NAYS—20

Blumenauer	Jackson (IL)	Owens
Brown (OH)	Lee	Paul
Conyers	Lewis (GA)	Payne
Delahunt	McDermott	Serrano
Eshoo	McKinney	Stark
Filner	Miller, George	Velázquez
Hinchey	Nadler	

NOT VOTING—7

Carson (IN)	Ford	Wexler
Cubin	Quinn	
DeFazio	Rothman	

□ 2154

So the bill was passed.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

REPORT ON RESOLUTION PROVIDING FOR CONSIDERATION OF H.R. 3210, TERRORISM RISK PROTECTION ACT

Mrs. MYRICK, from the Committee on Rules, submitted a privileged report (Rept. No. 107–304) on the resolution (H. Res. 297) providing for consideration of the bill (H.R. 3210) to ensure the continued financial capacity of insurers to provide coverage for risks from terrorism, which was referred to the House Calendar and ordered to be printed.

REMOVAL OF NAME OF MEMBER AS COSPONSOR OF H.R. 3323

Mr. McDERMOTT. Mr. Speaker, I ask unanimous consent to have my name removed as a cosponsor of H.R. 3323.

The SPEAKER pro tempore (Mr. SIMPSON). Is there objection to the request of the gentleman from Washington?

There was no objection.

SPECIAL ORDERS

The SPEAKER pro tempore (Mr. SIMPSON). Under the Speaker's announced policy of January 3, 2001, and under a previous order of the House, the following Members will be recognized for 5 minutes each.

□ 2200

GLUCOPHAGE

The SPEAKER pro tempore (Mr. SIMPSON). Under a previous order of the House, the gentleman from New Jersey (Mr. PALLONE) is recognized for 5 minutes.

Mr. PALLONE. Mr. Speaker, I rise on the House floor to express my deep concerns regarding the lobbying efforts of Bristol-Myers-Squibb to block access to affordable generic alternatives to their blockbuster diabetes drug Glucophage.

The FDA's Office of Generic Drugs has numerous generic versions of this diabetes drug awaiting approval. However, the office is unable to allow these generics onto the market due to Bristol's monopoly. There are no patents blocking the approval of generics in this case. The only obstacle is a result in the loophole in the Waxman-Hatch exclusivity. It allows Bristol to obtain 3 years of Waxman-Hatch exclusivity in addition to 6 months of pediatric exclusivity for a new indication, the use of this drug for treatment of Type 2 diabetes in pediatric patients ages 10 to 16 years.

Mr. Speaker, the pediatric research conducted on this drug has yielded useful results for pediatric use. However, Bristol should not be allowed a total of 3 years plus 6 months of exclusivity for changing its label to indicate pediatric use. This only leads to 3 years and 6 months more of keeping valuable generics off the market.

The FDA regulations authorize a generic manufacturer to carve out of its labeling indications that are protected by patents or exclusivity. Therefore, there does not seem to be any reason why the generic forms of this diabetes drug cannot be approved now without the pediatric indication.

This specific drug is effective for millions of Americans with Type 2 diabetes. Type 2 diabetes affects the minority population disproportionately, many of whom cannot afford to pay the higher monopoly prices for this life-saving drug. Access to more affordable generic versions of this drug will undoubtedly serve as a life-saving option.

Mr. Speaker, there is currently a legislative fix in place in the House and Senate version of the pediatric exclusivity bill that would close this loophole and allow generic versions of this diabetes drug to compete with Bristol's Glucophage. As Members commence conferencing on this bill, it is crucial that this language remain intact.

Bristol-Meyers-Squibb is sweeping through key offices on Capitol Hill in an effort to retain its exclusive marketing monopoly on its near 80-year-old profitable drug, Glucophage, which reaps about $1.8 billion in annual sales.

Mr. Speaker, I encourage my colleagues working on the pediatric exclusivity bill to keep the current language regarding this important issue in place and not to lose this battle with the drug industry. We have lost it too many times, and given the current circumstances, let us do something for once that will help the consumers of America, who not only have to deal with the weak economy, but also a life-threatening illness such as diabetes.

Let us fight against Bristol-Myers-Squibb and close the Waxman-Hatch loophole.

THE SLIPPERY SLOPE OF HUMAN CLONING

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

Mr. PENCE. Mr. Speaker, I come to the well of the House today to call my colleagues' attention to recent developments in biotechnology research.

As I was preparing to return to Washington, D.C. on Sunday morning, I was shocked, along with the overwhelming majority of Members of this body, to learn that a company in Massachusetts was loudly touting its recent decision to clone a human being for medical research.

Despite the overwhelming vote in this Chamber on the subject, this rogue company and perhaps others have rushed to get ahead of our deliberations, breaking a heretofore established barrier of scientific ethics. I fear, Mr. Speaker, that this action may be the beginning of the end for medical ethics in our country.

No matter what one's position on the issue of human life or abortion or a woman's right to choose, 88 percent of the public today is opposed to the cloning of human beings. We should all be troubled by the fact that scientists are attempting to thwart the political will of the country and the consensus of the medical community in advancing this research ahead of legislation.

When faced with a similar claim of the benefits of what was known as eugenics in his time, the great moralist G.K. Chesterton remarked, ''Eugenicists have discovered how to combine the hardening of the heart with the softening of the head.''

There is no doubt that we have entered a new area of the debate over this issue, Mr. Speaker. Rather than speaking hypothetically about using some human beings to serve the needs of others, for-profit entities are actively defending this as science on the evening news.

This Faustian bargain is the same sort of dilemma that has faced humanity, and particularly civilized societies, for some time. We in the western tradition have consistently embraced the principle, and no matter how attractive the benefits, it is impermissible to experiment on the helpless. We must guard this important principle.

It is hard for us to grapple with the moral implications of a human life that is only seconds from conception. We cannot look at a cloned embryo in the face to confront this moral chasm. It takes a particularly keen sense of moral seriousness to grasp the implications of these recent developments.

One person who does understand this is my good friend and colleague, the gentleman from Florida (Mr. WELDON), who authored the legislation, along with my friend and colleague, the gentleman from Michigan (Mr. STUPAK), who I joined today at a press conference where we stepped in to say that the will of the people of the United States, informed by conscience, ought to lead American ethics in research, and not these amoral biotechnical firms.