

trip might involve the business traveler who arrives in a city by plane, transfers to a light rail system that deposits her in the urban center where she checks-out an electric "station car" to travel to meetings in three different locations. Upon concluding business, she returns to the light-rail station, plugs in the rented station car for the next driver, hops on the light rail and returns to the airport. This business traveler has left no environmental footprint during her visit to your community.

Enhance the environment—relieve traffic congestion—increase alternative fuel use—effectively demonstrate viable and sustainable alternative fuel vehicles and their interconnected use in transportation networks—bring together all levels of government and industry as partners in this effort—and educate the public that alternative fuel technologies work . . . these are the goals of the Alternative Fuel Vehicles Intermodal Transportation Act. The price tag for reaching these goals is relatively modest; the price for not supporting this type of paradigm shift in the way we move people and goods is incalculable. And it is a price that will be paid not just with dollars, but with our natural resources, our air, and the quality of life for generations to come. I hope many of my colleagues will recognize the value and importance of this innovative program and will support this important legislation.

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#### PRESCRIPTION DRUGS

**HON. PHILIP M. CRANE**

OF ILLINOIS

IN THE HOUSE OF REPRESENTATIVES

*Wednesday, October 4, 2000*

Mr. CRANE. Mr. Speaker, as the Congress continues to debate the question on how to provide seniors with affordable prescription drugs, I wanted to bring to my colleagues attention the article "Prescription Drug Costs: Has Canada Found the Answer?" by William McArthur, M.D. Dr. McArthur is a palliative care physician, writer and health policy analyst in Vancouver B.C. Some of our colleagues have been touting the affordability of prescription drugs in Canada and in some cases sponsoring bus trips for seniors across the border to obtain these drugs. We should be skeptical of this approach because, in reality, the Canadian government drug mandates harm patients and increase the costs in other sectors of the health care system.

The Canadian bureaucracies cause significant delays in access to new and innovative drugs. First, at the federal level, Canadians wait up to a year longer than Americans do for approval of new drugs. Then the delays continue at the provincial level where various government "gatekeepers" review the "therapeutic value" of prescription drugs before they are included in the formulary. The length of the delays varies widely. The government officials in Nova Scotia approve drugs for its formulary in 250 days, while the wait in Ontario is nearly 500 days.

Canadian patients are often forced to use the medicines selected by the government solely for cost reasons. Patients who would respond better to the second, third, or fourth

drug developed for a specific condition are often denied the preferred drug, and are stuck with the government-approved "one size fits all" drug.

I urge my Colleagues to read this article and keep in mind that while prescription drugs appear to cost less in Canada than in the United States, there is a costly price associated with the Canadian system that ultimately translates into a lack of quality care for patients.

[From the National Journal's Congress Daily, Oct. 2, 2000]

PRESCRIPTION DRUG COSTS: HAS CANADA FOUND THE ANSWER?

(By William McArthur, M.D.)

Some Americans faced with the rising costs of prescription drugs look longingly at Canada, where prescription drugs appear to cost less than in the United States. The fact is that, while some drugs do cost less in Canada, others don't. Furthermore, many drugs are not available at any cost in Canada. The effect of Canadian policies is to restrict the overall availability of prescription drugs through a combination of a lengthy drug approval process and oppressive price controls.

First of all, Canada's federal drug approval process takes much longer than that of the U.S., resulting in delayed access for Canadians to new drugs. For example, Canadian acceptance of the drug Viagra came a whole year after it had been available in the U.S. For 12 months Canadians who needed Viagra, or another of the many drugs delayed or denied approval, had to go to the U.S. to get their medication.

Even if a drug wins federal approval, it faces 10 more hurdles to become widely accessible—the 10 provinces. Each province has a review committee that must approve the drug for reimbursement under the public healthcare system. For example, in British Columbia, neither the new anti-arthritis drugs Celebrex and Vioxx, nor the Alzheimer's treatment Aricept, have been approved for reimbursement, severely limiting their availability. Further, the provincial approval times vary greatly from province to province, creating further inequities.

Price controls imposed by a government agency, the Patented Medicines Price Review Board (PMPRB), are the reason some prescription drugs cost less in Canada than in the United States. However, while keeping some prescription drug prices down through price controls, Canada has been unable to control overall drug spending. OECD statistics reveal that when the PMPRB was created in 1988, per capita expenditure on prescription drugs was \$106; by 1996 that had doubled to \$211 per person. One study of international drug price comparisons by Prof. Patricia Danzon of the Wharton School of the University of Pennsylvania concluded that, on the average, drug prices in Canada were higher than those in the United States. Some individual drugs, particularly generics, cost far more in Canada. For example, the anti-hypertensive drug atenolol is four times more expensive in Canada than in the United States. And a University of Toronto study found that the main effect of price controls on prescription drugs was to limit patients' access to newer medicines so that they had to rely more on hospitals and surgery.

