

Mr. MORAN of Virginia. Mr. Speaker, I rise in support of the Schakowsky motion which would strike the House-passed provisions establishing new tax-free savings accounts for medical expenses, estimated to cost \$174 billion over ten years.

On June 26, 2003, I voted against the Health Savings and Affordability Act, which established these new tax-free personal savings accounts that employers could offer to their employees, along with high-deductible insurance policies.

As the House and Senate conferees continue to discuss the Medicare prescription drug legislation, the facts are still coming in that this bill will be a blow to the 12 million Medicare beneficiaries who currently receive prescription drug coverage through their employer retiree plans.

In most cases, their employer prescription drug coverage is significantly better than what they would receive under the Republican Medicare Prescription Drug plans.

It is also troubling to note that about one-third of employers who are currently providing retiree prescription drug benefits will drop that coverage if H.R. 1 becomes law. This means more than 4 million Medicare beneficiaries will be worse off.

Both H.R. 1 and S. 1 exclude employer-provided coverage as counting towards meeting the catastrophic cap on beneficiary spending in their "true out of pocket" definition.

Retirees with employer-provided coverage will get less of a benefit than other seniors.

In fact, these retirees would need closer to \$10,000 in drug costs before the stop-loss protection would apply, well after the \$5800 cap that applies to all other beneficiaries.

This will, in effect, encourage employers to drop their retiree benefits, at a difficult time when steep drug prices are prompting employers to eliminate drug benefits or cap their contributions.

I urge all my colleagues to vote in favor of the Schakowsky motion to reject the creation of the Health Savings Security and Health Savings Accounts provision and use the \$174 billion dollars to help save employer retiree prescription drug plans for our Nation's seniors.

The SPEAKER pro tempore (Mr. MURPHY). Without objection, the previous question is ordered on the motion to instruct.

There was no objection.

The SPEAKER pro tempore. The question is on the motion to instruct offered by the gentlewoman from Illinois (Ms. SCHAKOWSKY).

The question was taken; and the Speaker pro tempore announced that the yeas appeared to have it.

Ms. SCHAKOWSKY. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this motion will be postponed.

ADJOURNMENT TO FRIDAY, OCTOBER 10, 2003

Mr. CRANE. Mr. Speaker, I ask unanimous consent that when the House adjourns today, it adjourn to meet at 10 a.m. on Friday, October 10, 2003.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Illinois?

There was no objection.

ADJOURNMENT FROM FRIDAY, OCTOBER 10, 2003 TO TUESDAY, OCTOBER 14, 2003

Mr. CRANE. Mr. Speaker, I ask unanimous consent that when the House adjourns on Friday, October 10, 2003, it adjourn to meet at noon on Tuesday, October 14, 2003.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Illinois?

There was no objection.

HOUR OF MEETING ON WEDNESDAY, OCTOBER 15, 2003

Mr. CRANE. Mr. Speaker, I ask unanimous consent that when the House adjourns on Tuesday, October 14, 2003, it adjourn to meet at 2 p.m. on Wednesday, October 15, 2003.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Illinois?

There was no objection.

DISPENSING WITH CALENDAR WEDNESDAY BUSINESS ON WEDNESDAY NEXT

Mr. CRANE. Mr. Speaker, I ask unanimous consent that the business in order under the Calendar Wednesday rule be dispensed with on Wednesday next.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Illinois?

There was no objection.

□ 1815

SPECIAL ORDERS

The SPEAKER pro tempore (Mr. MURPHY). Under the Speaker's announced policy of January 7, 2003, and under a previous order of the House, the following Members will be recognized for 5 minutes each.

REIMPORTATION

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

Mr. EMANUEL. Mr. Speaker, just yesterday in USA Today they ran a story, "Once Just a Trickle, Canada's Rx drugs pouring into the United States" and predicting that it is now coming close to \$1 billion worth of business where people are buying their medications, name brand drugs, from Canada. And why? Because the same drugs that we have developed here, the name brand drugs, are in Canada for 40 to 50 percent cheaper than they are at our local pharmacy and drugstore. We cannot afford the drugs we need, and

we are not doing enough here in Washington to help make that medication accessible.

We passed a piece of legislation back in July with 88 Republican votes and 153 Democratic votes that brought competition and choice to the pricing of pharmaceutical medications. Today if one went to Europe and Canada for the same medications dealing with blood pressure, cholesterol, heart disease, those medications are 40 or 50 percent cheaper than they are in the United States. Why? Because in those countries they have competition, and it makes the prices go down. If we brought competition and choice to the market, we could actually have the type of prices that are being afforded right now in both Canada and in Europe.

A couple statistics that are so important that people should know, a recent Families USA study found that prices of the 50 drugs most commonly used by seniors increased by three and a half times the rate of inflation. Between 2000 and 2003, seniors' expenditures on prescription drugs increased by 44 percent. Seventy-one percent of Americans think it should be legal to purchase their medications in Canada, in Europe, France, England, and Germany where prices, again, are cheaper than they are here at home. We are asking our folks here in this country to pay a premium price, the most expensive price in the world, not the best price; and we have an obligation to help them get the best price, not the most expensive price.

My governor from Illinois and governors in Minnesota and in Iowa have decided to study what the savings would be to their taxpayers and their consumers if they were to buy medications competitively. Those studies in short order will be out, and I think the Members will see that tremendous savings could be accomplished for the taxpayers in those States.

That is relevant to what we do here on the prescription drug bill. If we are about to spend \$400 billion of the taxpayers' money on the largest expansion in over 40 years on Medicare, we owe an obligation not only to the seniors who will get it but to the taxpayers who will pay it to get them the best price, not the most expensive price; and we want to use the free market principle of competition to bring prices down and to give consumers the choice that they need.

What I find interesting is that we have a \$1 billion business today going on. The FDA does not think there is anything wrong with it but all of a sudden has been lately lip-syncing the pharmaceutical industry's line by saying that there is an issue of safety. Yet they will not in any way try to deal with clamping down or stopping folks from buying those medications because they do not really believe there is a safety issue. The fact is on March 27, 2003, when the FDA testified in front of a congressional committee, when asked