

knows that I have great respect for him. That will continue regardless of our different views on this subject.

What he did was read from today's Roll Call by that paragon of education, Morton Kondracke, who is probably a friend of his and certainly a friend of mine. But the gentleman left out another thing that Mr. Kondracke said. He said, "Democrats did help Bush pass his No Child Left Behind standards and testing initiative in 2001 and now have every right to blast his and the GOP Congress' failure to fund it."

So, you see, context has a lot to do with things. When the gentleman was before the Committee on Rules, I asked him, in a respectful manner, was there one teacher organization or one parent organization or one student organization that supported the bill that he put forward. He looked to his staff and indicated that there was an education trust group, which the Democrats support as well because it deals with the quality of teachers and teacher pay. There are no teacher organizations, no parent organizations, no student organizations that support this proposition.

The fact of the matter is, one of my distinguished colleagues from Florida came down here and all of these ladies who represent nearly 13 million people, along with the two men that stood with them and asked unanimous consent, he referred to them as a line of mediocrity. If he wants mediocrity, all he has to do is suggest that if this bill rose to the level of mediocrity, it would be fine. Look to Florida for mediocrity when they say they leave no children behind. In Florida we not only leave them behind, we lose them and cannot find them.

Ms. PRYCE of Ohio. Mr. Speaker, I yield myself such time as I may consume.

It is time to demand the best for our children. The gentleman from Delaware (Mr. CASTLE) and the gentleman from Ohio (Mr. BOEHNER) are offering us that opportunity this evening. I urge my colleagues to pass this fair rule and agree to the underlying legislation. It is time to improve our children's chances.

Mr. DAVIS of California. I rise to object to the rule on consideration of H.R. 2210, the Head Start reauthorization. Once again, thoughtful amendments that address core issues were not ruled in order by the committee.

As has been so widely discussed this week, I believe it is important that this legislative body be able to give the proper consideration to this reauthorization—which is so critical to the most vulnerable among us, low income children.

I valued the opportunity to participate in considering this measure at the subcommittee and the committee levels. In that process, I was able to offer significant amendments for consideration and in one case for adoption by the committee. Happily, the reauthorization now before us recognizes the central nature of the social and emotional development of young children as well as their cognitive and physical development.

Nonetheless, other core issues were not adopted during the committee consideration. However, only 10 percent of the members of this body had the opportunity to consider those issues. The public deserves a full consideration by other 90 percent of their representatives.

I would particularly point to these major areas of concern: (1) providing financial support and loan forgiveness for the increased educational levels which will be required of teachers and staff members; (2) requiring performance standards of curriculum, developmentally appropriate accountability processes, personnel education, and professional development opportunities to be at least as high as federally required standards; and (3) assuring that any state-operated programs would be required to provide the comprehensive health and family services that are integral to Head Start.

Mr. Speaker and members, 100 percent of the members of this representative body have the right and obligation to consider how these issues should be resolved in order to enable the most vulnerable children to enter kindergarten closer to the levels of preparation enjoyed by more economically advantaged children.

Mr. PRICE of Ohio. Mr. Speaker, I yield back the balance of my time, and I move the previous question on the resolution.

The SPEAKER pro tempore. The question is on ordering the previous question.

The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

Mr. HASTINGS of Florida. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this question will be postponed.

RECESS

The SPEAKER pro tempore. Pursuant to clause 12(a) of rule I, the Chair declares the House in recess subject to the call of the Chair.

Accordingly (at 5 o'clock and 34 minutes p.m.), the House stood in recess subject to the call of the Chair.

□ 1807

AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Mr. SWEENEY) at 6 o'clock and 7 minutes p.m.

PROVIDING FOR CONSIDERATION OF H.R. 2427, PHARMACEUTICAL MARKET ACCESS ACT OF 2003

Mr. SESSIONS. Mr. Speaker, by direction of the Committee on Rules, I call up House Resolution 335 and ask for its immediate consideration.

The Clerk read the resolution, as follows:

H. RES. 335

Resolved, That upon the adoption of this resolution it shall be in order without intervention of any point of order to consider in the House the bill (H.R. 2427) to authorize the Secretary of Health and Human Services to promulgate regulations for the reimportation of prescription drugs, and for other purposes. The bill shall be considered as read for amendment. The previous question shall be considered as ordered on the bill to final passage without intervening motion except: (1) one hour of debate on the bill equally divided and controlled by the chairman and ranking minority member of the Committee on Energy and Commerce or their designees; and (2) one motion to recommit.

SEC. 2. During consideration of H.R. 2427 pursuant to this resolution, notwithstanding the operation of the previous question, the Chair may postpone further consideration of the bill to a time designated by the Speaker.

The SPEAKER pro tempore. The gentleman from Texas (Mr. SESSIONS) is recognized for 1 hour.

Mr. SESSIONS. Mr. Speaker, for the purpose of debate only, I yield the customary 30 minutes to the gentlewoman from New York (Ms. SLAUGHTER), pending which I yield myself such time as I may consume. During consideration of this resolution, all time yielded is for the purpose of debate only.

Mr. Speaker, the resolution before us is a well-reasoned rule providing for consideration of H.R. 2427, the Pharmaceutical Market Access Act of 2003. This rule waives all points of order against consideration of the bill and provides 1 hour of debate, evenly divided and controlled by the chairman and ranking minority member of the Committee on Energy and Commerce or their designees.

The rule also provides that during consideration of the bill, notwithstanding the operation of the previous question, the Chair may postpone further consideration of the bill to a time designated by the Speaker.

Finally, Mr. Speaker, this rule provides for one motion to recommit.

Mr. Speaker, I rise today to introduce the rule for H.R. 2427, the Pharmaceutical Market Access Act of 2003. The fact that this legislation is on the floor today demonstrates the willingness of the House Republican leadership to deal with contentious issues publicly on this House floor and to allow democracy to work by giving every Member an opportunity to cast their vote on an important issue and issues that are important to them and the American public.

