

be discarded. They are destined to be discarded. Under these circumstances, it would be tragic to waste this opportunity to pursue the work that could potentially alleviate human suffering especially in our children.

For the past 35 years, many of the common human virus vaccines have been produced in cells derived from the human fetus to the benefit of tens of millions of Americans. Clearly, there is a precedent for the use of fetal tissue that would otherwise be discarded. This is not a political issue. It is an issue of human responsibility. It is an issue of human decency. It is an issue of doing what is right by our children in this country.

Furthermore, the American public overwhelmingly supports this research. In a poll conducted earlier this year, 65 percent of those surveyed said they support Federal funding stem cell research. It is the right thing to do.

Stem cell research is still in the early stages. In order to receive the full benefits of the research, there must be additional study. Federal funding of this research ensures public oversight and accountability among researchers receiving Federal grants. These researchers will be required to adhere to strict guidelines that do not govern private research. Further, Federal funding will allow many scientists to expand the research in this critical area, thus hastening the discovery of therapies.

Mr. Speaker, we fund many worthwhile projects in the United States Congress. Surely, we can advance funds to save the lives of our children in this country.

Putting an end to public support of this research would have a devastating effect on the future of research in numerous diseases. Congress and the administration should allow this important research to continue, if not for the sake of science, for the sake of Anna Kate and children all across this country that are similarly situated.

Please remember those faces looking at us, faces looking at us in trust and in hope. We cannot let them down. Mr. Speaker, let us do the right thing by America's children.

REINTRODUCTION OF THE PRIVATE BILL FOR THE RELIEF OF ADELA AND DARRYL BAILOR

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

Ms. CARSON of Indiana. Mr. Speaker, on May 8 of this year, I introduced H.R. 1709, legislation that would provide private relief for Adela and Darryl Bailor.

As my colleagues know, Mr. Speaker, private relief is available in only rare instances. I believe that the circumstances surrounding the Bailors' case qualifies under the rules of private legislation. I believe so firmly in the importance of this case that I have in-

troduced this legislation the 105th, the 106th, and the 107th Congresses.

The facts surrounding this case are clear and undisputed. Adela Bailor, while working for Federal Prison Ministries in Fort Wayne, Indiana was raped on May 9, 1991 by a Federal prisoner who had escaped from the Salvation Army Freedom Center, a halfway house in Chicago, Illinois.

What makes the Bailor case special is that they were caught in a legal Catch-22. The Bailors filed suit against the Federal Bureau of Prisons and the Salvation Army which ran the halfway house to which Mr. Holly was assigned.

One of the requirements for all inmates at a halfway house is that they remain drugfree and take a periodic drug test. Mr. Holly had a history of violence and drug abuse, including convictions for possession of heroin.

On May 6, Mr. Holly was called into the Salvation Army office and was told that his drug test was positive for cocaine use. Salvation Army had the option of informing Mr. Holly of the failed drug test with a U.S. Marshal present, but chose not to. When advised of his GPO's PDF drug test failure, Holly simply announced that he was out of here and walked through the unlocked door.

In the lawsuit, the Bailors lost on a legal technicality. The 7th Circuit Court of Appeals recognized this technicality. The technicality was that, under the law, apparently no one had true custody of William Holly. The Federal Bureau of Prisons had legal custody of Holly, but not physical custody. Salvation Army had physical custody of Holly, but not legal custody.

Recognizing that this was legally untenable, the 7th Circuit Court recommended that Ms. Bailor apply to Congress for private relief.

I ask my colleagues to join in this effort to eliminate this gross injustice for Ms. Adela Bailor and Darryl Bailor. If we believe in victims' rights, then we must hold those who are responsible for the incarceration of violent criminals accountable for such conduct.

Interestingly and profoundly, Adela Bailor is an honorably discharged Marine Corps veteran. At the time of the attack, she was helping to make this country a better place. We cannot and should not turn our back on her because of a legal loophole.

