

I urge Speaker HASTERT to bring school construction legislation such as the bills of the gentleman from New York (Mr. RANGEL) or the gentleman from North Carolina (Mr. ETHERIDGE) to the floor for debate as soon as possible.

As we ready ourselves for the 21st Century, we have to ask ourselves, have we done all we can do to prepare our students for the next millennium. In fact, not the next millennium, the next century? In fact, have we done all we can do, not for the next century, but for the next decade? Are we really doing all we can do to help prepare our students just for the next decade?

Our schools can no longer wait for that answer. Mr. Speaker, we must act today.

ENCOURAGING FAIR AND OPEN DEBATE ON PATIENT PROTECTION LITIGATION

The SPEAKER pro tempore (Mr. SIMPSON). Under the Speaker's announced policy of January 6, 1999, the gentleman from Iowa (Mr. GANSKE) is recognized for 60 minutes as the designee of the majority leader.

Mr. GANSKE. Mr. Speaker, another week has gone by, and this House of Representatives has done nothing again to address the abuses in the HMO industry. I have been coming to the well of this House for 4 years to encourage the leadership of Congress to allow a fair and open debate on patient protection legislation.

Every time, I point out the HMO abuses, like the HMO abuse that cost this woman her life, or the HMO decision that cost this little boy both his hands and both his feet, like the HMO decisions that a child born with a birth defect like this, complete cleft lip and palate is a cosmetic defect, and they will not cover the cost of repair.

Every week I talk about patients like this, this woman who fell off a 40-foot cliff, and her HMO refused to pay for her hospitalization even though she had a broken skull, broken arm, broken pelvis, because she had not phoned ahead for prior authorization.

Mr. Speaker, these are not just isolated anecdotes. The victims of managed care are our friends, our neighbors, our fellow workers, our own family members. That is why audiences cheered when Helen Hunt described with blistering language her HMO's abominable treatment of her asthmatic son in the movie "As Good As It Gets."

□ 1930

Mr. Speaker, that is also why the polls show that 85 percent of the public think that Congress should do something to stop HMO abuses like the ones that I have just shared.

So, Mr. Speaker, what is happening on Capitol Hill? Well, for weeks the Committee on Commerce has had a

draft of patient protection legislation that the gentleman from Oklahoma (Mr. COBURN), the gentleman from Georgia (Mr. NORWOOD) and I provided the chairman, and we still have no firm commitment on a date for subcommittee action, much less full committee action. There are rumors on Capitol Hill that because the majority of the committee probably would vote for a strong bill, the rumors are that our committee may not even get a chance to vote on the issue, just like a repeat of last year.

This week the Subcommittee on Employer-Employee Relations will begin voting on what can only charitably be called a series of protections for the HMOs, not for patients.

I urge my colleagues to look at the fine print of those many bills. Most of those "limited" bills that are going to be taken up in the Subcommittee on Employer-Employee Relations are taken from language of last year's bill which passed the House that was crafted in the middle of the night by the industry and that I would charitably describe as the HMO Protection Act of 1998.

So why is the Subcommittee of the Committee on Education and the Workforce not using a comprehensive bill as a markup vehicle? Why are they not using the bill offered by the gentleman from Georgia (Mr. NORWOOD)? After all, he is a Republican member of that committee. Why are they not using my bill, the Managed Care Reform Act of 1999, which has the endorsement of many consumer groups like the American Cancer Society and professional groups like the American Academy of Family Physicians and the American College of Surgeons?

Well, the answer is clear. Last year the House rules were used to limit debate on this important issue, and the HMO industry is pulling strings again. I only hope that enough of my fellow Republicans on the House Committee on Education and the Workforce will say enough is enough. Let us do this right. And if they do not, let us hope that their constituents will flood their offices with pleas that they sign the committee petition that would make a real, comprehensive reform bill the vehicle for the markup.

Most of us are in Congress to try to make a difference. We feel that public service is important. As a Republican, I do not want bigger government, but I do want better government. And there are many big problems confronting us like securing the future of Medicare and Social Security and providing for our Nation's defense, but there are many problems that are less nationally portentous, but equally grave for individuals that many of us as Republicans want to help solve.

