CONGRESSIONAL RECORD—SENATE

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Mr. JOHNSON. Madam President, this bill is to be considered by the Senate. So ordered pursuant to unanimous consent that the list of these cities in 23 States that are concerned about rail crossing problems and for which rail line relocation may be the solution, I am sure there will be several more such cities that will be identified in the weeks to come. I ask unanimous consent that this bill be printed in the RECORD. There being no objection, the list was ordered to be printed in the RECORD, as follows:

CITIES CONCERNED WITH RAIL CROSSINGS AND RAIL LINE RELOCATION

Arizona: Marana and Tucson.
California: Fremont, Hemet, Mountain View, Paramount and Richmond.
Colorado: Arvada.
Georgia: Augusta.
Iowa City, Iowa.
Illinois: Carbondale, Elgin and Roselle.
Indiana: Portage.
Massachusetts: Boston.
Minnesota: Rochester.
Mississippi: Biloxi/Pascagoula, Greenwood, Jackson, Meridian, Tupelo and Vicksburg.
Missouri: St. Joseph.
North Carolina: Winston-Salem.
North Dakota: Fargo.
Nebraska: Grand Island and Lincoln.
Nevada: Reno.
New York: Hempstead.
Ohio: Brooklyn, Lima and Mansfield.
Oklahoma: Edmond.
Pennsylvania: Pittsburgh.
South Carolina: Columbia.
Tennessee: Germantown.
Texas: Beaumont, College Station and LaPorte.
Wisconsin: Madison.

Agriculture Appropriations

Mr. JOHNSON. Madam President, first I thank Chairman Kott and Senator Cochran for their outstanding work in putting together an excellent bill. An important part of this legislation provides funding for the Food and Drug Administration to perform its
vital mission to protect and promote the public health. That mission includes the task of evaluating the safety and effectiveness of promising new life-saving and life-enhancing medical device technologies so that they may be used with patients in an expeditious manner. However, we must be sure that the Center for Devices and Radiological Health (CDRH) are provided with the adequate resources to carry out their work. The number of patents issued in the medical device sector has increased by 30 percent in recent years. The private sector is committing substantial increases in funding to healthcare research and development. We are fortunate that the FDA will be faced with the task of evaluating many new technologies that will benefit all of us next year. It is my hope that we could review this issue in conference to ensure that the pre-market review function at CDRH receives an appropriate level of funding to carry out its mission.

Mr. DORGAN. I thank my colleague for raising this matter. It is my concern that the pre-market review function at the Center for Devices and Radiological Health does not have sufficient resources to keep up with the tremendous pace of innovation that is now taking place in the health sector. Despite the FDA’s ongoing efforts to improve in this area, review times for breakthrough high device approval is still lengthy and likely to get longer. While this bill makes important progress toward giving the FDA the funds it needs to carry out its mission, I hope the chairman would work with us in conference to find a way to provide the resources needed to remediate medical device application review times.

Mr. KOHL. I appreciate the remarks and understand the concerns expressed by my colleagues. I agree that patients should not have to wait for promising new therapies due to insufficient resources at FDA. Language in the report accompanying the Senate bill states that the increase received by the CDRH is adequate but not sufficient to remediate medical device application review times within statutory limits. While this statement is accurate according to the budget submitted to Congress, I have been informed that in testimony to the House Appropriations Committee, FDA officials stated the agency would need more funds than requested in their budget to decrease application review times. I believe it is important for us to work together to resolve this issue, and look forward to working with my colleagues and our House counterparts in the Conference Committee.

Mr. VINOVICEH. Madam President, I was proud to offer an amendment to the fiscal year 2002 agriculture appropriations bill.

The amendment I offered last week set aside $500,000 from the Office of Generic Drugs at the Food and Drug Administration for use in the education and dissemination of information to America’s senior citizens regarding the efficacy, safety and availability of generic drugs.

Currently, the FDA informs the public and providers about generic drugs through print advertising, reaching a limited number of individuals. It is my hope that this amendment will allow FDA to enlarge its outreach, utilizing not only print media, but also radio and television public service announcements.

In the absence of a Medicare prescription drug benefit, it is imperative that Congress provide alternative avenues for seniors needing to lower their out-of-pocket prescription drug costs. Although millions of seniors already know about and use generic drugs, there are still many others who are not aware of their availability. Indeed, many highly used brand-name drugs have less expensive generic alternatives available. These generic drugs are chemically identical in their active ingredient to their brand-name counterparts and are sold at substantial discounts from the branded price.

For example, the prescription drug Kelpil, an antibiotic, costs approximately $8 per month. Its generic equivalent costs about $13 per month, a potential annual savings of $900 for an individual who uses this product. In fact, according to the Congressional Budget Office, generic drugs save consumers an estimated $8 to $10 billion per year at retail pharmacies.

As each of my colleagues knows, the nature of healthcare has changed dramatically in America since the creation of Medicare in 1965. In many instances, diseases or conditions that once required hospitalization are now treated by pharmaceuticals. However, as advances in pharmaceuticals continue and the population ages, the Center for Medicaid and Medicare Services reports that national spending for prescription drugs is expected to more than double from an estimated $117 billion to $366 billion over the next ten years. The financial burden on Medicare beneficiaries, those who use prescription drugs the most, will continue to increase. Consider the fact that Medicare beneficiaries account for 14 percent of the U.S. population, yet they consume approximately 43 percent of the nation’s total drug expenditures and you can understand why we need to address this issue.

$500,000 will ultimately only be a drop in the bucket in finding a solution to providing access to affordable prescription drugs to seniors. However, these funds will help provide valuable information to those who rely on medications the most. With greater reliance on pharmaceuticals, increased direct-to-consumer advertising and the increased number of patents, it is imperative that those who use prescription drugs become better educated about the availability of generic equivalents that are just as effective as their name-brand counterpart.

While seniors await for Congress to pass permanent prescription drug benefit legislation, the federal government should capitalize on other opportunities to aid seniors in their effort to obtain affordable prescription drugs.

That is why I have offered this important amendment and why I will work with Secretary Thompson and the Department of Health and Human Services to provide seniors with thorough information regarding highly utilized prescription drugs and comparative pricing, as well as any other pertinent information that is necessary to improve the health and quality of life of our senior citizens. This information would prove to be highly useful to seniors and could easily be included in the annual “Medicare & You” publication. Seniors are typically very knowledgeable consumers of health care, and whatever information we can provide is a critical way to help them avoid the cost of prescription drugs.

It is a sad reality that some senior citizens on fixed incomes do not take their full doses of their medications because they try to save money by stretching out their supply. Unfortunately, such self-medication can lead to life threatening health considerations. The amendment I offered will help our seniors get the information they need on lower cost generic drugs so they may obtain the prescription drugs they need to live their lives to the fullest.

I thank the manager and ranking member of the subcommittee for accepting this important amendment.

CHANGES TO THE 2002 APPROPRIATIONS COMMITTEE ALLOCATION AND BUDGETARY AGGREGATES

Mr. CONRAD. Madam President, section 314 of the Congressional Budget Act as amended requires the Chairman of the Senate Budget Committee to adjust the budgetary aggregates and the allocation for the Appropriations Committee by the amount of appropriations provided to the Social Security Administration for continuing disability reviews, up to $520 million in 2002, and the amount of appropriations provided to the Department of Health and Human Services for adoption incentive payments, up to $20 million in 2002. The Department of Defense, Health and Human Services, and Education, and Related Agencies Appropriations Act for 2002, provides a total of $463 million for the two activities.