The 7th Circuit has reviewed this case fully and has made the recommendation that they apply to the Congress. Although Congress is not bound by such recommendations, Congress should give a great deference to the legal analysis by the Circuit Court which has determined that Adela Bailor and Darryl Bailor fall into an unusual legal situation.

□ 2000

Mr. Speaker, I urge and encourage my colleagues to sign on to a letter to be sent to the gentleman from Pennsylvania (Mr. GEKAS), chairman of the Subcommittee on Immigration and

Claims, urging him to hold a hearing on H.R. 1709. We will be in the process of sending that letter next week, Mr. Speaker.

PRESCRIPTION DRUG PRICES

The SPEAKER pro tempore (Mr. KERNS). Under the Speaker's announced policy of January 3, 2001, the gentleman from Vermont (Mr. SANDERS) is recognized for 20 minutes as the designee of the minority leader.

Mr. SANDERS. Mr. Speaker, I want to thank the gentleman from New Jersey (Mr. PALLONE) for making some of his time available to me.

Mr. Speaker, I want to tell a story tonight about what happens when an industry with unparalleled greed operates and spends huge sums of money, with the result that they are destroying the health and well-being of millions of Americans. And the industry that I am talking about, sadly enough, is the pharmaceutical industry.

Mr. Speaker, I think, as my colleagues know, millions of Americans today cannot afford the outrageously high cost of prescription drugs in this country. Some of these people will die because they are unable to purchase the prescription drugs that their physicians prescribe to them. Many of them will just continue to suffer, not being able to get the alleviation for their pain because they cannot afford those prescription drugs. Others will buy the prescription drugs by taking money out of their food budget or their heat budget and will do without other basic necessities of life in order to purchase prescription drugs.

Disgracefully, Mr. Speaker, tragically, the American people pay by far the highest prices in the world for prescription drugs. It is not even close. Several years ago, I took a number of Vermonters over the Canadian border into Montreal because they could not afford the very, very high prescription drug prices in our own country. And what we found when we went over the border to Montreal is that the same exact drugs, manufactured and sold in the United States, were sold for a fraction of the cost an hour away from where my constituents were living in northern Vermont.

Some of the women who went with me over the border were fighting for their lives against breast cancer, an affliction that affects large numbers of women in this country. And what they found when they went across the border with me is that tamoxifen, a widely prescribed breast cancer drug, was selling in Canada for one-tenth the price, 10 percent of the price, that it is sold in the United States. Imagine that, women who are struggling for their lives are forced to pay ten times more in the United States than our neighbors are paying in Canada for the same exact drug manufactured by the same exact company.

It is not just Canada and it is not just Mexico. In the southern part of

our country, California, Texas, and Arizona, Americans are going across our southern borders into Mexico for the same exact reason that Americans in the northern part of this country are going into Canada. But it is not just Mexico and Canada that have substantially lower prices for prescription drugs. It is every other major country on Earth.

Mr. Speaker, for every \$1 spent in the United States for a prescription drug, those same drugs are purchased in Switzerland for 65 cents, the United Kingdom for 64 cents, France for 51 cents, and Italy for 49 cents. The same exact drugs. Meanwhile, while the pharmaceutical industry rips off the American people, causes death, causes suffering, that same industry year after year is at the top of the charts in terms of profits.

Last year, for example, the top 10 pharmaceutical companies earned \$26 billion in profit. Twenty-six billion dollars. Why is it that prescription drug prices are higher in the United States than in any other industrialized country? Well, the answer is pretty obvious. The pharmaceutical industry is perhaps the most powerful political force in Washington and has spent over \$200 million in the last 3 years on campaign contributions, lobbying, and political advertising. Twenty million dollars in the last 3 years in order to make sure that Congress does not lower the outrageously high cost of prescription drugs and affect their profits. Two hundred million dollars.

