign NGOs may discuss with their clients. Under this bill, even organizations that use their own funds to engage in pro-choice lobbying efforts to provide abortions, or to even discuss this reproductive option will not be eligible for U.S. funding. I cannot morally support a measure such as this, that would not withstand constitutional scrutiny within our own country.

With the understanding that ''an ounce of prevention is worth a pound of cure'', I would encourage my colleagues to seriously consider the moral, social, and economic ramifications of not providing aid when we, as a nation, are clearly in a position to do so.

For these reasons, I urge my colleagues to oppose the Foreign Operations bill. We can and must do better.

INDIA IS A VALUABLE PARTNER FOR THE UNITED STATES

SPEECH OF

HON. ROD R. BLAGOJEVICH

OF ILLINOIS

IN THE HOUSE OF REPRESENTATIVES

Thursday, July 13, 2000

The House in Committee of the Whole House on the State of the Union had under consideration the bill (H.R. 4811) making appropriations for foreign operations, export financing, and related programs for the fiscal year ending September 30, 2001, and for other purposes.

Mr. BLAGOJEVICH. Mr. Chairman, I rise in opposition to the Burton Amendment to Restrict aid to India.

Each time that this amendment has been offered in previous years, the House has resoundingly voted it down. I expect that it will meet with a similar fate this time.

Strengthening our partnership with India needs to be a fundamental part of America's strategy in Asia. This amendment would damage U.S.-India relations at a time when our countries are cooperating on a number of issues of interest to us both.

Earlier this year, President Clinton traveled to India, in affirmation of the ties that bind our nations together. India is on the front lines of the battle against terrorism. In light of this, the Government of India committed to the President during his visit that India would work closely with the United States to combat terrorism. The joint U.S/India working group on terrorism established during the President's visit can help both our nations counter this threat. Cutting assistance to India would put this cooperation at risk just as it is getting off the ground.

Furthermore, India has acted responsibly to deal with conflict with her neighbors, showing restraint when provoked during the Kargil crisis and later when terrorists seized an Indian airlines flight and hijacked it to Afghanistan. The conduct of the Indian Government when faced with these immediate threats demonstrates that India is a reliable strategic partner.

But the U.S./India relationship goes deeper than just strategic need. India is the world's largest democracy, a natural partner for the world's oldest democracy, the United States. India provides an example for the rest of Asia of how democracy and free market economic growth can go hand in hand.

And contrary to what some may contend, India has a long tradition of harmony among people of different backgrounds and faiths. India is the original melting pot, and like our own nation, derives strength from its diversity.

We have witnessed the strength of these values through the Indian-Americans who have come to settle in this country. My hometown of Chicago is home to a vibrant Indian-American community. Indian-Americans in Chicago add to the richness of our neighborhoods, and community leaders such as Dr. Bharat Barai, Mr. Bhagu Patel, Dr. Vijay Dave and Mr. Niranjan Shah have shown their neighbors that the values of tolerance and respect they brought with them from India are the same values we cherish here in the United States.

Cutting off the meager, amount of assistance to India in this bill would not save the United States a great deal of money. It would, however, hinder our ability to reduce poverty and build lasting cultural and economic relationships with the people of India.

It would also send a dangerous message to the world about America's commitment to democracy abroad. If we, as Americans, want democracy to flourish around the globe, then we must support democracies when we have the chance. I urge my colleagues to reject this amendment, and support our partnership with India.

PERSONAL EXPLANATION

HON. NEIL ABERCROMBIE

OF HAWAII

IN THE HOUSE OF REPRESENTATIVES

Tuesday, July 18, 2000

Mr. ABERCROMBIE. Mr. Speaker, yesterday, July 18, 2000, I was granted a leave of absence for official business which I was undertaking in my district in Hawaii.

Four recorded votes were taken yesterday. Had I been present, I would have voted as follows: rollcall 401, H. Res. 534, Security at Los Alamos, ''yes''; rollcall 402, H. Con. Res. 319, Latvia 10th Independence Anniversary, ''yes''; rollcall 403, H. Res. 531, Condemn 1994 Bombing of Jewish Community Center in Buenos Aires, ''yes''; rollcall 404, H.R. 3125, Internet Gambling Prohibition Act, ''no.''

PERSONAL EXPLANATION

HON. ROBERT W. NEY

OF OHIO

IN THE HOUSE OF REPRESENTATIVES

Tuesday, July 18, 2000

Mr. NEY. Mr. Speaker, on July 12, 2000, I was unavoidably detained and as a result missed Rollcall vote No. 395. If I were present, I would have voted ''Aye.''

MORE DOCUMENTATION OF EXCESSIVE RX PRICES

HON. FORTNEY PETE STARK

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, July 18, 2000

Mr. STARK. Mr. Speaker, prescription drug prices are too high for the uninsured and the average retail customer who has to buy prescriptions on their own.

How much too high?

For generics at least 57 percent too high. For single source brand name drugs, about 32 percent too high, and for multi-source drugs, about 39 percent too high.

Says who?

A new Medicare survey of what hospitals actually pay for drugs compared to what the so-called Average Wholesale Price is. HCFA is issuing a new regulation on how to pay hospitals under the Hospital Outpatient Department (HOPD) prospective payment system. As part of that new regulation, they had to figure out what the beneficiaries' 20 percent co-payment should be. Instead of foolishly taking the Average Wholesale Price as a gauge of what to apply the 20 percent co-pay against, HCFA wisely sampled what the actual acquisition cost of drugs are, then developed an average formula to calculate the 20 percent the seniors and disabled would owe. Following is the discussion from the Federal Register of April 7th.

This is all more proof that the uninsured and those who are buying drugs at retail need help getting the purchasing power of large groups. The Democratic Prescription drug bill, H.R. 4770, would help seniors get the kind of discounts we know that hospitals are getting. The savings to seniors will be phenomenal!

A one-time exception to the general methodology described above pertains to current drugs and biologicals that will be eligible for transitional pass-throughs when the PPS is implemented. For this final rule, we revised many APC groups by removing, to the extent possible, many of these drugs and radiopharmaceuticals. Therefore, the payment rates for the APC groups with which these drugs are associated exclude the costs of these drugs and the total amount paid to hospitals for the drugs will be 95 percent of the applicable AWP. In order to be able to determine a coinsurance amount for these drugs, we needed to estimate what portion of this payment would have been included as part of the APC payment amount associated with these drugs and what portion would be the pass-through amount. Using an external survey of hospitals' drug acquisition costs, we determined the APC payment amount for many of these drugs as their average acquisition cost adjusted to year 2000 dollars. Where valid cost data were not available for individual drugs, we applied the following average ratios of acquisition cost to AWP calculated from the survey to determine the fee schedule amount: .68 for drugs with one manufacturer, .61 for multi-source drugs, and .43 multi-source drugs with generic competitors. In either case, the coinsurance amounts were determined as 20 percent of these fee schedule amounts. It is important to note that these estimates do not affect the total payment to hospitals for these drugs (95 percent of AWP).