

CONGRATULATIONS TO SOUTHEASTERN MINNESOTA HIGH SCHOOL HONORS CHOIR

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

Mr. GUTKNECHT. Mr. Speaker, I rise today to congratulate the Southeastern Minnesota High School Honors Choir and their director, Richard Kvam, on the successful completion of their European concert tour.

As the American representatives to an international competition of high school choirs, these 73 high schoolers from across the First Congressional District represented the best our country has to offer. They did not disappoint us, taking first place in the competition over choirs from as far away as South Africa, Denmark and Japan.

More important than their award, however, was the way that the students conducted themselves in concerts and impromptu performances throughout Austria, Germany and the Czech Republic. Whether singing in historic churches or modern airport terminals, they were always respectful of their European hosts. Best of all, they made beautiful music.

We in Minnesota have been blessed with an unusually strong choral music heritage. Our Honors Choir follows in the tradition of such internationally-acclaimed groups as the St. Olaf College Choir and the Dale Warland Singers.

As someone who has heard the Honors Choir perform on more than one occasion, I can attest to the fact that they deserve to be called the best in the world.

Congratulations, once again.

ADJOURNMENT TO THURSDAY, OCTOBER 1, 1998

Mr. BATEMAN. Mr. Speaker, I ask unanimous consent that when the House adjourns today, it adjourn to meet at 2 p.m. on Thursday October 1, 1998.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Virginia?

There was no objection.

SPECIAL ORDERS

The SPEAKER pro tempore. Under the Speaker's announced policy of January 7, 1997, and under a previous order of the House, the following Members will be recognized for 5 minutes each.

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

(Mr. STEARNS addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gen-

tleman from Oregon (Mr. BLUMENAUER) is recognized for 5 minutes.

(Mr. BLUMENAUER addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

ON THE DEATH OF MARY MATHEWS

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

Mr. BATEMAN. Mr. Speaker, it is with exceeding regret that I advise my colleagues of the death of a great American and one of the most beloved Virginians of this era in the illustrious history of our Commonwealth.

My reference is to Mary Mathews, a Greek American who has been a towering example of patriotism. Mary had a love affair with her adopted country and, of all the people I have known, none surpassed her in her caring for those who serve our Nation in our military service.

Mary Mathews was the widow of Nick Mathews, himself a great American patriot. Together they founded and built Nick's Seafood Pavilion in Yorktown, Virginia and made it a highly successful and profitable restaurant operation. Their success, founded on their hard work and dedication to quality, was shared with their community, State and Nation. Their joint philanthropy while Nick lived and Mary's continued generosity after his death are legendary.

As a resident of Yorktown, which is the site of the battle that procured our Nation's independence, Mary had a special reverence for what Yorktown and the success of the American Revolution meant, not only to Americans but to people throughout the globe. Most appropriately, Mary Mathews was chosen by the Navy to be the sponsor of the Aegis Class Cruiser, U.S.S. Yorktown. She understood this to be a signal honor, and no ship or its crew were ever more generously recognized by their sponsor than the cruiser U.S.S. Yorktown by their sponsor Mary Mathews.

My wife, Laura, and I have had a warm, close relationship with Nick and Mary Mathews since at least May 29, 1954, when we stopped there for our first dinner as husband and wife following our wedding on that date. We were with Mary in Pascagoula, Mississippi when she, with great elan, christened the U.S.S. Yorktown, the day following the death of her beloved husband, Nick, before yielding to her grief.

We were with Mary when the U.S.S. Yorktown was sent by the Navy to Yorktown for its commissioning ceremony. You would have had to have been there to fully appreciate the joy that occasion gave to Mary Mathews and the special relationship between her and the crew of the U.S.S. Yorktown.

Finally, you needed to be on the site of the Battle of Yorktown, on October

19, 1981, when Mary Mathews, immigrant patriot, stood on the 200th anniversary of the surrender of Cornwallis, alongside President Reagan and President Mitterrand of France, basking in the pride of being an American and living in one of America's special places, commemorating a very special event.