But, while I believe that the underlying legislation that we will bring to the floor later is well-intentioned, it is also deeply flawed and puts the health and well-being of the American public at great risk. Congress needs to find a way to provide affordable prescription drugs to all Americans. This, however, is not the way to do it.

Mr. Speaker, the problems with this legislation can be divided into three main categories. First, safety; second, fairness; and, lastly, legal liability.

On the topic of safety, H.R. 2427 is certain to harm Americans in a number of ways. First is the issue of

verifiability. Today, on nearly every single East Asian street corner, an American traveler can pick up for only a few dollars what looks like at first inspection to be a Polo shirt that would retail in American stores for around \$50. However, as anyone who has ever bought one of these shirts has learned, perhaps the hard way, after a few washings, these shirts fade, rip and generally fall apart. But I believe the consumer knew what the consumer was buying at the time that they bought it.

H.R. 2427 would open American consumers of prescription medicine up to this same kind of potential scam by allowing them to be ripped off by offering an inferior product that looks like the genuine article, but with life or death consequences not associated with purchasing illegal leisure wear. The difference here is that the consumer does not know what they are purchasing. The other can be verified and they know for sure.

I believe that the health and well-being of American drug consumers is all too important to allow them to be taken advantage of in this fashion by passing a law that would allow clever black market manufacturers with the capability to make superficially similar reproductions of prescription drugs and to pass them off as the real thing to unsuspecting American consumers.

Of course, the difference here is that when you buy that shirt on the street corner, you know that what you are buying is probably a fake and it will fall apart after a few washings, whereas our Nation's seniors and other prescription drug buyers will think that they are getting the real thing, a mistake that could have dangerous or even fatal consequences.

Another safety issue raised by this legislation is that it leaves us utterly defenseless if a health safety crisis caused by substandard or fake imported medicine is discovered. The bill would remove 16 important provisions in the U.S. law which currently protect American consumers from unsafe, counterfeit and substandard imported medicines.

For example, importation would be required under H.R. 2427 even if the Secretary of Health and Human Services believes it would pose "an additional risk to the public health and safety."

To demonstrate the full nature of this threat, an analogy can be drawn with yet another health crisis that happened recently. Earlier this year, when there were concerns about Mad Cow Disease in cattle from Canada that might make it its way into the United States, the Food and Drug Administration took immediate action to close the border to Canadian beef. Likewise, we need the same kind of protection for counterfeit prescription drugs that may be making their way across the border. Unfortunately, this legislation provides no protection.

The removal of these important safety provisions will lead to an influx of

counterfeit and dangerous medicines into the United States. I believe that our public health and safety officials should have the right to close our borders to counterfeits and to importers who counterfeit prescription drugs. However, once again, H.R. 2427 would strip the ability of the Department of Health and Human Services to suspend reimportation of specific products or from specific importers, even if the agency discovers a pattern of counterfeits.

Existing law already allows for reimportation of prescription drugs when the health and safety of Americans can be ensured.

□ 1815

This bill would change that and allow importation even when health and safety could not be assured.

This legislation says that safety, in essence, does not matter. But I do say that safety matters, and it should matter whether we are talking about the beef we eat or the prescription drugs that we take.

Finally, this legislation poses a safety risk to consumers because it prevents consumers from being able to guarantee the source or effectiveness of their prescription drugs. In fact, in a letter to the gentleman from Louisiana (Mr. TAUZIN), chairman of the Committee on Energy and Commerce, the Commissioner of the Drug Administration, Dr. Mark McClellan stated that this legislation would "create a wide channel for large volumes of unapproved drugs and other products to enter the United States that are potentially injurious to the public health and that pose a threat to the security of our Nation's drug supply."

A real live example of this case is of an Internet-based counterfeit drug provider, *TrustedCanadianPharmacy.com*, that claims to be the most trusted pharmacy in Canada. The site is actually registered in Barbados which, I believe, is an island off Venezuela, not a Canadian province. The products from this site could be imported into America fraudulently, with consumers believing that they were getting reimported drugs through Canada. That is why the Canadian Government has "never stated that it would be responsible for the safety and quality of prescription drugs exported into the United States, or any country, for that matter."

The second set of problems created by this legislation relates to fairness, both to American consumers and to the developers of the new and innovative drugs of tomorrow. If Congress were to pass this legislation, America would be justified in importing the practices of those countries that coerce drug innovators into providing their life-saving products at below market rates. These other countries get these anti-competitive prices for medicine by blackmailing drug innovators with the threat of breaking their patent rights and illegally transferring their intel-

lectual property to a domestic manufacturer if they refuse to concede in providing their drugs at an artificial, nonmarket rate.

As it currently stands, American prescription drug consumers already subsidize the anticompetitive practices of countries with socialized medical schemes, and I believe that is unfair. However, the answer to this problem is not to import the price controls and strong-armed tactics of the European Community. It is to address the issues through trade negotiations and the enforcement of legal mechanisms to protect American manufacturers' intellectual property.

By being unfair to the producers of these innovative medicines, H.R. 2427 also has shortcomings that consumers need from these medicines to live healthy, productive, and pain-free lives. Importing the socialist price controls of other nations will create a disincentive for drug companies to reinvest in new drug research and development, and could set back the search for cures for breast cancer, AIDS, and a number of other deadly diseases for decades by starving the private sector of these funds and the incentives that it needs to conduct this ongoing, time-consuming, and often unprofitable research. In fact, in a letter to House Speaker DENNIS HASTERT, the National AIDS Treatment Advocacy Project noted that "It is foolhardy for Congress to double NIH research and then launch hasty reimportation schemes that will undermine the entire drug development process by opening the floodgates to counterfeits which will destroy the value of intellectual property."

