They changed their focus and purchased a “Safety House Trailer” for the various area fire departments to use in their fire prevention and training activities.

Clearly, these students had help—assistance from their teachers, community leaders, elected officials, and parents. All of them deserve our heartfelt thanks for their role in this project.

Mr. Speaker, I rise to commend and congratulate Lounsberry Middle School, its faculty and staff. But I also rise to offer, on behalf of the Sussex County community, my heartfelt thanks to its students. They are great Americans and their actions typify the kind of community dedication that has made America strong.

INTRODUCTION OF THE FAIR BALANCE PRESCRIPTION DRUG ADVERTISEMENT ACT OF 2001

HON. FORTNEY PETE STARK
OF CALIFORNIA
IN THE HOUSE OF REPRESENTATIVES
Wednesday, June 27, 2001

Mr. STARK. Mr. Speaker, I rise today to introduce the Fair Balance Prescription Drug Advertisement Act, a bill to deny tax deductions for unbalanced direct to consumer (DTC) pharmaceutical advertising placing more emphasis on product benefits rather than risks or failing to meet Federal Food, Drug and Cosmetic Act Requirements.

The bill will ensure that DTC advertisements are presented in a fair manner, balancing risks and consequences. Print ads would be required to display pros and cons in equal typeface and space, and on the same or facing pages. If the advertisements ran onto additional pages, those pages would have to be consecutive with the first pages. In television and radio ads, risk and benefit descriptions would be allotted equal airtime and volume level. Pharmaceutical companies who do not follow these guidelines will not be eligible for an advertising tax deduction.

Since the FDA relaxed restrictions on television advertising in 1997, DTC advertising has soared. Drug companies’ advertising expenditure doubled between 1998 and 2000. Last year, Merk-Medco cited a report that projected that by 2005, DTC advertising expenditure will reach seven billion dollars annually. This increased spending correlates with increased prices of prescription drugs. Like any other commodity, greater product recognition leads to increased demand, and higher prices.

Large-scale advertising may also lead consumers to demand drugs that may not be medically necessary or appropriate for the patient’s condition. According to the National Institute for Health Care Management, 86% of patients who request a prescription for Claritin from their doctor receive one.

Doctors often find that patients are difficult to dissuade when they have heard the promises of a new drug. Physicians who acquiesce, however, can put their patients’ health at risk. Before the FDA had published clinical trial results of the arthritis drug Celebrex, physicians had prescribed $1 billion worth of the drug in response to patient demands. The doctors had done this without realizing that Celebrex contains an ingredient to which many patients are allergic. Another example, between its release in October of 1999, and the summer of 2000, 22 patients taking the flu drug Relenza had died. The FDA later determined that in the majority of these cases, the drug should never have been prescribed.

Physicians are beginning to recognize dangers of DTC as well. This month, the American Medical Association in their annual convention decided to ask the

In addition to health dangers, physician’s responses to pressure from “informed” patients can have economic consequences. According to the Blue Cross and Blue Shield Association, a one year dosage of the arthritis medicine Celebrex costs $900, while the same dosage of ibuprofen, which may be adequate to treat many patients’ pain, costs only $24.

Just yesterday, the Wall Street Journal raised concerns about the power of DTC advertising. Due to an intensive new campaign by the Genzyme corporation, many dialysis patients who use to use the over-the-counter medication Tums as a calcium supplement are switching to Renagel, a prescription medication that costs up to two times per day.

DTC advertisements may also prevent patients from receiving, and physicians from prescribing generic brand drugs. According to a Merk-Medco 2000 study, increasing a health plan’s dispensing rate of generic drugs by 1% can reduce drug spending by 12%.

Although prescription drug advertisements are purportedly intended to educate consumers, a University of California study determined that drug companies frequently fail short of this goal. In a survey of 320 print ads, only 9% included information on the drug’s success rate, and the same number attempted to clarify misconceptions about the condition the drug is prescribed to treat. Clearly, something must be done to make these ads more honest.

According to a May 2000 Business Week article, some drug companies claim that the increased advertising can alert hospital physicians to new medications that may reduce a patient’s length of stay, and thus reduce overall costs. However, most of the money spent on DTC drug advertisements goes to heartburn, allergy medications, and vanity drugs like those that prevent hair loss. These advertisements promote consumers to seek expensive treatment for conditions that they might not have felt the need for treatment in the past.

This bill I am introducing today would decrease the economic incentives for DTC advertising by taking away the tax deduction for ads that are not fairly balanced. Why should taxpayer funds go to drug companies’ questionable advertising techniques that endanger lives and ultimately raise overall health expenditures? By denying tax deductions for unbalanced prescription drug ads, we may be able to change pharmaceutical company behavior to ensure that that their advertising includes clear, life saving information that will better inform the American public, reduce health care costs, and save lives. I urge my colleagues to join me in support of this legislation, and look forward to working with them to make fair, balanced drug advertising a reality.

CONGRATULATING THE PEPSI GIANTS, 2001 GUAM MAJOR LEAGUE BASEBALL CHAMPIONS, AND MVP BENJIE PANGELINAN

HON. ROBERT A. UNDERWOOD
OF GUAM
IN THE HOUSE OF REPRESENTATIVES
Wednesday, June 27, 2001

Mr. UNDERWOOD. Mr. Speaker, I would like to take this opportunity to congratulate the Pepsi Giants for having recently won the Guam Major League Baseball’s championship. Having swept the University of Guam Tritons in four of the best-of-seven series, the Giants became only the fourth team in GML history to win back-to-back championships.

Although they lost the season opener to the Continental Golden Jets, this past season proved to be truly amazing for the Giants. The team went on to win all 15 of their regular season games and later swept the GML’s National Division champions, the Guam Navy during their divisional finals, before finishing the season with a 22-game winning streak.

More impressive, however, was the record set by Benjie Pangelinan, this year’s series