God bless Mary Mathews, and as she would say, God bless America, the land she so truly loved.

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

(Mr. DIXON addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

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

(Mr. SCARBOROUGH addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

PRESCRIPTION DRUG PRICING

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

Mrs. CAPPS. Mr. Speaker, I rise today to bring the attention of the House to a veritable scandal occurring in our country today. Seniors on the central coast of California and throughout the country are paying outrageously high prices for their prescription drugs. Even worse, these inflated prices subsidize the discounts that high-profit HMOs get for the very same drugs.

Yesterday I released a report on the cost of prescription drugs for seniors in my district and, more importantly, a major reason that these costs are so high. The findings are startling.

Seniors in my district pay on average 133 percent more for the 10 most widely prescribed drugs than do HMOs buying the same drugs. These are drugs like Zocor for reducing cholesterol, Norvasc for reducing blood pressure, and Relafen for relief from arthritis, common prescription drugs.

Prescription drug companies give huge discounts to managed care companies for these and other drugs. Other buyers, like pharmacists, pay substantially more for the same drugs and must pass these higher costs on to seniors.

For example, my study found that Ticlid, one of the most widely prescribed medications for persons who have had strokes, sells to an HMO for around \$34 for 60 tablets. Yet in my district the average price for seniors who have to pay for this drug themselves is more than \$130, nearly a 300 percent markup over the price the HMO pays.

The huge difference in prices is not going to the retail pharmacist in Santa Barbara or Santa Maria or Arroyo

Grande. On average the local pharmacists on the central coast are themselves paying \$100 to \$110 for Ticlid. The final price seniors pay includes only a reasonable markup to the outrageous price pharmacists are forced to pay to the drug companies.

□ 1015

No, the extra money that seniors pay goes to the drug company so that it can continue to give big discounts to the HMOs and managed care companies.

That seniors should be paying more money for drugs than they should, while HMOs reap huge profits, is a very sad story. And these are profits that are based partly on the huge discounts that they get from the drug companies. But there is even a sadder element. Many seniors simply cannot afford

these high prices and so instead, because of their fixed incomes, they take half the prescribed dosage or they just do not buy these life-saving drugs because they cost too much.

For example, Clyde Vann, of Pismo Beach, told my staff that he pays over \$300 per month for seven prescription drugs on his fixed income, and he is not even taking two others because he cannot afford the extra \$150 a month. Harriet MacGregor of Santa Barbara told my staff that because of the high cost of her five prescriptions she must sometimes skip or reduce her dosage.

Mr. Speaker, this is intolerable. Senior citizens should not be subsidizing the big profits of HMOs, and they should not have to choose between filling their prescriptions or buying food or paying rent.

Last week I was proud to be an original cosponsor of legislation to address this issue. H.R. 4646 was introduced by my good friend and colleague, the gentleman from Texas (Mr. JIM TURNER), who is here today and will be also speaking to this topic. This bill will allow pharmacists the opportunity to receive the same big discounts that HMOs get for drugs that they dispense to seniors.

This legislation is long overdue and will ensure that seniors pay reasonable prices for the life-saving medications that they so desperately need, and I urge my colleagues on both sides of the aisle to support this legislation.

Mr. Speaker, I submit for the RECORD a document providing information on cost differentials on prescription drugs.