I am proud that I have contributed to helping pass legislation in the past few years to help make food safer, to help

make water cleaner, to provide more life-saving drugs. And I am proud to come from a Midwest Republican tradition of common-sense government. It was Midwest Republicans like Bob LaFollette who called for minimum safety and health standards that work. It was Republican populists who called for the prohibition of child labor and for 1 day's rest in 7 for all wage-earners.

Republicans took up the causes of the muckrakers and helped pass the first food safety laws. It was the Bull Moosers who called for a system of social insurance for those who were injured on the job. It was Midwest Republicans who encouraged rural education and agricultural extension.

An Iowan, Carrie Chapman Catt, a Mason City, Iowa, high school principal, organized the National Women's Suffrage Association in 1905. Now, I do not know if Carrie Chapman Catt was a Republican or Democrat, but I do know that Midwest Republicans called for suffrage of women in 1913.

Mr. Speaker, it was Republican Teddy Roosevelt that broke up the trusts and stood up for the little guy, stood up for farmers who had battled the railroad trusts and the railroad robber barons.

I call on my Republican colleagues to remember our compassionate conservative heritage. I call on my Republican colleagues to tell our leadership and committee chairmen that we are not in the pockets of the HMOs. Teddy Roosevelt knew that the little guy could not stand up alone to the railroad barons without help from the government. The little guy today cannot stand up to an HMO with the way the deck is stacked against him.

So what does the HMO industry now want? They want the Federal Government to spend \$60 billion a year for tax subsidies for their industry; but, of course, with no strings attached, nobody telling them how to run their business, nobody telling them to stop abusing patients. They do not want any State insurance oversight, and they do not want any Federal requirements either. "Just give us the money."

These are the same people, Mr. Speaker, who are spending millions of dollars lobbying here in Washington against the Patients' Bill of Rights. Last year, Mr. Speaker, the industry spent more than \$100,000 per Congressman lobbying against patient protection legislation.

It is time for my Republican colleagues to remember our Teddy Roosevelt and our Bob LaFollette tradition and back a bill that would give the little guy some say over his medical care.

In 1993, the HMO industry told us we would lose our choice in health care and we would not get the coverage we needed if the Clinton health plan passed and became law, and it was true. Unfortunately, those same insurance companies went ahead and did the

same thing they opposed in the Clinton health plan in order to increase their profits.

However, just as many of us were against a government bureaucrat running roughshod over patients, we should be equally outraged over an insurance bureaucrat doing exactly the same. \$60 billion a year of taxpayer money without real patient protection reform like my Managed Care Reform Act of 1999 would be to reward the HMOs for their patient abuses.

Do not get me wrong. I strongly support increasing tax deductibility for health care, I just think that the health care companies should not get something for nothing. It would make Teddy Roosevelt and Bob LaFollette roll over in their graves.

Mr. Speaker, I say to my colleagues on both sides of the aisle: Join me, fight the big money HMO special interests. Let us show our constituents that we cannot be bought or intimidated by special interests any more than Teddy Roosevelt could be. Let us pass strong patient protection legislation for all Americans this summer.

RECESS

The SPEAKER pro tempore (Mr. SIMPSON). Pursuant to clause 12 of rule I, the Chair declares the House in recess subject to the call of the Chair.

Accordingly (at 7 o'clock and 43 minutes p.m.), the House stood in recess subject to the call of the Chair.

□ 2103

AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Mrs. MYRICK) at 9 o'clock and 3 minutes p.m.

REPORT ON RESOLUTION PROVIDING FOR CONSIDERATION OF H.R. 1000, AVIATION INVESTMENT AND REFORM ACT FOR 21ST CENTURY (AIR21)

Mr. DREIER, from the Committee on Rules, submitted a privileged report (Rept. No. 106-185) on the resolution (H. Res. 206) providing for consideration of the bill (H.R. 1000) to amend title 49, United States Code, to reauthorize programs of the Federal Aviation Administration, and for other purposes, which was referred to the House Calendar and ordered to be printed.

COST OF PHARMACEUTICAL DRUGS AT RECORD HIGH

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

Mr. KENNEDY of Rhode Island. Madam Speaker, the cost of prescription drugs is certainly at a record high.

