

## MORNING BUSINESS

Mr. REID. Mr. President, I ask unanimous consent that the Senate now proceed to a period for morning business, with each Senator allowed to speak for up to 10 minutes each.

The PRESIDING OFFICER. Without objection, it is so ordered.

## PRESCRIPTION DRUGS

Mr. DORGAN. Mr. President, in the coming days I suspect there will be appropriations bills and we will visit another issue we have visited previously in the Senate and also in the House, and that is the price of prescription drugs, especially those imported into this country from other countries.

About a week ago, the Secretary of Health and Human Services decided that legislation which I and several of my colleagues drafted and was passed last year and became law would not be administered. It is a law dealing with the reimportation of prescription drugs into this country.

The provision allows distributors and pharmacists to go to another country such as Canada, to access the same prescription drugs made in an FDA-approved plant and bring them to this country because it is much less expensive in Canada, and pass those savings along to consumers. That is what our legislation did.

The Secretary of Health and Human Services under the previous administration and now under this administration said they could not certify, A, that it would be lowering costs for prescription drugs and, B, that it would be safe; therefore, they would not certify to that and would not implement the law.

We are terribly disappointed by that. We think it was a mistake in the past administration to have made that decision, and we think last week it was a mistake for the Department of Health and Human Services to make that decision.

We will revisit this issue, and there will be another vote in the Senate dealing with it. We will have to do it in a different way, but the principles are still the same.

The same pill put in the same bottle manufactured by the same prescription drug company by the same pharmaceutical manufacturer is sent to Grand Forks, ND, and to Winnipeg, Canada—the same drug made in the same plant put in the same bottle made by the same company. The difference? Price, and in many circumstances a very big difference.

One pays 10 times more for the drug tamoxifen, which is used to treat breast cancer, in the United States than in Canada. I happen to have in my desk—I have had several of them. These are two empty bottles. I ask unanimous consent to show these bottles in the Senate Chamber.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. DORGAN. Mr. President, this drug called Zoloft is used to treat depression, a very commonly used drug. The same pill made by the same company; one is marketed in Canada, one in the United States; \$2.34 per tablet sold in the United States; \$1.28 per tablet—same drug—sold in Canada.

Let me make it more immediate. Emerson, Canada; Pembina, ND—5 miles apart. I took a group of senior citizens to Emerson, Canada. We left Pembina, ND, traveled across the border, and went to a little one-room drugstore in Emerson, Canada. The prices for the prescription drugs, for a whole range of prescription drugs that these senior citizens needed for heart disease, diabetes, and a whole series of ailments they had, in every circumstance, was much less expensive in Canada.

Why is that the case? It is not just the case in Canada; it is the case in every other country in the world: Mexico, England, Italy, France, Sweden, the identical drug, produced in a plant approved by the Food and Drug Administration, in many cases produced in the United States, is sold for a much higher price here than any other country in the world.

Why is that the case? Because the pharmaceutical industry can do it. They can impose whatever price they choose and they choose to do it in this country. The result is the American consumer is charged multiples of what the same pill is sold for or the same drug is sold for to virtually every other citizen in the world.

We said if this is truly a global economy, there is trade back and forth, it is a global economy that ought to benefit everyone, how about making this a global economy with respect to the purchase of prescription drugs? Why should you not be able, if you are a pharmacist in Grand Forks, ND, to go to Winnipeg to access a supply of prescription drugs at a fraction of the cost and bring it back and pass the savings on to the customers? Why should you not be able to do it?

At the moment, a law prevents it. The United States has a law that says the only entity that can bring a prescription drug into this country is the manufacturer itself. What a sweetheart deal that is.

So we said, provided this is a drug that is approved by the FDA, provided for a chain of custody and safety of supply, our distributors and pharmacists ought to be able to go to another country to access the same prescription drug, made in the same plant, put in the same bottle, and come back and pass those savings along to the American consumers.

So we passed a piece of legislation like that on the floor of the Senate with over 70 votes. It went to con-

ference. After some laboring in conference, it became law. And then the Health and Human Services Secretary in both the last administration and this administration refused to administer it because they said they cannot demonstrate there will be, A, savings, and, B, they cannot assure the safety.

Let's take part A, savings, first. This is not rocket science. I am happy to give the names of citizens from Fargo who can describe to the Secretary of Health and Human Services, either in the previous administration or this administration, that there is savings. They have gone to the one-room drugstore in Emerson, Canada, and saved the money on the prescription drugs. If you are going to pay half the price or a third of the price or a tenth of the price for the identical prescription drug, how on Earth can a Cabinet Secretary not compute that to be a savings? What nonsense is this? Of course there are savings, and substantial savings.

Second, with respect to safety, we import a massive quantity of prescription drugs into this country from other countries with the pharmaceutical manufacturers doing the importing. What is the difference between that and having a licensed pharmacist or a licensed distributor access from a licensed pharmacy in Canada the identical prescription drug made in the identical plant, approved by the FDA, to bring back into this country to sell to American consumers at a reduced price? Why on Earth should someone have to go in the first place to a foreign country to find a reasonable price for a prescription drug that was made in the United States? That doesn't make any sense to me. So we passed that legislation and now it has been sidetracked because the HHS Secretary has refused to implement it both last year and this year.

We will be back to revisit that and we will change the construct of it some. A group of Senators, including Senator STABENOW, Senator COLLINS, myself, Senator JEFFORDS, Senator WELLSTONE, and others, have worked very hard on this issue for a long period of time. There is no justification for the American consumer paying the highest prices for prescription drugs in this country. There is no justification for that.

I have held hearings across this country as chairman of the Democratic Policy Committee in recent years on this subject. It doesn't matter where you are—in downtown Manhattan; I have held hearings in Dickinson, ND; hearings in Chicago; you hear the same story. The stories are from people 70 or 75 years of age. A woman testifies at a hearing, saying: I go into a grocery store and I must go to the back of the store first where the pharmacy is because when I buy my prescription drugs and pay for them, then I will