

merit badges, serving as a leader, and planning and leading a service project for their community. This is not an honor given out lightly: this young man is becoming an Eagle Scout because he is intelligent, dedicated, and principled.

I am proud to call Samuel Stephen Drucker my constituent, for he is a shining example of the promise of the next generation. Indeed, he represents the best of the young people in our country. I extend my sincere congratulations to him and his family, on this momentous occasion.

MEDICAL INNOVATION PRIZE
FUND

HON. BERNARD SANDERS

OF VERMONT

IN THE HOUSE OF REPRESENTATIVES

Wednesday, February 2, 2005

Mr. SANDERS. Mr. Speaker, I wanted to share with you a summary of H.R. 417, legislation I recently introduced that would change the paradigm for financing medical R&D and pricing prescription drugs in the United States.

Rather than rely on high drug prices as the incentive for R&D, the bill would directly reward developers of medicines, on the basis of a drug's incremental therapeutic benefit to consumers, through a new Medical Innovation Prize Fund. Prices for prescription drugs to consumers would be at low generic prices immediately upon entry to the market.

By breaking the link between drug prices and R&D, we can provide more equitable access to medicine, end rationing and restrictive formularies, and manage overall R&D incentives through a separate mechanism that can be increased or decreased, depending on society's willingness to pay for medical R&D. The bill, by rewarding only truly innovative products that provide new therapeutic benefits to consumers, would also dramatically reduce wasteful expenditures such as those on research, development and marketing of "me-too" medicines.

SUMMARY OF THE MEDICAL INNOVATION PRIZE FUND

The current system for financing research and development of new medicines is broken. High prices are a barrier to access. Companies invest too much in non-innovative "me-too" products and too little on truly innovative medicines. Massive expenditures on marketing of products consume too many resources with very little if any net social benefits.

My legislation, H.R. 417, creating the Medical Innovation Prize Fund is an attempt to fundamentally restructure this system. It presents a new paradigm for R&D of new medicines. This is how it would work:

The legislation would separate the markets for products from the markets for innovation. Products would become generics immediately after FDA approval.

The innovators would be rewarded from a massive Medical Innovation Prize Fund, MIPF.

The MIPF would make awards to developers of medicines, based upon the incremental therapeutic benefits of new treatments.

The MIPF would also have minimum levels of funding for priority healthcare needs such as: (1) Global infectious diseases; (2) dis-

eases that qualify under the U.S. Orphan Drug Act; (3) neglected diseases primarily affecting the poor in developing countries.

These pay-outs would take place over the first ten years of use of a medicine. The payments from the MIPF would always go to the developer of the new medicine, regardless of who actually sells the product to consumers.

The legislation proposes to set the MIPF pay-outs at .5 percent of the national income of the United States (as measured by GDP).

An independent Board of Trustees would manage the MIPF. Trustees would include key government officials, as well as persons from the private sector, representing industry, patient groups and medical researchers.

Inventors would be free to obtain patents, and to use patents normally, until the FDA approves a new medicine. At that point, the patent owner would be remunerated from the MIPF, rather than from royalties on high drug prices.

TRIBUTE TO U.S. MARINE CORPORAL CHRISTOPHER L. WEAVER

HON. JOHN LINDER

OF GEORGIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, February 2, 2005

Mr. LINDER. Mr. Speaker, this morning, I was informed by one of my staff that a childhood acquaintance of his, U.S. Marine Corporal Christopher L. Weaver, was killed in action in Iraq just last week.

His death is a reminder that this current war on terror has affected American families and their friends every day since September 11, 2001, in Afghanistan, Iraq, and across the globe. In this case, Corporal Weaver grew up in the city of Fredericksburg, Virginia. This quiet but intelligent and energetic young man was a lifelong Boy Scout who eventually attained the rank of Eagle Scout. He was also a graduate of Virginia Tech University, where he became a Reservist for the United States Marine Corps. After serving for 6 years in the Marine Reserves, Corporal Weaver was asked to serve his country by going to Iraq. It was there, in the Al Anbar Province of Iraq, that Corporal Weaver was killed on January 26, 2005.

I do not pretend to believe that all will share the same views of our presence in Iraq, and while I am encouraged by the acts of democracy playing out over the nation's countryside this past weekend, only history can tell whether our means will inevitably lead to their intended ends. Nevertheless, while we may not all agree on the substance or rationale behind this war, we can agree that this war has had a profound effect on all Americans.

History immortalizes those whose selfless acts and deeds of bravery were made in the hopes of bringing a greater good not just for their country, but for humanity as a whole. We know them as heroes. I am proud of the service and the sacrifice made by those troops who have given their lives so that people can live in freedom. Corporal Weaver and those across the nation that we have lost may not have considered themselves to be heroes. America, however, should. And though these

heroes may no longer be in this world, their families and their fellow citizens should know that they continue to live on in our minds, in our hearts, and in our prayers now and forever.

THE SMALL BUSINESS HEALTH
FAIRNESS ACT OF 2005

HON. SAM JOHNSON

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Wednesday, February 2, 2005

Mr. SAM JOHNSON of Texas. Mr. Speaker, I rise today to introduce the "Small Business Health Fairness Act of 2005."

Our Nation's small businesses are the backbone of our economy, and unfortunately, the cost of health care is placing an unbearable burden on many of them.

Sixty percent—over 24 million—of uninsured Americans work in small businesses. Some of these people are offered insurance and turn it down because they can't pick up their part of the tab.

This bill allows small businesses to band together to form Association Health Plans, AHPs. These AHPs will lower the cost of health care for small businesses and thereby significantly expand access to health coverage for uninsured Americans by, among other things: (1) Increasing small businesses' bargaining power with health care providers, and (2) giving employers freedom from costly state-mandated benefit packages.

Basically, the legislation puts small businesses on equal footing with large employers and unions when it comes to buying health care. That's why AHPs will increase the number of insured Americans by up to 8 million people.

The cost-saving benefits of AHPs would help the small employers of Main Street access coverage at a more affordable price.

AHPs aren't the only solution to the number of uninsured in America, but they certainly take a large step in the right direction.

It is the least Congress can do to ensure that the American people will receive better health care at a more reasonable price.

I urge my colleagues to cosponsor this important legislation.

INTRODUCTION OF THE KEEP OUR
PROMISE TO AMERICA'S MILITARY
RETIREES ACT IN THE
109TH CONGRESS

HON. CHRIS VAN HOLLEN

OF MARYLAND

IN THE HOUSE OF REPRESENTATIVES

Wednesday, February 2, 2005

Mr. VAN HOLLEN. Mr. Speaker, I rise to inform my colleagues that today I have introduced the "Keep Our Promise to America's Military Retirees Act" in the 109th Congress along with Representatives CHET EDWARDS of Texas, JEFF MILLER of Florida, and DUKE CUNNINGHAM of California. This bipartisan bill addresses recent developments and offers meaningful remedies to the "broken promise" of health care for military retirees.