Prescription drugs represent the highest out-of-pocket medical care cost for 75 percent of the elderly. Only long-term care costs more than these prescription drugs. And approximately 37 percent of seniors do not have the drug coverage necessary for them to be able to buy these drugs and afford them.

But here in the Congress, a bill has been introduced that will further, I repeat, further increase the cost. That is right, not lower cost, not reduce the burden on our senior citizens, but a bill that will actually increase the cost to consumers and to market monopolies.

H.R. 1598, the Patent Fairness Act, is anything but fair. What the bill would do is simple. It allows a back door for multi-billion-dollar patent extensions to go to seven pharmaceutical companies, possibly more. It continues monopolies for these drugs for more than 3 years and, therefore, deprives senior citizens as well as other consumers the choice of selecting a more affordable generic version.

The estimated windfall for pharmaceutical companies for the extension will be at minimum \$6 billion.

The bill ignores a compromise reached in 1984 that gave those drugs under review by the FDA a 2-year extension and gave a future eligibility for extensions to drugs that have been filed at the FDA.

In order to be fair, however, they still received an additional 2 years of patent protection in order to foster their growth. These extensions have added up and have had the effect of giving these companies a monopoly on the marketplace. As a matter of fact, one of these drugs, Claritin, had a 1998 U.S. sales total of \$1.8 billion.

There is no need to continue the monopoly and, therefore, to continue the market exclusivity of these drugs and the high cost.

In the meantime, however, several companies that are gearing up to provide more affordable generic versions of these drugs are being stifled because of these patent extensions. These patent extensions subvert the drug patent system and turn it into an anti-competitive shield to protect profits.

And while the companies suffer, so do the average American citizens who are trying to afford these prescription drugs. The monopolies allow increased prices for their drugs and, therefore, the consumers pay more.

Prescription drug costs have risen 85 percent in the last 5 years. Every day we hear more and more about the fact that many seniors and their families are forced to choose between dinner on the table and medicine in their bodies.

As my colleagues can see from this graph here to my right, the average prescription drug price to consumers in the past 5 years has risen nearly \$18 per prescription. Given the fact that generic drugs are usually priced between 30 and 60 percent less than the brand

name drugs, we are seeing this monopoly raise prices and profits for these companies.

Conservative groups like Citizens for a Sound Economy and Citizens Against Government Waste have criticized this proposal in the past. The Consumer Federation of America said that "this is yet another attempt to slip a special-interest provision into an appropriations bill which will prove very costly to consumers."

Public Citizen called it the "greedy special-interest grab at the expense of consumers and the health care industry."

This year we will let this issue be brought up and we will make sure that the affordability of prescription drugs will be paramount amongst our side, on the Democratic side, to make sure that we will not extend this drug monopoly and block generic drug competition.

H.R. 1598 continues this high prescription drug prices, which we intend to fight every step of the way and make sure that we have more affordable generic medicines to provide our senior citizens with a choice.

Prescription drug costs have skyrocketed. Senior citizens' cost for out-of-pocket expenses for these prescription drugs are occupying an ever increasing percentage of their out-of-pocket expenses. And if my colleagues think about it, we will actually save money by covering prescription drugs and reducing these drug prices by going for generic brands, as well.

Because if senior citizens can afford these drugs, guess what, they do not end up in the hospital sick because they are not able to take the medications that their doctors tell them they must take if they are to remain well.

This is a classic case of an ounce of prevention is worth a pound of cure. I would ask my colleagues to keep in mind that this is an important issue that we need to keep alive so that we focus our attention on this issue and preserve generic drugs for the consumers in this country.

Mr. PALLONE. Madam Speaker, will the gentleman yield?

Mr. KENNEDY of Rhode Island. I yield to the gentleman from New Jersey.

Mr. PALLONE. Madam Speaker, I just want to thank my colleague the gentleman from Rhode Island (Mr. KENNEDY) for organizing this special order.

I want to add my voice to his tonight because we share the view that H.R. 1598 is a misguided and bad piece of legislation.

One of the most pressing issues on Congress' agenda this year, if not the most pressing issue, has been looking for a way to make prescription drugs more for all Americans, and seniors in particular. It is unfortunate, however, that there is a movement in this body to do just the opposite. And let there be no mistake about it, the "Patent Fairness Act of