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