All provinces require that chemically identical and cheaper generic drugs be substituted for more expensive brand-name drugs when they are available. However, British Columbia has gone farther with a "reference price system." Under this system, the government can require that a patient

receiving a drug subsidy be treated with whichever costs the least: (a) a generic substitute, (b) a drug with similar but not identical active ingredients or (c) a completely different compound deemed to have the same therapeutic effect. Patients are often forced to switch medicines, sometimes in mid-treatment, when the reference price system mandates a change. Twenty-seven percent of physicians in British Columbia report that they have had to admit patients to the emergency room or hospital as a result of the mandated switching of medicines. Sixty-eight percent report confusion or uncertainty by cardiovascular or hypertension patients, and 60 percent have seen patients' conditions worsen or their symptoms accelerate due to mandated switching.

Through limiting the availability of prescription drugs and controlling the prices of those that are available, Canada has succeeded only in preventing Canadians from obtaining drugs that might have reduced hospital stays and expensive medical procedures. The end result of this is that Canadians are getting a lower standard of health care at a higher cost than patients and taxpayers have a right to expect.

One lesson that Americans should learn from the Canadian experience is that when government pays for drugs, government controls the supply. As soon as government has to pay the bill, efforts are made to restrict the availability of newer and more effective drugs. The inevitable result is that other health expenditures like surgery and emergency visits increase, and patients suffer.

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#### AMERICAN COMPETITIVENESS IN THE TWENTY-FIRST CENTURY ACT OF 2000

SPEECH OF

**HON. EARL BLUMENAUER**

OF OREGON

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, October 3, 2000*

Mr. BLUMENAUER. Mr. Speaker, expanding the number of H-1B visas for foreign workers is critical to the well being of Oregon's high-tech community. Given the strong economy, record low unemployment, and declining graduation rates in high-tech education fields, that industry is facing a critical shortage of highly educated workers. In Oregon, for example, we have openings for 800 software engineers and are currently unable to fill them.

Our education system is not producing the needed skilled workers for the high-tech industry. The H-1B visa program helps fill the void, but that's not all it does. The legislation we adopted last night helps develop our own workforce.

The bill keeps the current \$500 application fee that employers pay for new H-1B visa holders, which produces \$75 million in revenue each year. Less than two percent of the fees is for administrative expenses and the rest is used to enhance our educational system. This funding provides math, science, engineering, and technology post-secondary scholarships for low-income and disadvantaged students. It is also used to improve K-12 math and science education and for job training.

While this funding helps, I have joined many of my colleagues in pressing for more. I am a

cosponsor of the Dreier-Lofgren bill that raises the cap on H-1B visas and doubles the application fee to \$1000. I am hopeful we can adopt that increase before we adjourn and thereby do even more to meet our nation's educational needs.

Many companies in my state are working independently of the government to help as well. Intel makes its micro-chips in Oregon. In 1998, it contributed \$63 million to higher education and \$29 million to K-12 education. In an effort to encourage high school students to enter science and engineering career field tracks, companies like Electro Scientific Industries have partnered with local school districts and opened their doors to students, teachers and parents to talk to young engineers about career decisions and options.

Together, we can reverse the shortage by improving our educational system. In the short term, increasing visa numbers is not a bad thing. Each new wave of immigrants adds to the diversity and character of our communities. This diversity has given us the strength to grow in times of prosperity and survive in times of trouble. H-1B visa holders add to our strong economy.

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#### RECOGNITION OF THE "LIGHT THE NIGHT" WALK

**HON. DEBORAH PRYCE**

OF OHIO

IN THE HOUSE OF REPRESENTATIVES

*Wednesday, October 4, 2000*

Ms. PRYCE of Ohio. Mr. Speaker, my colleagues to will be interested in the following comments made by Mr. Ken Barun, President and CEO of Ronald McDonald House Charities on the "Light the Night" walk held on September 21, 2000, that raised funds for the Leukemia and Lymphoma Society. I submit Mr. Barun's remarks for the RECORD:

You, the "Light the Night" walkers—teams and individuals—are the ones truly making a difference tonight. Through your participation in events such as this, the Leukemia & Lymphoma Society continues to raise funds and combat cancers that have touched so many of us—our families, our friends—those whom we know or had the pleasure of once knowing.

I think it's fate that the Leukemia & Lymphoma Society and Ronald McDonald House Charities have come together for this wonderful fundraiser. Both organizations care deeply about children and their families; both provide comfort and care when needed; and both want to see an end to this terrible disease called cancer.

To give you a brief background about Ronald McDonald House Charities, our mission is to improve the health and wellness of children around the world. It is a mission that began with the care and compassion of dedicated people who, like McDonald's Corporation founder, Ray Kroc, dared to dream.

Ray once dreamed of having a thousand McDonald's restaurants in the U.S. We now have more than 25,000 restaurants in 119 countries. Similarly, the people who started Ronald McDonald House Charities, had the dream of having just one Ronald McDonald House—the one that opened in Philadelphia in 1974. We now have more than 200 Houses around the world in 18 countries.