Finally, this legislation raises a number of complicated and troubling legal issues. For example, if a consumer who purchases a tampered or counterfeit medicine gets sick or simply does not get better because they are taking a counterfeit placebo, where do they turn for legal relief? Will they sue the drug manufacturer of the real drug who had nothing to do with the counterfeit product consumed? Will they sue the doctor who prescribed the medicine, thinking that their patient will be using the real or true product? Will they sue the pharmacy that reimported it? How about the hospital or medical complex where the doctor has that practice?

There is no telling how great the overall drain on these productive and helpful industries could be as a result of being in court with these tort claims arising from this faulty reimportation scheme, nor is there any indication of how much this inefficiency will increase the health care and insurance costs of every American.

Mr. Speaker, this legislation would create a congressionally mandated litigation disaster that has the potential to destroy the viability of health care and insurance in America.

I would like to close by listing just a few of the organizations who oppose

this bill: the American Medical Association, the United States Chamber of Commerce, the Hispanic Business Roundtable, the Leukemia and Lymphoma Society, the Society for Women's Health Research, the Seniors Coalition, 50 Plus, the National Alliance for the Mentally Ill, and the National Prostate Center Coalition. These are simply a few of the 200 organizations that have looked at this underlying legislation and wish to make their words known that they do not support the underlying legislation.

Mr. Speaker, I reserve the balance of my time.

Ms. SLAUGHTER. Mr. Speaker, I thank the gentleman from Texas for yielding me the 30 minutes, and I yield myself such time as I may consume.

(Ms. SLAUGHTER asked and was given permission to revise and extend her remarks.)

Ms. SLAUGHTER. Mr. Speaker, after listening to my colleague, I can hardly believe that this is the same bill that passed the House twice. I had no idea that the Canadians were posing such a danger to us. That is really quite frightening. It strikes me, I think probably the danger is that the drug companies think that they may lose some research money; but since a great deal of it comes from the taxpayers of the United States, I do not know why they are so worried.

But anyway, Mr. Speaker, we are here again today with a rule that silences debate and deliberation. Late last night, along party lines, the Committee on Rules passed a closed rule for this bill. The closed rule prohibits anyone from offering amendments, including the gentlewoman from Missouri, who is, in large part, responsible for the consideration of this important legislation. The floor procedure muffles the voices of millions of Americans suffering under the outrageous cost of prescription drugs. And each side, for and against, deserves equal time and equal treatment.

Mr. Speaker, we are fortunate to live in an age when the wonders of science produces medicines that cure illness and improve the quality of life. Yet, the promise of the wonder drug is meaningless if you cannot buy them. The soaring costs of prescription drugs is a cancer on the body politic, threatening public health and our health care system. Prescription drug spending is the fastest growing component of health care spending. This spreading affliction harms everyone: seniors, working families with children, and small businesses that are doing everything they can to provide medical insurance for their employees.

A few years ago as a temporary Band-Aid, I organized a bus load of seniors to travel to Canada to purchase medications at a fraction of the cost charged in American markets. We had far more people interested than we could accommodate on our trip, but those who went saved anywhere from \$100 to \$650 on 3-month supplies of medication.

Right now, 10 million Americans are looking outside of the United States for affordable medicines. My constituents continue to write to me desperately looking for information on how to buy cheaper prescription drugs from Canada.

The U.S. market constitutes half of the worldwide revenue of pharmaceutical corporations. In 2001, for every dollar earned by the top 10 largest drug makers, 60 cents came from the U.S. market. U.S. consumers are routinely charged 20 to 80 percent more for prescription drugs than consumers in other industrialized nations.

If a woman from Niagara Falls fills a prescription at a pharmacy near her home, she could pay 67 percent more than she would if she crossed the Whirlpool Bridge and filled her prescription in Ontario. Tamoxifen is a highly effective, state-of-the-art medicine used in breast cancer therapy. An average prescription costs \$340 in the United States, \$340. In Canada, the same prescription is \$40. Women in the United States should not have to pay 750 percent more for this lifesaving medicine.

People with diabetes and high cholesterol and arthritis and osteoporosis and other chronic illnesses should not be forced to buy needed prescription drugs at inflated prices just so that the pharmaceutical company executives can enjoy gargantuan profits. H.R. 2427 could reduce an average drug price by 35 percent and reduce drug spending by \$635 million over 10 years.

The impact of these drug prices is particularly harsh on older Americans. Seniors disproportionately rely on prescriptions, and many have no drug coverage. It is estimated about one-third of the Medicare beneficiaries have no drug coverage at all, and others have partial coverage. Seniors are forced to pay most or all of their drug costs out-of-pocket.

Due to the ever-increasing costs, many older Americans go without filling prescriptions. Disturbingly, a study found that many seniors with serious health problems reported that they skip doses to make prescriptions last longer. According to a study released just today, African American Medicare beneficiaries age 65 and older are more than twice as likely as white beneficiaries to fail to fill prescriptions merely because of the cost.

The opponents of the legislation have put forth several arguments against drug reimportation. And, after hearing some of these arguments, I feel like I should call my friends and my colleagues across Lake Ontario and warn them about the grave danger posed by the prescriptions in their medicine cabinets.

But the fact is that drugs from Canada are safe. If the U.S. was faced with a medical crisis and a shortage of medicine to deal with it, I assure my colleagues we would not hesitate a second to import the drugs we needed from Canada to save our population.

Opponents claim that drug reimportation will result in a boom of counterfeit drugs. But the vast majority of counterfeit operations have been broken up here in the United States, not Canada, perhaps because the unaffordable cost of drugs in the U.S. creates a market for cheaper and sometimes counterfeit drugs.

Opponents are also saying that lower drug prices will impede research. The U.S. taxpayer already pays for much of the research through the National Institutes of Health, and the pharmaceutical industry remains by far the most profitable sector in the United States' economy. From 1994 to 1998, the after-tax profits averaged 17 percent, compared to 5 percent for all other industries. The high drug prices in the United States enabled pharmaceutical companies to spend more on marketing and administration than on research. And in the year 2000, the pharmaceutical industry spent more than \$15 billion on marketing.