APPENDIX A.—INFORMATION ON PRESCRIPTION DRUGS ANALYZED IN THIS STUDY

Brand name drug	Dosage and form	Indication	Prices (Dollars)				Price differential (percent)
			FSS	Major wholesaler	AWP	Average retail price	
Ticlid	250 mg, 60 tablets	Stroke	\$33.57	\$99.44	\$108.90	\$131.24	291
Zocor	5 mg, 60 tablets	Cholesterol reducer	42.95	85.47	106.84	112.55	161
Prilosec	20 mg, 30 cap	Ulcer	58.38	99.20	108.90	131.47	125
Norvasc	5 mg, 90 tablets	Blood Pressure	58.83	97.92	125.66	128.78	119
Fosamax	10 mg, 30 tablets	Osteoporosis	31.86	50.91	51.88	69.22	117
Procardia XL	30 mg, 100 tab	Heart	67.35	105.05	131.31	143.75	113
Relafen	500 mg, 100 tab	Arthritis	62.58	88.88	111.10	132.78	112
Vasotec	10 mg, 100 tab	Blood Pressure	56.08	85.56	102.94	116.28	107
Cardizem CD	240 mg, 90 tablets	Angina	99.36	154.10	165.42	199.04	100
Zoloft	50 mg, 100 tab	Depression	123.88	172.44	215.55	232.50	88
Average price differential							133

H.R. 4646, THE PRESCRIPTION FAIRNESS ACT

The SPEAKER pro tempore (Mr. BURR of North Carolina). Under a previous order of the House, the gentleman from Texas (Mr. TURNER) is recognized for 5 minutes.

Mr. TURNER. Mr. Speaker, I thank the gentlewoman from California (Mrs. CAPPS) for her remarks regarding the legislation that she and 61 other Members of the House have joined in to try to address this very serious problem that faces many of our senior citizens: The high cost of prescription drugs.

The Committee on Government Reform and Oversight did a study at my request, in my district, in response to the many senior citizens who have contacted me telling me that they have noticed that it is becoming an increasing problem for them to pay for the high cost of prescription medication. One of these ladies is a constituent of mine in Orange, Texas. Her name is Frances Daley. I had the opportunity to visit with her in my district, when I was going around talking about H.R. 4646, the Prescription Fairness Act, that 62 of us in the House have introduced.

Ms. Daley is blind. She takes nine prescription medications. She spends an average of \$450 a month on those nine medications. She lives on a meager Social Security check, \$650 a month. With only \$110 left after trying to pay for these prescription drugs, I asked Ms. Daley, "How do you do it?" And she leaned over to me, in a proud

sort of way, and said, "I just take half my medication."

No senior citizen should be faced with the choice of taking only half of their medications. I even talked to senior citizens who quietly told me that they sometimes have to choose between buying food and buying medication.

While we have been very proud of the fact that Medicare has provided some protection for our senior citizens' health care, all the while we have failed to note that slowly prescription drug prices have been rising and rising, to the point where many of our seniors can no longer pay for their prescription medications.

At my request and the request of several other members of our Committee on Government Reform and Oversight, the staff put together a study. We went out and we surveyed pharmacies in our own districts, just to find out what the price differential was between what our senior citizens are paying for drugs and what the big drug manufacturers' most favored customers are paying for those same drugs.

The results of that study are shown on this chart to my right. What we determined was that there are 10 drugs that are commonly prescribed for senior citizens. The 10 most commonly prescribed drugs are shown in the left-hand column. The name of the manufacturer is shown in the next column. The use of that drug is shown in the next column.

And in this column we see the prices that are paid by the big drug manufac-

turers' most favored customers. By "favored customers" we are talking about the big HMOs, the big hospital chains, and even the Federal Government. Those are the favored customers of the big drug manufacturers.

For Ticlid, the first example on the chart, which is used as a stroke medication, the most favored customers pay \$33.57 to the big drug manufacturers for a typical prescription; about a month's supply of Ticlid. The retail price paid in the Second Congressional District of Texas, the average retail price, is \$117.95. That is what the senior citizens pay when they walk into their local pharmacy.

The price differential is shown in the last column. For Ticlid, senior citizens in the Second Congressional District, and in most districts in this country, are paying over twice, 251 percent more for Ticlid than the most favored customers of the big drug manufacturers.

We took all 10, we averaged them, and as we can see in the bottom right-hand corner, there is over twice a difference between what senior citizens are paying in their local retail pharmacies and what the big drug companies are charging their most favored customers.

This is not right. This kind of price discrimination is placing the burden of paying the highest prices for prescription drugs in this country on the segment of our population that is least able to pay: our senior citizens who walk into their local pharmacy without insurance.