We see that money spent. We see it in the TV ads in our homes, on our home television stations. We see it in the full page ads in the Washington papers and in papers all over this country. Amazingly, not only are they spending money on advertising, not only do they spend money on campaign contributions, but the vast majority of Members of Congress receive money from the pharmaceutical industry. The political parties receive money from the pharmaceutical industry in soft money. But even more amazing, the pharmaceutical industry has on their payroll almost 300 paid lobbyists right here on Capitol Hill. Imagine that. There are 535 Members of Congress, 100 in the Senate, 435 in the House, and they have 300 paid lobbyists, including former Senators, former Members of the House, knocking on our doors every day, saying, hey, do not do anything to lower the cost of prescription drugs. Keep our profits high, and we will make sure you get your campaign contributions.

This is an absolute disgrace to democracy and it is an outrage being perpetrated against millions of Americans who want nothing more than to be able to purchase reasonably priced prescription drugs. Mr. Speaker, year after year senior citizens throughout this country and those with chronic illnesses cry out for prescription drug reform and lower prices, but their cries and their tears go unheeded as the

pharmaceutical industry and their lobbyists defeat all efforts to lower prices. Year after year those poor people come up here, bla, bla, bla, bla, bla, and year after year every effort is defeated because the pharmaceutical industry and their money machine prevents any real reform.

Well, this year it is my hope that it will be different because Congress is going to build on our successes from the last session of Congress. Last year this Congress, in a bipartisan measure, overwhelmingly passed legislation which promised the American people that they would be able to buy prescription drugs at the same low prices as do consumers in other countries through a reimportation program. And that means that the United States, in the midst of a global economy, that our prescription drug distributors, our pharmacists, should be able to purchase FDA safety-inspected drugs from any country where they can get a better price. If drugs are sold in Canada for one-tenth the price, pharmacists in the United States should be able to reimport those drugs under strict FDA safety regulations.

In the House last year, the Crowley reimportation amendment, introduced by the gentleman from New York (Mr. CROWLEY), won by a 363 to 12 vote. Unfortunately, at the end of a long legislative process, loopholes were put into the overall bill last year that made it ineffective. While the law remains on the books, it has not been implemented by either the Clinton or the Bush administrations. In an increasingly globalized economy, where we import food and other products from all over the world, it is incomprehensible that pharmacists and prescription drug distributors are unable to import or reimport FDA safety-approved drugs that were manufactured in FDA approved facilities.

The pharmaceutical industry and their supporters in Congress are sending out letters right now saying, oh, this is a dangerous idea, we are going to be poisoning the American people. This is absolute nonsense. Let me briefly read from a letter that was sent to Senator BYRON DORGAN on September 13, 2000 last year. And as many people know, Dr. Kessler is the former FDA commissioner, I believe under both former Presidents Bush and Clinton, and this is what he stated in his support of reimportation last year, and I quote.

"I believe U.S. licensed pharmacists and wholesalers, who know how drugs need to be stored and handled, and who would be importing them under the strict oversight of the FDA, are well-positioned to safely import quality products rather than having American consumers do this on their own. Second, if the FDA is given the resources necessary to ensure that imported FDA approved prescription drugs are the authentic product, made in an FDA-approved manufacturing facility, I believe the importation of these products

can be done without causing a greater health risk to American consumers than currently exists. Finally, as a Nation, we have the best medical armamentarium in the world. Over the years, FDA and the Congress have worked hard to assure the American public has access to important medicine as soon as possible. But developing lifesaving medications does not do any good unless Americans can afford to buy the drugs their doctors prescribe. The price of prescription drugs poses a major public health challenge. While we should do nothing that compromises the safety and quality of our medicine, it is important to take steps to make prescription drugs more affordable."

That is Dr. David Kessler, in a letter to Senator BYRON DORGAN of September 13, 2000.