A few years, Schering-Plough spent more money marketing Claritin than Coca Cola spent advertising Coke, and more than Anheuser-Busch promoting Budweiser beer. The pharmaceutical companies have the funds necessary to continue research to discover the next breakthrough treatment, but consumers do not have the funds to buy the medicine at the inflated prices.

Some opponents of drug reimportation question the safety and efficacy of medicines brought into the United States. The underlying bill restricts the exporting countries to other industrial nations like Canada, Australia, New Zealand, and the countries of the European Union. And the United States imports guns, it imports explosives, it imports lethal chemicals and uranium and food and medical devices like pacemakers and heart valves. If we can safely and effectively import these, we can safely import prescription drugs.

The technology to ensure the safety and efficacy of imported medicines exists; we just need to use it. Even the Federal Government shops for pharmaceuticals in foreign markets. When the Federal Government needed additional doses of Anthrax vaccine after our domestic supplies had run out, where do you suppose the Pentagon bought the vaccine? From Canada.

Mr. Speaker, H.R. 2427 is an effective remedy for the crippling cost of prescription drugs and is an immediate treatment that benefits seniors, working families, and small businesses. In the end, the only loser is the inflated profits of the cash-rich pharmaceutical industry. We can and we must do better for the American people. We owe it to them to pass this legislation for the third time.

Mr. Speaker, I reserve the balance of my time.

Mr. SESSIONS. Mr. Speaker, I yield 3 minutes to the gentlewoman from Girardeau, Missouri (Mrs. EMERSON).

□ 1830

Mrs. EMERSON. Mr. Speaker, I want to take this opportunity to thank my colleagues and thank the Speaker of the House for allowing us to have debate on this very, very critical issue.

Mr. Speaker, Americans will spend \$1.8 trillion on prescription drugs over the next 10 years according to the CBO, and over the same period a policy of pharmaceutical market access will save them \$630 billion. Americans pay higher prices for prescription drugs than any other nation in the world. Our tax dollars heavily subsidize research and development. But prices for the same pills right across the border, Mr. Speaker, are a fraction of those here at home. Pharmaceutical market access means a great deal on the bottom line of the drug companies. But it means much more to the bottom line of America's senior citizens.

Because of the enormous costs of prescription drugs, some of America's senior citizens are forced to cut their pills in half, some must alternate months of taking their medication, and even more must choose between food and medicine, people like my mother-in-law who live on fixed incomes, but she is lucky because she has me and our family to help her. But what about the others, Mr. Speaker, what about the seniors living in my district in Missouri, the ninth poorest district in the United States of America, who do they have to help them?

The answer, well, the answer is right here in this room. They are counting on us today, my colleagues. We can end the bus trips to Canada. We can stop the pill cutting. We can alleviate the budget-busting burdens on American seniors. We can do it, and we can do it safely. The only question is, will we?

I was raised, Mr. Speaker, to put people before politics. As a Member of this House, I have a mandate from my constituents. I was not sent here by drug companies, and I will not stand by and see American seniors take a back seat to the pharmaceutical industry.

In this place, Mr. Speaker, our credibility is our currency, and our credibility is on the line tonight.

Ms. SLAUGHTER. Mr. Speaker, I yield 3 minutes to the gentleman from Massachusetts (Mr. MCGOVERN).

Mr. MCGOVERN. Mr. Speaker, I thank the gentlewoman for yielding me time.

Mr. Speaker, first it is important to acknowledge what everybody knows. We are not here on the House floor today because the Republican leadership has seen the light on the high cost of prescription drugs, and we are not here discussing drug reimportation because the Republican leadership suddenly thinks it is a good idea. We are here because during the vote on Medicare a few Members of the majority stood up and stood their ground and demanded a vote on it.

Now, it has been widely reported, Mr. Speaker, that during the discussions that led to today's debate, the Repub-

lican leadership promised that they would not lobby against the reimportation bill. That lasted about 5 minutes. They have even bragged about their reference in the press. As the majority leader said the other day, "We are trying as hard as we can to defeat it."

Now, apparently, the Republican leadership, and the majority leader in particular, has gotten bored with breaking the promises they made to seniors and to students and to middle-income workers and to Democrats and Independents, and now they are breaking their promises to their own Members. I hope that they fail in their attempts to defeat this bill, because our seniors, gouged by the high cost of prescription drugs, are looking for affordable alternatives. They are our mothers and our fathers and our grandmothers and our grandfathers and our neighbors. Too many of them living on a fixed income simply cannot afford to pay thousands of dollars for their medicines. Something must be done. And while I believe the only long-term answer is a true prescription drug benefit under Medicare, a benefit that allows the Secretary of HHS to negotiate for lower prices for prescription drugs, the Gutknecht bill is a good step.

There has been a lot of rhetoric about safety. Let us set the record straight. First, prescription drugs will not be reimported from Mexico or other developing countries. Instead, under the Gutknecht bill, Americans can buy FDA-approved drugs produced at FDA-approved facilities in other industrialized nations.

Second, the same technology used by the U.S. Treasury Department to prevent illegal counterfeiting of American currency is being used by the drug industry in Europe to prevent illegal counterfeiting of prescription drugs. It is clear to me that the real motivation behind the massive lobbying campaign we have seen is not safety. The motivation is money. The pharmaceutical companies do not want anything to affect their profits.

What they do not tell you is that the prices set by these companies are artificially high, 30 to 300 percent more than in other countries with the same medicine.

Now, I am not against businesses succeeding, and I am not against companies doing well; but those profits should not be made unfairly, on the backs of our most vulnerable senior citizens.

Thousands of my constituents, desperate for affordable medicine, are way ahead of our Congress on this issue. Several times a year they travel by bus to Canada to get the drugs they need at low costs they can afford.

Mr. Speaker, I am disappointed that this rule only allows for 1 hour of debate. But then again, this is an important issue. And this body, thanks to the Republican majority and the Committee on Rules, has become a place where we debate trivial issues passionately and important issues hardly at all.

