

My Administration stands ready to work with the Congress to enact comprehensive energy legislation this year.

GEORGE W. BUSH.  
THE WHITE HOUSE, June 28, 2001.

#### ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. The Chair will now entertain 1 minute requests.

#### CONSERVATION IS CRITICAL PIECE OF PUZZLE

(Mr. REHBERG asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. REHBERG. Mr. Speaker, while we all know we cannot conserve our way out of the energy crunch, conservation is a critical piece of the puzzle if we are going to solve this problem. In times like these, each and every American must do their part. This means turning out the lights when leaving a room, walking more often instead of driving, and investing in new technologies and alternative renewable energy sources.

While some in this Chamber merely talk about conservation, President Bush is actually doing something about it.

Today, President Bush announced \$77 million in Federal conservation grants which will help accelerate the development of fuel cells in new technology for tomorrow's cars and buildings. These grants will play a critical role in lowering emissions and improving energy efficiency.

Mr. Speaker, instead of throwing rocks and using America's energy problems for political gain, President Bush is providing leadership and solutions.

#### SPECIAL ORDERS

The SPEAKER pro tempore. 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.

#### HIGH COST OF PRESCRIPTION DRUGS

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

Mr. GUTKNECHT. Mr. Speaker, today I rise to talk about an issue that is of great concern to all Americans, but is of particular concern to the 53 million Americans that have no health insurance and to the 14 million American seniors that do not have prescription drug coverage under their Medicare benefit. What I am talking about is the high cost of prescription drugs.

I want to show a chart for the benefit of the Members that begins to illustrate just how serious this problem is.

The first chart I want to show my colleagues begins to talk about the differentials or the difference between what we pay in the United States and what they pay in Europe for some of the most commonly prescribed drugs.

We have heard a lot over the last several years about how much difference there is between Canada and the United States and how much difference there is between Mexico and the United States. But many Americans do not realize there are enormous differences between what we pay for exactly the same drugs made in the same plants here in the United States compared to what they pay in Europe.

For example, the first drug on this list is a drug called Allegra, 120 milligrams. It is triple in the United States what they pay in Europe for the same drug. Some people will say, well, they have price controls in Europe. In some countries in Europe, that is true. But in Germany and Switzerland, it is not true.

Take a look at the drug Coumadin, which is a drug that my father takes. In the United States, it is quadruple the \$8.22, which they charge for the average price in Europe.

Glucophage, which is a very commonly prescribed drug for people who have diabetes. In the United States, it sells for \$30.12 on average for a 1-month supply. In Europe, it is only \$4.11. That is seven times more than Americans are required to pay.

Mr. Speaker, my colleagues need to understand that, once a person is diagnosed, it is likely that they will stay on that drug for the rest of their lives. So we are talking about an enormous difference over the life-span of a patient who needs that.

Take a look at a drug Zithromax down here at the bottom. It is a new wonder drug in terms of being an antibiotic. It is a marvelous drug. But I wonder whether Americans should really have to pay triple what consumers in Europe have to pay.

As my colleagues can see, it is \$486 for a month's supply here in the United States on average. In Europe, it is only \$176.19.

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The next chart I want to show is really one of the most troubling charts of all. Last year the average senior got in their cost of living adjustment in the United States a 3.5 percent increase in their Social Security. At the same time, prescription drugs went up 19 percent. My colleagues, this is unsustainable.

Now, I intend to offer an amendment to the ag appropriations bill that will at least clarify that law-abiding citizens have a right, if they have a legal prescription, to buy drugs in Europe.

And we are trying to work out the language right now. That is all I want to do.

Some say that the FDA lacks the resources to inspect mail orders. The truth is the FDA is focusing its inspections in the wrong places. Instead of stopping illegal drugs reported by illicit traffickers, the FDA concentrates on approved drugs being brought in by law-abiding citizens. So far this year the FDA has detained 18 times more packages from Canada than they have from Mexico. This is outrageous. They are spending all of their resources chasing law-abiding citizens.