Mr. Speaker, when the agricultural appropriations bill comes up, perhaps on Thursday, perhaps next week, the gentleman from New York (Mr. CROWLEY), the gentlewoman from Connecticut (Ms. DELAURO), and others and I intend to introduce an amendment, the reimportation amendment, which is the same amendment as the gentleman from New York (Mr. CROWLEY) introduced last year that received, as I mentioned before, 363 votes.

We know right now that the pharmaceutical industry's cash register is clicking overtime. Their lobbyists are all over Washington trying to scare Members of Congress so that they will not pass this legislation. But I believe that when Members of Congress go into their hearts and when they listen to the seniors and the other people back home who are sick and tired of paying outrageously high prices for prescription drugs, who are sick and tired of having to go to Canada and Mexico to buy the drugs that they need, I believe that despite all of the scare tactics of the pharmaceutical industry and their representatives in the United States Congress, that Congress will have the guts to stand up to them and vote for the American people and pass the Sanders-Crowley-DeLauro reimportation amendment.

Mr. Speaker, when that amendment comes before the floor, it may be the only opportunity this year or next year that Members of Congress will have to vote to lower the outrageously high cost of prescription drugs. I hope and am confident that Members of Congress will ignore the scare tactics of the pharmaceutical industry and their representatives and join the gentlewoman from Connecticut (Ms. DELAURO), the gentleman from New York (Mr. CROWLEY), and myself, and many others from both parties, in demanding that finally, after years and years of talk, we lower the cost of prescription drugs in this country and we create a situation in which American consumers do not have to continue paying far more than people throughout the rest of the world for the same exact prescription drugs.

Mr. Speaker, I want to thank my friend, the gentleman from New Jersey (Mr. PALLONE), for having yielded me his time, and I yield back the balance of my time.

HEALTH CARE REFORM

The SPEAKER pro tempore. Under the Speaker's announced policy of January 3, 2001, the gentleman from New Jersey (Mr. PALLONE) is recognized for the remainder of the minority leader's hour, approximately 47 minutes.

Mr. PALLONE. Mr. Speaker, I do not know whether I will use all of that time, but I do want to discuss tonight another health care issue. I appreciate my colleague, the gentleman from Vermont (Mr. SANDERS), talking about the prescription drug issue and the reimportation issue; and that is certainly one of the major health care issues that needs to be addressed in this Congress.

I talk all the time about three health care issues that I know that President Bush said during the course of his campaign he would address and that have not been addressed. Unfortunately, what we have here in the House, with the Republicans in control, the Republican leadership so far has been unwilling to address the three major areas that I hear about most in health care. One is prescription drugs, which my colleague from Vermont just mentioned; the other is the Patient's Bill of Rights, or HMO reform; and the third is the need to try to cover those 40 to 45 million Americans who have no health insurance.

□ 2015

Mr. Speaker, fortunately, the other body is now discussing HMO reform, the Patients' Bill of Rights. I would say that the reason that has happened is because of the switch in the majority from Republican to Democrat in the other body. The first order of business that the new Democratic majority took up was HMO reform, the Patients' Bill of Rights.

Tonight I would like to discuss briefly why I think it is important to pass the Patients' Bill of Rights, and not just any Patients' Bill of Rights, but the Patients' Bill of Rights, or HMO reform, that was introduced in the other body by Senator MCCAIN, Senator KENNEDY, and Senator EDWARDS, and that has been introduced in the House by the gentleman from Iowa (Mr. GANSKE) and the gentleman from Michigan (Mr. DINGELL).

These are bipartisan bills, but I need to point out that the thrust of the bills is from the Democratic side, because the Republican leadership, even though there are some Republicans that are playing a key role on these bills, the Republican leadership has refused to bring them up in either House, or to support the Ganske-Dingell bill, the real Patients' Bill of Rights here in the House, or the McCain-Kennedy-Edwards, the real Patients' Bill of Rights in the other body.

I will not refer to them necessarily as the Democratic bills because we do have some Republican support, but they are Democratic bills in that the Democratic leadership supports them in both Houses and the Republican leadership does not support them in either House.