As the network of Ronald McDonald Houses grows, so does our role as a Charity.

To date, through our global organization and more than 160 local Chapters in 32 countries, we've awarded more than 225 million dollars in grants. In addition, we receive the donation of time from an army of well over 25,000 volunteers worldwide.

Volunteers like you. People who effect positive change. Which brings me back to why we are all here. Leukemia is the number one disease that kills our children. Think about that—the number one disease. However, there is hope: Because of efforts like yours tonight, and the efforts of others like you, there's been enough funding to sustain ongoing research, research that has tripled the leukemia survival rate in the last 39 years. That is an astonishing accomplishment. And you, members and volunteers of the Leukemia & Lymphoma Society, should be proud to be a part of that.

I'd like to thank the McDonald's region in Washington and Baltimore and all its McDonald's franchisees for supporting and participating in tonight's "Light the Night" Walk with us. I'd also like to thank the Leukemia & Lymphoma Society for all your terrific work in organizing this event. And finally, to those of you who have come out here tonight, donned your walking shoes and have collected thousands and thousands of dollars, a very special, heartfelt thank you.

I feel truly honored to be in your company.

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#### RECOGNITION OF LAWSUIT ABUSE AWARENESS WEEK: SEPTEMBER 18-22, 2000

**HON. ROBERT L. EHRlich, JR.**

OF MARYLAND

IN THE HOUSE OF REPRESENTATIVES

*Wednesday, October 4, 2000*

Mr. EHRlich. Mr. Speaker, I rise to acknowledge a group of citizens in my district working hard to address an issue affecting every citizen of 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 costs and problems stemming from 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, otherwise known as BRCALA, have a simple goal—to create a greater public awareness of abuses of our civil justice system. This type of citizen activism has had a positive impact on perceptions and attitudes toward abuses of our legal system, a problem most folks do not stop to consider during their daily routine.

While the overall mission of Baltimore Regional Citizens Against Lawsuit Abuse is to curb lawsuit abuse, the organization's efforts focus on education. Every time these dedicated Marylanders speak out against lawsuit abuse, ordinary citizens are educated on the statewide and nationwide consequences our legal system has on our daily lives. The costs of lawsuit abuse include higher prices for consumer products, higher medical expenses, higher taxes, higher insurance rates, and lost business expansion and product development.

As a former member of the Maryland General Assembly, I worked hard to reform our legal system at the state level. During my tenure in Congress, I have supported efforts with

respect to product liability reform, securities litigation reform, and reform of the federal Superfund program. More importantly, I sponsored legislation that has helped reduce frivolous class action lawsuits brought against mortgage brokers.

This year, I voted to support H.R. 1875, the Interstate Class Action Jurisdiction Act. This legislation recognizes that many class action lawsuits do little to help consumers, but allow personal injury lawyers to collect millions of dollars in legal fees. H.R. 1875 is an important step in helping reform a legal system that has been abused time and time again.

Legal reform is a complex issue. The legal system must function to provide justice to every American. This does not mean, however, that the status quo is perfect. When lawsuits and the courts are used in excess or to the detriment of innocent parties, the system must be reviewed and reformed.

Let me acknowledge the BRCALA board of directors for giving of their valuable time and energy: the Honorable Phillip Bissett, BRCALA chairman; Joseph Brown, Jr.; Dr. William Howard; Gary O. Prince; the Honorable Joseph Sachs; and the Honorable Michael Wagner—directors and supporters dedicated to BRCALA; and Nancy Hill, BRCALA executive director.

Mr. Speaker, the Baltimore Regional Citizens Against Lawsuit Abuse has declared September 18 through September 22, 2000, as "Lawsuit Abuse Awareness Week" in Maryland.

I want to commend every person involved in this worthwhile effort for their dedication and commitment.

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#### A TRIBUTE TO HON. ROBERT W. BLANCHETTE

**HON. BUD SHUSTER**

OF PENNSYLVANIA

IN THE HOUSE OF REPRESENTATIVES

*Wednesday, October 4, 2000*

Mr. SHUSTER. Mr. Speaker, I rise to pay tribute to one of the true leaders in the renaissance of America's rail transportation system. Robert Blanchette, who died last week, was literally present at the creation when our private-sector railroads suffered financial collapse in the 1970s, and then returned to financial stability after 1980.

After graduation from Yale Law School and service as an Air Force legal officer, Mr. Blanchette began his legal career in railroading as the general counsel of the New Haven Railroad in the late 1960s. While serving in that post, he also became executive director of the America's Sound Transportation Review program, one of the first modern efforts to analyze the ills of the transport system and recommend needed changes.

Bob's next major post was counsel to the bankruptcy trustee of the Penn Central Railroad, which entered bankruptcy in 1970 and collapsed in 1973. At the time, Penn Central was the largest corporate bankruptcy in U.S. history. Based on his outstanding performance as counsel, Bob was later installed first as bankruptcy trustee, then chairman of the board, and chief executive officer.