One of the biggest arguments of the people who oppose my amendment is that they say, well, we are going to ultimately have a Medicare benefit, a prescription drug benefit, that will eliminate the need to open the markets so that we get competition in prescription drugs. Well, the truth is simply shifting the burden from those people who currently do not have insurance to the taxpayers will not solve this problem. The problem is there is no real competition.

But the biggest concern that a lot of people raise is what will this do in terms of public safety. Let me say this. More people have been killed in the United States from unsafe tires being brought into the United States from other countries than by bringing legal drugs into the United States by law-abiding citizens. As a matter of fact, there is no known scientific study that demonstrates that there is a threat of injury to patients importing medications, legal medications, with a prescription, from an industrialized country.

What is more, millions of Americans have no prescription drug coverage. Stopping importation of FDA-approved drugs only threatens their safety. Remember, Members, a drug that an individual cannot afford is neither safe nor effective, and too many Americans are put in the position where they simply cannot afford the drugs that they need.

Mr. Speaker, I am not asking for the world. The amendment I intend to offer is very narrowly focused. It simply says that the FDA cannot stand between law-abiding citizens who have legal prescriptions and allowing them to bring into the country drugs which are otherwise approved by the FDA. In fact, we even go further. We say it cannot be a controlled substance. It cannot even be codeine. The drugs we are talking about are drugs that are commonly prescribed. I will appreciate my colleagues' support on that amendment.

Mr. Speaker, I submit herewith for the RECORD a few fact sheets regarding the Medicare drug benefit argument.

Some say a Medicare drug benefit will eliminate the need for importation. The truth is—Simply shifting high drug prices to the government only transfers the burden to American taxpayers. Moreover, Medicare

coverage won't help the millions of Americans without health insurance.

Some say importation is merely an indirect way of enacting price controls. The truth is—"Importing prescription drugs to the United States will lower prices here and, in the long run, force Europe to pay more drug research and development costs. The best way to break down price controls is to open up markets."—Stephen W. Schondelmeyer, Pharm.D., Ph.D., Professor and Director, PRIME Institute, Head, Dept. of Pharmaceutical Care & Health Systems, College of Pharmacy, University of Minnesota.

Some say the FDA lacks the resources to inspect mail orders. The truth is—The FDA is focusing its inspection resources in the wrong places. Instead of stopping illegal drugs imported by illicit traffickers, the FDA concentrates on approved drugs imported by law-abiding citizens. So far this year, the FDA detained 18 times more packages coming from Canada than from Mexico. Last year, the FDA detained 90 times more packages from Canada than Mexico. Worse, last year Congress appropriated \$23 million for border enforcement, but the Secretary of Health and Human Services refused to use the funds.

Some say importation jeopardizes consumer safety. The truth is—No known scientific study demonstrates a threat of injury to patients importing medications with a prescription from industrial countries. What's more, millions of Americans have NO prescription drug coverage. Stopping importation of FDA-approved drug threatens their safety. A drug you can't afford is neither safe nor effective.

#### REVISIONS TO ALLOCATION FOR HOUSE COMMITTEE ON APPROPRIATIONS

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

Mr. NUSSLE. Mr. Speaker, pursuant to Sec. 314 of the Congressional Budget Act and Sec. 221(c) of H. Con. Res. 83, the concurrent resolution on the budget for fiscal year 2002, I hereby submit for printing in the CONGRESSIONAL RECORD revisions to the allocations for the House Committee on Appropriations.

As reported to the House, H.R. 2330, the bill making appropriations for Agriculture and Related Agencies for fiscal year 2002, includes an emergency-designated appropriation providing \$150,000,000 in new budget authority and \$143,000,000 in new outlays. Under the provisions of both the Budget Act and the budget resolution, I must adjust the 302(a) allocations and budgetary aggregates upon the reporting of a bill containing emergency appropriations.

Accordingly, I increase the 302(a) allocation to the House Appropriations Committee contained in House Report 107-100 by \$150,000,000 in new budget authority and \$143,000,000 in new outlays. This changes the 302(a) allocation for fiscal year 2002 to \$661,450,000,000 for budget authority and \$683,103,000,000 for

outlays. The increase in the allocation also requires an increase in the budgetary aggregates to \$1,626,638,000,000 for budget authority and \$1,590,801,000,000 for outlays.