Why are we talk talking about the Patients' Bill of Rights and HMO reform. Two reasons. This comes from my constituents and from Americans from all walks of life. Increasingly, if a person is in a managed care situation, if you are in an HMO, the decision about what type of care you get, and that means whether you get a particular medical procedure, whether you can go to a particular hospital, whether you can stay in the particular hospital for a particular length of time, these types of decisions about your care unfortunately are made almost exclusively now by insurance companies, by the HMOs.

What the Democrats have been saying and what the real Patients' Bill of Rights says is that that needs to change. That needs to go back to medical decisions, what is medically necessary for you as a patient, that decision is made by your physician, your health care professional and you as a patient, not by the insurance company. That is the one major change, and the one need for reform with regard to HMOs that the Patients' Bill of Rights seeks to accomplish.

The other major issue and the other major change is the fact that today in HMOs, if a decision is made about what type of care you get, and you do not agree with that, in other words you have been denied the care that your doctor and you feel is medically necessary, you do not have any place to go. You can file a grievance with the HMO; and they will review it and say sorry, we made a decision, and we are not going to change it.

What the Democrats would like to see, what the Dingell-Ganske bill would do is turn that around and say if you want to seek a redress of grievances because you feel you have been improperly denied care, you can go to an external review board, an independent review board outside of the HMO, and they will review that decision by the HMO. They have the power to overrule it if they think that care was improperly denied and you need the care that your physician says is necessary.

Failing that, in certain circumstances you would be able to go to court and bring suit so you could have the decision of the HMO turned around, or you could even be granted damages if you were seriously injured and it was too late to correct your situation; or God forbid, you died, your estate could sue for damages.

Now, those two things, those two basic theories, the decision about what kind of care you get is made by a health care professional, not by the insurance company, and that you have

some place to go to right that wrong and to turn that decision around are really at the heart of the Patients' Bill of Rights.

Mr. Speaker, I want to talk about some of the specific things that the Patients' Bill of Rights will do which I think are important. I will mention a few that apply to patients, and then I want to mention a few that apply to doctors, because I think as you know, the doctors now under HMOs feel that they cannot even practice medicine. There are a lot of restrictions on what they can do, so the decision is important for the doctors as well as for the patients.

One area is access to emergency room care. The Patients' Bill of Rights allows patients to go to any emergency room during a medical emergency without having to call a health plan first for permission. Emergency room physicians can stabilize patients and begin to plan for post-stabilization care without fear that health plans will later deny coverage.

This is a big concern that patients have. I get chest pains, I think I am having a heart attack, I cannot go to the hospital that is down the street. I have to go to one 150 miles away. I may suffer damage because I have to go to an emergency room so far away. That makes no sense. We reverse that and say if you feel, if the average person feels by having severe chest pains they need to go to the closest hospital, they have the right to go there and the insurance company has to pay for that emergency room care.

Access to needed specialists. Part of the problem now is many patients, many Americans in HMOs do not have access to a specialist. They may have access to a family physician, but if they want to go to a specialist in that particular area where they need help, they cannot obtain that through the HMO.

The Patients' Bill of Rights ensures that patients who suffer from a chronic condition or require care by a specialist will have access to a qualified specialist. If the HMO network does not include specialists qualified to treat a condition, such as a pediatric cardiologist, for example, to treat a child's heart defect, it would have to allow the patient to see a qualified doctor outside the network at no extra cost.

The Patients' Bill of Rights also allows patients with serious ongoing conditions to choose a specialist to coordinate care or to see their doctor without having to ask their HMO for permission before every visit. This is common sense.

The Patients' Bill of Rights also allows direct access to an OB-GYN. It allows the woman to have direct access to OB-GYN care without having to get a referral from her HMO. Women would also have the option to designate their OB-GYN as their primary care physician. This is very important to women.

Finally, and there are so many other patient protections, and I just want to