

This veto is irresponsible and dangerous. Once again, Government wins and the taxpayer loses.

**REPORT ON RESOLUTION WAIVING A REQUIREMENT OF CLAUSE 6(a) OF RULE XIII WITH RESPECT TO THE SAME-DAY CONSIDERATION OF CERTAIN RESOLUTIONS REPORTED BY THE COMMITTEE ON RULES**

Mr. DREIER, from the Committee on Rules, submitted a privileged report (Rept. No. 106-330) on the resolution (H. Res. 300) waiving a requirement of clause 6(a) of rule XIII with respect to consideration of certain resolutions reported by the Committee on Rules, which was referred to the House Calendar and ordered printed.

**SPECIAL ORDERS**

The SPEAKER pro tempore (Mr. TANCREDO). Under the Speaker's announced policy of January 6, 1999, and under a previous order of the House, the following Members will be recognized for 5 minutes each.

**AFFORDABLE PRESCRIPTION DRUGS ACT**

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

Mr. BROWN of Ohio. Mr. Speaker, last week the Office of Personnel Management announced that premiums for the Federal Employees Health Plan would increase by 9 percent next year, the third straight year of large increases.

On January 1, Medicare managed care plans in this country planned to drop 395,000 senior citizens from their plans. Last year 400,000 were dropped. Most of the remaining plans are curtailing or terminating prescription drug benefits.

Those are the numbers. Here are the stories.

Last month I received a letter from a 71-year-old widow in Sheffield Lake, Ohio, who had taken a part-time job to help pay for her prescription drugs.

Until United Health Care pulled out of her county and left her without a health plan, she had some drug coverage. But just one of her medications, lipitor, absorbed most of her entire benefit.

I recently spoke with a woman in Elyria, Ohio, who spends \$350 out of her \$808 a month Social Security check on prescription drugs.

What is the common thread here? The high cost of prescription drugs.

Prescription drug spending in the U.S. increased 84 percent in the last 5 years. We have spent \$51 billion in 1993. Last year we spent \$93 billion.

According to the Office of Personnel Management, two factors caused the steep FEHB premium increases. One of those factors is technology. The other is the mushrooming cost of prescription drugs.

According to GAO, HCFA, and market analysts, one of the key reasons Medicare HMOs fail to turn a profit and drop so many seniors is they underestimated how much it would cost to cover the cost of prescription drugs.

I receive letters every day from seniors who cannot stretch their Social Security check far enough to cover prescribed medications. Some of the increased spending derives from expanding use of prescription medicines. But according to most analyses, two-thirds of the increases are attributable to price inflation.

The American public is right to wonder why is Congress not doing something about that. The simple reason is our threats from the drug companies. The drug companies say, if you do not leave drug prices alone, we will not produce any new drugs anymore.

I believe it is time that we use market forces, by that I mean good old-fashioned American competition, to challenge that threat. We can introduce more competition in the prescription drug market and still foster medical innovation. We need information from the drug companies to go explore industries' claim that U.S. prices are where they need to be.

The bill I introduced today, the Affordable Prescription Drug Act, lays out the groundwork we need to do both. Drawing from intellectual property laws already in place in the United States for other products in which access is an issue, pollution control devices under the Clean Air Act are one example, this legislation would establish product licensing for essential prescription drugs.

If a drug price is so outrageously high that it bears no resemblance to pricing norms for other industries, the Federal Government could require drug companies to license their patent to generic drug companies. The generic companies could then sell competing products before the brand name patent expires, paying the patent holder significant royalties for that right. The patent holder would still be amply rewarded for being the first in the market, but Americans would benefit from competitively driven prices when there would be two or three or four sellers in the marketplace.

Alternatively, a prescription drug company could in fact lower their prices, which would preclude the Federal Government from finding cause for product licensing. Either way, high drug prices come down.

The bill requires drug companies to provide audited detailed information on drug company expenses.

This is not some brand new, untried proposal. Product licensing is done in

France. It has been done in Canada. It is done in Germany. It is done in Israel. It is done in England.

Let me leave my colleagues with this: Through the National Institutes of Health, American taxpayers finance 42 percent of the research and development that generates new drugs, 42 percent. The private foundation and State and local governments and other non-industry sources kick in another 11 percent. That means prescription drug companies account for half the money in research and development of new drugs.

The Congress has given drug companies generous tax breaks on the R&D dollars that they do shell out. And yet, we pay the highest prices in the world in this country, sometimes two or three or four times the price for prescription drugs that people pay in any other country in the world.

Drug companies, and luck for them, drug companies score a triple-double. Congress gives the drug companies huge tax breaks. Taxpayers pay most of the cost for research and development. And yet, the drug companies charge Americans the highest price in drug world. Go figure. Drug company profits outpace those of every other industry by at least five percentage points.

Mr. Speaker, I ask the Congress to pass the Prescription Drug Affordability Act.

**BALTIMORE REGIONAL CITIZENS AGAINST LAWSUIT ABUSE**

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

Mr. EHRlich. Mr. Speaker, I rise to acknowledge a group of citizens in my district who are working hard to address an issue affecting every citizen in our State, lawsuit abuse.

Throughout my district and all over the greater Baltimore area, local citizens are volunteering their time and energy to inform the public about the cost associated with the excessive numbers and types of lawsuits filed in today's litigious society.

The men and women of the Baltimore Regional Citizens Against Lawsuit Abuse have a simple goal, to create a greater public awareness about abuses of our civil justice system.

This type of citizen activism has had a positive impact on perceptions and attitudes towards abuses of our legal system, a problem most folks do not consider as they go about their daily routine.

While the overall mission of Baltimore Regional Citizens Against Lawsuit Abuse is to curb lawsuit abuse and abuse of our legal system, the organization's main focus is on education. Every time these dedicated Marylanders speak out about lawsuit abuse, ordinary citizens are educated on the