The rule providing for consideration of H.R. 2330 strikes the emergency designation from the appropriation. Upon adoption of the rule, Sec. 314 of the Congressional Budget Act provides that these adjusted levels are automatically reduced by the amount that had been designated an emergency. Should the rule (H. Res. 183) not be adopted, these adjustments shall apply while the legislation is under consideration and shall take effect upon final enactment of the legislation. Questions may be directed to Dan Kowalski at 67270.

#### MICROBICIDES DEVELOPMENT ACT OF 2001

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Maryland (Mrs. MORELLA) is recognized for 5 minutes.

Mrs. MORELLA. Mr. Speaker, I rise today to introduce the Microbicides Development Act of 2001. I am pleased that so many of my good friends and colleagues have signed on as original cosponsors of this legislation which I am dropping in this evening. My thanks go to them.

Mr. Speaker, this week the United Nations convened a special session of the U.N. General Assembly to address how to combat the spreading HIV and AIDS epidemic. We have entered the third decade in the battle against HIV and AIDS. June 5, 1981, marked the first reported case of AIDS by the Centers for Disease Control, and since that time 400,000 people have died in the United States, and globally 21.8 million people have died of AIDS.

Tragically, women now represent the fastest growing group of new HIV infections in the United States, and women of color are disproportionately at risk. In the developing world, women now account for more than half of the HIV infections, and there is growing evidence that the position of women in developing societies will be a critical factor in shaping the course of the AIDS pandemic.

So what can women do? Women need and deserve access to a prevention method that is within their personal control. Women are the only group of people at risk who are expected to protect themselves without any tools to do so. We must strengthen women's immediate ability to protect themselves, including providing new women-controlled technologies; and one such technology does exist, called microbicides.

The Microbicides Development Act, which I am introducing, will encourage Federal investment for this critical research with the establishment of pro-

grams at the National Institutes of Health and the Centers for Disease Control and Prevention. Through the work of NIH, nonprofit research institutions, and the private sector, a number of microbicide products are poised for successful development. But this support is no longer enough for actually getting microbicides through the development pipeline and into the hands of millions who could benefit from them. Microbicides can only be brought to market if the Federal Government helps support critical safety and efficacy testing.

Health advocates around the world are convinced that microbicides could have a significant impact on HIV and AIDS and sexually transmitted diseases. Researchers have identified almost 60 microbicides, topical creams and gels that could be used to prevent the spread of HIV and other sexually transmitted diseases, such as chlamydia and herpes. But interest in the private sector in microbicides research has been lacking.

According to the Alliance for Microbicide Development, 38 biotech companies, 28 not-for-profit groups, and seven public agencies are investigating microbicides, and phase III clinical trials have begun on four of the most promising compounds. The studies will evaluate the compounds' efficacy and acceptability and will include consumer education as part of the compounds' development. However, it will be at least 2 years before any compound trials are completed.

Currently, the bulk of funds for microbicides research comes from NIH, nearly \$25 million per year, and the Global Microbicide Project, which was established with a \$35 million grant from the Bill and Melinda Gates Foundation. However, more money is needed to bring the microbicides to market. Health advocates have asked NIH to increase the current budget for research to \$75 million per year.

Mr. Speaker, today the United States has the highest incidence of STDs in the industrialized world. Annually, it is estimated that 15.4 million Americans acquired a new sexually transmitted disease. STDs cause serious, costly, even deadly conditions for women and their children, including infertility, pregnancy complications, cervical cancer, infant mortality, and higher risk of contracting HIV.

This legislation has the potential to save billions of dollars in health care costs. Direct cost to the U.S. economy of sexually transmitted diseases and HIV infection is approximately \$8.4 billion. When the indirect costs, such as lost productivity, are included, that figure will rise to an estimated \$20 billion. With sufficient investment, a microbicide could be available around the world within 5 years. Think of the difference that would make.

I urge my colleagues to lend their support to this vital legislation.