I urge my colleagues to vote for the Gutknecht bill.

Mr. SESSIONS. Mr. Speaker, I yield 2 minutes to the gentleman from Surf Side, Texas (Mr. PAUL).

(Mr. PAUL asked and was given permission to revise and extend his remarks.)

Mr. PAUL. Mr. Speaker, I thank the gentleman for yielding me time.

Mr. Speaker, I rise in support of the rule, but I also strongly support the bill itself, H.R. 2427. And I would like to advise other Members here that I approach all legislation the same way. I look at it through two prisms. One, I look to see if it promotes freedom, and the other I look to see if it conforms to the Constitution.

Every piece of legislation I look at it in this manner. Now, the sad part is I do not get to vote for many bills. They come up short on quite a few occasions. So I want to thank the gentleman from Minnesota (Mr. GUTKNECHT) and the gentlewoman from Missouri (Mrs. EMERSON) for giving us a bill tonight that I can vote for enthusiastically. I finally found one, and I thank them very much.

But in looking at the particular bill, one of the specific reasons why I oppose it, is I came to Congress opposing all welfare. Some people oppose welfare for the poor, but they support welfare for the rich. Others support welfare for the rich, but not for the poor; and some people support both kinds of welfare. I do not support any kind of welfare. This bill is needed to stop the indirect welfare through regulation for the rich and the pharmaceutical corporations. This is corporate welfare. That is one of the strong reasons why I am opposed to that.

I also believe in freedom of choice. People have the right to make their own choices. We do not need to promote the nanny state. People are wise enough and cautious enough to make their own choices. Today we had two votes on free trade legislation. They were promoting international trade agreements, but done in the name of free trade. Why do we have free trade legislation, so-called? To lower tariffs, to lower prices to the consumer. But those very same people who worked so hard on free trade legislation are saying now we cannot allow the American people the option of buying drugs from other countries and saving money.

I urge all my colleagues to support H.R. 2427.

Mr. Speaker, I am pleased to be an original cosponsor of H.R. 2427, the Pharmaceutical Market Access Act, because I believe it is an important bill that will benefit all Americans. As my colleagues are aware, many Americans are concerned about the high cost of prescription drugs. These high prices particularly affect senior citizens who have a greater than average need for prescription drugs and a lower than average income. Of course, some of these seniors may soon have at least part of their prescription drug costs covered by Medicare.

However, the fact that Medicare, that is already on shaky financial ground, will soon be

subsidizing prescription drug costs makes it more important than ever that Congress address the issue of prescription drug costs. Of course, Congress's actions should respect our constitutional limits and not further expand the role of government in the health care market.

Fortunately, there are a number of market-oriented policies Congress can adopt to lower the prices of prescription drugs. This is because the main reason prescription drug prices are high is government policies, that give a few powerful companies monopoly power. For example, policies restricting the importation of quality pharmaceuticals enable pharmaceutical companies to charge above-market prices for their products. Therefore, all members of Congress who are serious about lowering prescription drug prices should support H.R. 2427.

Opponents of this bill have waged a hysterical campaign to convince members that this amendment will result in consumers purchasing unsafe products. Acceptance of this argument not only requires ignoring H.R. 2427's numerous provisions ensuring the safety of imported drugs, it also requires assuming that consumers will buy cheap pharmaceuticals without taking any efforts to ensure that they are buying quality products. The experience of my constituents who are currently traveling to foreign countries to purchase prescription drugs shows that consumers are quite capable of purchasing safe products without interference from Big "Mother."

Furthermore, if the supporters of the status quo were truly concerned about promoting health, instead of protecting the special privileges of powerful companies, they would be more concerned with reforming the current policies that endanger health by artificially raising the cost of prescription drugs. Oftentimes, lower income Americans will take less of a prescription medicine than necessary to save money. Some even forgo other necessities, including food, in order to afford their medications. By reducing the prices of pharmaceuticals, H.R. 2427 will help ensure that no child has to take less than the recommended dosage of a prescription medicine and that no American has to choose between medication and food.

Other opponents of this bill have charged that creating a free market in pharmaceuticals will impose Canadian style price controls on prescription drugs. This is nonsense. Nothing in H.R. 2427 gives the government any additional power to determine pharmaceutical prices. H.R. 2427 simply lowers trade barriers, thus taking a step toward ensuring that Americans pay a true market price for prescription drugs. This market price will likely be lower than the current price because current government policies raise the price of prescription drugs above what it would be in the market.

Today, Americans enjoy access to many imported goods which are subject to price controls, and even receive government subsidies, in their countries of origin. Interestingly, some people support liberalized trade with Communist China, which is hardly a free economy, while opposing H.R. 2427! American policy has always been based on the principle that our economy is strengthened by free trade even when our trading partners engage in such market distorting policies as price controls and industrial subsidies. There is no good reason why pharmaceuticals should be an exception to the rule.

Finally, Mr. Speaker, I wish to express my disappointment with the numerous D.C.-based "free-market" organizations that are opposing this bill. Anyone following this debate could be excused for thinking they have entered into a Twilight Zone episode where "libertarian" policy wonks argue that the Federal Government must protect citizens from purchasing the pharmaceuticals of their choice, endorse protectionism, and argue that the Federal Government has a moral duty to fashion policies designed to protect the pharmaceutical companies' profit margins. I do not wish to speculate on the motivation behind this deviation from free-market principles among groups that normally uphold the principles of liberty. However, I do hope the vehemence with which these organizations are attacking this bill is motivated by sincere, if misguided, principle, and not by the large donations these organizations have received from the pharmaceutical industry. If the latter is the case, then these groups have discredited themselves by suggesting that their free-market principles can be compromised when it serves the interests of their corporate donors.

In conclusion, Mr. Speaker, I once again urge my colleagues to show that they are serious about lowering the prices of prescription drugs and that they trust the people to do what is in their best interests by supporting H.R. 2427, the Pharmaceutical Market Access Act.

