

PHARMACEUTICAL MARKET
ACCESS ACT OF 2003

SPEECH OF

HON. JAMES A. LEACH

OF IOWA

IN THE HOUSE OF REPRESENTATIVES

Thursday, July 24, 2003

Mr. LEACH. Mr. Speaker, consideration of H.R. 2427, the Pharmaceutical Market Access Act of 2003 involves a mosaic of liberal, conservative and moderate concerns which make the case for passage compelling.

From a liberal perspective it is clear that America's social fabric is being wrenched as many of our citizens confront drug costs they cannot meet. From a conservative perspective it is apparent that the current system involves the placing of restraints on trade that a country dedicated to free markets should philosophically find untenable. And from a moderate perspective, it is troubling that the worldwide cost of pharmaceutical research is borne disproportionately by the American consumer with the consequence that the cost of drug development, which is paid for by the American taxpayer through support of institutions like NIH and the American consumer through prescription drug prices, has come to represent one of the largest foreign aid programs in history.

The question is whether the cost of drug research and development should be borne on an even basis by all countries or almost exclusively by the U.S. consumer.

There are, of course, issues of safety raised by this measure before the House, but they will exist whether or not this legislation passes. Indeed, it may arguably be claimed that there is a greater incentive for counterfeiting drugs in a circumstance where American prices are inflated relative to those in other countries.

In addition, enormous safety concerns arise when individuals cannot afford the drugs they need and these must be taken into account in any equation attempting to balance all elements of the safety problem.

Critics of opening up trade in prescription drugs properly note that the bill under consideration does not provide increased resources for the FDA to adequately inspect overseas drug production and sales. It is my strong sense that there is consensus in this body that Congress must address this issue and provide the FDA with greater resources should this legislation pass.

Mr. Speaker, the cost of prescription drugs is not an issue exclusively for those who require them. Prescription drug are a significant component of healthcare costs in this country and this high cost of American healthcare is one of the factors incentivizing companies to invest and in many cases relocate abroad.

Bringing down drug costs is thus a jobs issue for all Americans as well as a cost concern for those individuals who rely on particular medicines.

Mr. Speaker, the pharmaceutical industry deserves our respect for having made scientific breakthroughs that have been of life-saving significance to countless individuals. The revolution in sophistication of drug treatment is just beginning, and care must be taken not to radically erode the industry's research base, but the pharmaceutical industry should not be more protected from market forces than other industries.

Protectionism is generally counter-productive, but seldom has a set of laws designed to provide a protective cocoon for an industry proven more cost disadvantageous for the public. I know of no industry which has such a substantially higher price structure in this country than abroad. Indeed, the genius of the American marketing structure is that there is virtually no processed commodity that cannot be bought cheaper here than abroad. The singular major exception is prescription drugs.

The most effective antidote to this market malady is competition. The public interest requires adoption of the Pharmaceutical Market Access Act of 2003.

SCHOOL READINESS ACT OF 2003

SPEECH OF

HON. JERRY F. COSTELLO

OF ILLINOIS

IN THE HOUSE OF REPRESENTATIVES

Thursday, July 24, 2003

The House in Committee of the Whole House on the State of the Union had under consideration the bill (H.R. 2210) to authorize readiness of disadvantaged children, and for other purposes.

Mr. COSTELLO. Mr. Chairman, I rise today in opposition to H.R. 2210 the School Readiness Act. This is a bad bill that will bring significant changes to one of our nation's greatest success stories: the Head Start program.

The Head Start program was established in 1965 as part of the War on Poverty. The program was created to give low-income youth an opportunity to receive quality preschool education, so that they would not enter kindergarten at a disadvantage. In addition to preschool classes, Head Start also emphasizes medical, dental, and mental health; nutrition; and parent involvement.

Since its inception, the program has grown and undergone some modifications, but has remained a federal program, with federal standards, and with funds provided to the local Head Start programs.

This bill proposes to change that. It will end Head Start as we know it by weakening educational standards and threatening to dismantle the effective and high-quality Head Start program that has helped more than 20 million children and their families.

While the bill would make quality improvements to Head Start that I support, virtually all of these improvements, as well as the existing quality requirements, would be undone by turning Head Start over to the States in the form of a block grant.

Under the block grant, states are not required to follow the Head Start performance standards. I fear that this will weaken educational standards, by increasing class size, increasing child-teacher ratio, shortening program duration, cutting off three-year-olds from services, and using unproven curricula. In addition, there is no guarantee that the pilot programs will maintain the comprehensive services, including elimination of parent classroom involvement, health and mental health screenings and services, adult literacy services, vision and dental services, and health and nutrition education, that have made Head Start so successful.

Mr. Chairman, I support Head Start, but I cannot support this bill. It takes a giant step

backwards in providing vital services to our Nation's most precious assets, our children. I urge my colleagues to join me in voting no on this bill.

NINO JOACHIM TOLENTINO, 31ST ANNUAL SCRIPPS HOWARD REGIONAL SPELLING BEE CHAMPION (GUAM), 76TH ANNUAL SCRIPPS HOWARD NATIONAL SPELLING BEE PARTICIPANT (WASHINGTON, DC)

HON. MADELEINE Z. BORDALLO

OF GUAM

IN THE HOUSE OF REPRESENTATIVES

Friday, July 25, 2003

Ms. BORDALLO. Mr. Speaker, I rise today to congratulate Nino Joachim Tolentino for winning the 31st Annual Scripps Howard Regional Spelling Bee on Guam and his advancement to the 76th Annual Scripps Howard National Spelling Bee in Washington, DC where he proudly represented our island.

Nino's spelling bee victory on Guam allowed him to compete nationally. At the national spelling bee, Nino successfully advanced to the third round. Although he was not ultimately victorious, Nino will walk away with an incredible experience, and a knowledge of the definition of "farouche", the word he spelled to propel him into the second round.

Nino is an eighth-grader at Santa Barbara School in Dededo, Guam. Nino has aspired to compete in the National Spelling Bee since placing third in his fifth grade regional competition. By studying the origin of words, their definitions and its pronunciation, Nino devised his own method for spelling new words. Additionally, the support of Santa Barbara School, particularly his vice principal and coach, Sister Maria Rosario Gaité, helped Nino prepare for competition. Nino's success illustrates the importance of dedication and commitment in pursuing goals.

On behalf of the people of Guam, I want to commend and congratulate Nino Tolentino for his accomplishments. Guam celebrates with Nino's mother, Joy Tolentino, and the faculty, staff and students of Santa Barbara School, in acknowledging his achievements. I look forward to Nino's continued success in the future.

STATE CHILDREN'S HEALTH
INSURANCE PROGRAM

HON. JOHN D. DINGELL

OF MICHIGAN

IN THE HOUSE OF REPRESENTATIVES

Friday, July 25, 2003

Mr. DINGELL. Mr. Speaker, I wish to thank Chairmen TAUZIN and BILIRAKIS for working in the true spirit of bipartisan cooperation on this issue. We have developed a compromise to protect health care coverage for hundreds of thousands of children under the State Children's Health Insurance Program (SCHIP).

The SCHIP program was enacted in 1997 and currently provides health care coverage to approximately 4.3 million children. But there have been some growing pains: the state funding allotment mechanism has not worked perfectly and as a result, some states have