Ms. SLAUGHTER. Mr. Speaker, I yield 2 minutes to the gentleman from Oregon (Mr. DEFAZIO).

Mr. DEFAZIO. Mr. Speaker, if you are defending the indefensible, that U.S.-manufactured, FDA-approved drugs are available at half the price or less in Canada, well, then change the subject. Say it is about safety. PhRMA has spent tens of millions of dollars advertising how it is about safety.

Which capsule has been tampered with? Well, actually the answer in Canada is neither. Not a single one has been found in the last decade in Canada of a USA-manufactured, FDA-approved drug that has been tampered with. However, what is really at risk here and the real danger is the danger to their profits.

Look at the difference in price. Which one of these capsules is the one that is 50 percent cheaper? Guess what? They are identical, but this capsule took a short vacation to Canada and the price dropped in half.

That is what we are defending against here on the floor. This is not about safety. You want to talk about safety for my seniors. I am a gerontologist, and I have sat with seniors who cried because they could not afford the prescription drugs they needed, couples who decided which one would get the prescription month in month out. Go talk to your pharmacist. Go talk to your seniors. Ask them how they divide the drugs and the dosages in half, not to save money but because they cannot afford to take a full dosage. That is what is killing seniors. It is killing them today.

Now you want to create this mythical threat of adulteration. So the manufacturers, the drug manufactur-

ers, the most wealthy, profitable industry on Earth cannot afford to invest in tamper-proof packaging?

I guess it is beyond their capabilities. Come on. Let us get real. Let us talk about what it is really about. It is about profit. The profit center for the drug industry is in the United States because other countries have negotiated the price down on behalf of their citizens, and we were getting gouged to pay for it.

The research is not going to go away. That is the last thing that is going to go away. They only make money on the patented drugs. They will maybe cut the CEOs salaries and maybe the \$6 billion a year in direct advertising before they cut the research. We will still get the research. We will get the new drugs, and we will have healthier seniors if we pass this legislation.

Mr. SESSIONS. Mr. Speaker, I yield 2 minutes to the gentleman from Pennsylvania (Mr. TOOMEY), one of the brightest young Members of Congress that we have.

Mr. TOOMEY. Mr. Speaker, I thank the gentleman for yielding me time.

Let me start by saying, I do not mind when pharmaceutical companies make profits. In fact, I want them to make profits because it is evidence that they are providing a product that people value and people need. I am also one of the most vehemently opposed, amongst all Members of Congress, there is nobody more vehemently opposed to price controls than me. And I have nothing but criticism for countries overseas that fix their prices and intentionally set artificially low prices on drugs or anything else for that matter.

The main reason that I support this rule and I support this bill is because this is the only way I can think of that we can begin the process of tearing down the artificial prices around the rest of the world that are forcing Americans to subsidize drug consumption all over the world. This is what we need to do in order to get to more normal market prices everywhere in the world.

If we pass this legislation and American consumers start to go to other countries and buy drugs at those artificially low levels, pharmaceutical companies will have no choice but to confront those countries and threaten to either withdraw from those countries entirely or have those governments raise their prices to normal market levels. That is what they will do.

Now, if a foreign country refuses the deal and says, go ahead and leave and we will make a knock-off product ourselves, then we have to use every vehicle available to us to enforce the intellectual property rights that are inherent in our patents laws and prevent them from going in every multilateral and bilateral forum that we have. That is an obligation that we have.

Now, I wish I could wave a wand and make these price controls go away so that everyone in the world is paying their fair share of the cost of prescription drugs, but I cannot do that. And as

the world-famous and brilliant economist Art Laffer said, and he supports this bill, by the way, he made the point that trade barriers have never made a problem better.

Well, that is the case here today as well. The status quo is unacceptable. We need to take whatever measures we can to start to dismantle this very artificial construction of prices that are extremely unfair and unequal all around the world. I think this bill is the best chance to do that. I urge my colleagues to support the rule and support the underlying bill.

Ms. SLAUGHTER. Mr. Speaker, I yield 2 minutes to the gentleman from Ohio (Mr. BROWN).

Mr. BROWN of Ohio. Mr. Speaker, I thank the gentlewoman from New York (Ms. SLAUGHTER) for yielding me time.

Mr. Speaker, in 11 years here I have never seen anything like this. The drug industry and its allies have spent the past few weeks unloading a lobbying blitzkrieg on Members of Congress. They have run disingenuous ads likening America's closest allies to rogue states. They have targeted individual House Members, accusing them of putting their constituents' lives at risk. They have manufactured claims that importation would encourage abortion.

These are the actions of a lobby that knows it loses on the merits and desperately wants to change the subject.

Nothing new here.

For years the drug industry has been spending a lot of time and a lot of money trying to change the subject. During the past decade, the drug industry spent a half billion dollars to tell public officials and the American people what they should believe and how they should think. They have spent \$100 million to assist President Bush and the Republican leaders in this House.

These are the actions of a lobby that wants desperately to talk about anything but its unsupportable and unjustifiable prices.

If this were a sincere, serious debate about the public's interest in securing safe, affordable medicine, opponents of this bill would not just be complaining about safety, they would be suggesting ways to help importation address their concerns. In an honest debate, Mr. Speaker, opponents would not just be lambasting importation; they would be suggesting alternative strategies for bringing prices down. They have done none of that with their heavy-handed lobbying.

□ 1845

It is not about protecting consumers. It is about protecting the drug industry. It is just the latest tool in a drug industry lobbying effort that knows no bounds.

Mr. SESSIONS. Mr. Speaker, I yield 2 minutes to the gentleman from Nebraska (Mr. BEREUTER).

(Mr. BEREUTER asked and was given permission to revise and extend his remarks.)

Mr. BEREUTER. Mr. Speaker, many people will talk about the substance of the bill. I want to talk about what is really at stake here tonight and what is really at stake is the integrity of the legislative process.

The gentleman from Ohio just talked about the spending program that has gone on here by the pharmaceutical industry. We are all knee-deep in Washington, D.C., with money being spent on this issue. Extraordinary numbers of groups have been brought to bear on this issue, massive spending, nothing like it that I have ever seen since I have been here.

When I went to my town hall meetings, I saw my name, my picture, informing me by the Senior Coalition exactly why counterfeit drugs were so potentially lethal and such a big loss to the protection of consumers. It was funded by the Senior Coalition. Ask AARP how much money from the pharmaceutical industry comes to the Senior Coalition.

What is at stake here, I would say, is whether or not this is the people's House, whether or not we have integrity in this House to do what is right for our constituents.

Four of my colleagues actually have a Dear Colleague out which says, "The Canadian-European socialistic price controls already dictate drug prices in the United States because drug-makers and policy-makers are willing to pander to price control systems overseas. We enable protectionism and fixed high prices at home," and that is exactly right. What we have is massive cost-shifting on drug costs in this world, and it is all coming on the back of the American consumer. Every developed country on Earth has price controls. We do not.

Of course, research and development is important, but it is being paid for primarily by American consumers, and its costs ought to be spread across the world to at least a reasonable degree.

I think it will be interesting to compare what the pharmaceutical industry spends on advertising and what it spends on inducing health professionals to prescribe their particular drugs. Compare that with what they are spending on R&D, it would be very interesting for constituents to see that.

My constituents understand what is happening there. I think we need to protect the integrity of the House. Vote for the Gutknecht bill. It is the best thing we have, and we ought to proceed with it.

Mr. Speaker, as an original cosponsor, this Member wishes to add his strong support for the Pharmaceutical Market Access Act of 2003 (H.R. 2427). This legislation would provide American consumers with access to markets where they can obtain more affordable prescription drugs.

This Member would like to commend the distinguished gentleman from Minnesota (Mr. GUTKNECHT) for sponsoring H.R. 2427 and for his personal interest in providing Americans with access to world class drugs at world market prices. This Member would also like to

commend the gentlewoman from Missouri (Mrs. EMERSON) for her persistence on this issue and her work to ensure that this measure was debated on the House Floor.

Mr. Speaker, this Member recognizes that American consumers pay the highest prices in the world for prescription drugs. Canadian and European senior citizens frequently pay half or less of the amount U.S. seniors pay for the same drugs. The same drugs are often even less expensive in Mexico. This anomaly has led some Americans to travel outside of the U.S., particularly to Canada, to purchase prescription drugs.

This Member has concluded that drug companies charge Americans what they believe the market will bear and that high pricing probably is abetted by the fact that effectively under current law, only the drug companies themselves can import or reimport prescription drugs into the U.S. In fact, all or nearly all developed countries have imposed price controls on drugs. Thus, there is huge international cost-shifting; pharmaceutical companies are charging what the market will bear in America. American consumers are being forced to subsidize the dramatically lower prices paid by consumers elsewhere.

Mr. Speaker, the Pharmaceutical Market Access Act provides a solution to this problem. This legislation would provide individuals, pharmacists, and wholesalers in America with access to FDA-approved drugs from FDA-approved facilities in industrialized nations abroad. Those countries are limited to: the European Union, Australia, Canada, Iceland, Israel, Japan, Lichtenstein, New Zealand, Norway, Switzerland, and South Africa.

The pharmaceutical industry has spent millions of dollars trying to defeat the concept of market access. The industry claims that H.R. 2427 would undermine the safety of the U.S. drug supply and place American consumers at risk. This is simply hogwash! There have been no reported deaths from Americans taking imported pharmaceuticals.

Mr. Speaker, if prescription drugs are not affordable, they are not accessible. American consumers cannot afford to continue to pay excessive prices for prescription drugs so that Canadians, Europeans, and individuals of other countries can pay significantly lower prices for their pharmaceuticals. American citizens should not continue to be held captive from the global marketplace.

In closing, this member urges his colleagues to support H.R. 2427.

Ms. SLAUGHTER. Mr. Speaker, I yield 2 minutes to the gentleman from Vermont (Mr. SANDERS).

Mr. SANDERS. Mr. Speaker, I thank the gentlewoman for yielding me the time.

Mr. Speaker, as the first Member of the Congress to take constituents across the Canadian border in order to purchase safe and affordable medicine, I have been involved in the issue of reimportation for many years; and the reason for that is, I will never forget the look on the faces of Vermont women who went with me across the border, who were struggling with breast cancer, and they were able to purchase in Canada Tamoxifen, the widely prescribed breast cancer drug, for one-tenth the price that they were paying in the United States, women

fighting for their lives, same product, same company, one-tenth the price.

Mr. Speaker, let us be clear about what this debate is all about. Those of us who are sick and tired of seeing Americans being forced to pay by far the highest prices in the world for prescription drugs are taking on the most powerful lobby in the country. In the last several years, they have spent hundreds of millions of dollars to keep their profits the highest of any industry and to make Americans pay the highest prices in the world. If people are on Capitol Hill today, they will see a swarm of hundreds of paid lobbyists trying to defeat this legislation.

Mr. Speaker, let us be clear that the pharmaceutical industry lies and lies and lies again. Whether it is telling Americans that this issue has something to do with abortion, it is a lie. Whether it is telling advocates for low-income people that a two-tier prescription drug system will be set up, it is a lie, and the safety issue is a lie. They are going to bring out their charts of rat-infested laboratories where medicine is made. It is a lie.

Today, Mr. Speaker, we eat food, pork bellies and beef that come from Canada, vegetables that come from Latin America, food products that come from China. We can safely import FDA-safety-approved products, and that is what we have got to do.

Mr. SESSIONS. Mr. Speaker, I yield 1 minute to the gentlewoman from Kentucky (Mrs. NORTHUP).

Mrs. NORTHUP. Mr. Speaker, there is not one Member of Congress who would ever jeopardize the safety of their constituents. We all agree, no matter what the costs of prescription drugs are, safety is the first, most important thing, but the wildly exaggerated claims that this bill would jeopardize safety is typical of the type of rhetoric we have heard from pharmaceutical companies.

The truth is, the Americans know the truth. Over one million Americans get their drugs right now from Canada and places around the world. They reimport. We see articles like the one on the front page of my paper that talks about how to get drugs from the Internet or from overseas, and the truth is, we know that our friends, our families, none of them have been harmed by this.

Why is that? Because developed countries around the world share all the same production facilities, all the same license distribution facilities, all the same licensed pharmacies so that our drugs are as safe as any in the other developed countries.

This may be the wrong rule. It is the toughest bill. It is the latest hour, but I have faith that Congress will do the right thing and pass this rule and this bill tonight.

Ms. SLAUGHTER. Mr. Speaker, may I inquire how much time is remaining on both sides?

The SPEAKER pro tempore (Mr. OSE). The gentlewoman from New York

(Ms. SLAUGHTER) has 13 minutes remaining. The gentleman from Texas (Mr. SESSIONS) has 7½ minutes remaining.

Ms. SLAUGHTER. Mr. Speaker, I yield 1 minute to the gentleman from New Jersey (Mr. PALLONE).

Mr. PALLONE. Mr. Speaker, I am from New Jersey, and a lot of the pharmaceutical companies are based in my District. But I have to tell my colleagues, when I talk to my constituents, when I have my town meetings, do my colleagues know what they say to me? They say, Congressman PALLONE, we know the drug companies are never going to let the Republicans pass a decent prescription drug benefit. The only hope for us is if you pass this drug reimportation bill because that is the only way we are going to get low-priced drugs now at this time.

They do not believe any of the stories about the problems with safety. Many of them are already getting their drugs from Canada, and they know exactly what the previous speaker said on the Republican side, which is these are FDA-approved facilities, these are FDA-approved drugs. We are already importing them in some fashion to the tune of about \$15 million a year from overseas. So there is no reason in the world why we cannot pass this bill.

Do not believe anybody when they talk about the safety. That is something that the pharmaceutical industry is telling my colleagues and sending over the airwaves in the same way that they are opposed to a decent prescription drug benefit. And they are opposed to any mechanism that would bring down the price. It is just a price. It is nothing more. Pass this bill and give the people a chance.

Mr. SESSIONS. Mr. Speaker, I yield 2 minutes to the gentleman from Minnesota (Mr. GUTKNECHT), who is the author of this legislation.

Mr. GUTKNECHT. Mr. Speaker, I thank the gentleman for yielding me the time, and I rise in reluctant support of this bill.

This is the people's House. This is an historic night. Tonight we will decide whether we represent the people or whether we represent the big pharmaceutical companies. This is an important vote, and I am proud of the discussion we have heard here tonight. It is Republicans, it is Democrats, it is Independents.

This is not an issue of right versus left. This is an issue of right versus wrong, and we have an opportunity tonight to right that wrong, and the wrong is all around us and we see it.

Look at the numbers. I am just a guy with a chart. I do not have a big PAC. I do not have 600 lobbyists, but I have got charts and I have got facts, and John Adams said it best, Facts are stubborn things, and look at the facts.

Look what Americans pay for these drugs. Look what my father has to pay for coumadin in the United States, almost \$90. The same drug can be bought in Germany for \$21. Look at

glucophage, \$5 in Germany, \$29.95 here in the United States.

The worst one is this one, Tamoxifen. This is a lifesaver for women with breast cancer. It sells in the United States for \$360. This same drug made in the same plant under the same FDA approval sells in Germany for \$60. That is unacceptable, and those who defend the system by saying safety, let them explain how it is that this industrialized Nation can import hundreds of thousands of tons of food every week. We import 40 percent of our orange juice. We will import 318,000 tons of plantains, but somehow we cannot import prescription drugs.

My bill makes it even safer because we require tamper-proof, counterfeit-proof packaging. Frankly, we should not even have to require that. If I ran a pharmaceutical company, we would put that out there right now. Do my colleagues know how much this package will cost in an additional cost to pharmaceuticals? Less than a nickel to make certain that our drug system is even safer.

I support this rule. I support this debate. We ought to pass this bill tonight by an overwhelming majority.

I thank my colleagues and may God bless America.

Ms. SLAUGHTER. Mr. Speaker, I yield 1½ minutes to the gentleman from Maine (Mr. ALLEN).

Mr. ALLEN. Mr. Speaker, I thank the gentlewoman for yielding me the time.

I congratulate the gentleman from Minnesota (Mr. GUTKNECHT) and the gentlewoman from Missouri (Mrs. EMERSON) and so many on the Democratic side who have worked so hard on this issue.

Seniors in Maine have come to rely on Canada to get their low-cost medicines, and this reimportation bill will make it easier for Americans to take advantage of lower prices that other Nations negotiate on behalf of their citizens.

We really should, of course, fix the problem here with a true Medicare prescription drug benefit and giving the Secretary of Health and Human Services the power to negotiate lower prices. I would remind my colleagues that the Medicare prescription drug bills that we have passed in both the House and the Senate actually prohibit the Secretary from negotiating lower prices.

The cold, hard truth is that PhRMA, the pharmaceutical industry, has had a stranglehold on this Congress, 675 registered lobbyists in this town, \$150 million for a lobbying budget this year. This is a concentration of economic and political power that undermines our democratic traditions. Until we break that power, seniors will continue to pay the highest prices in the world.

We have an historic opportunity today to give seniors a chance to escape from the anxiety and the frustration that they face every day due to the high cost of their prescription

drugs. We can give them hope and we can make this once again not PhRMA's House, but the people's House.

Support this rule, support this legislation.

Mr. SESSIONS. Mr. Speaker, I would like to let the minority know that I have two additional speakers, but I would like for them to feel free to run down their time and then just before the gentlewoman from New York closes, we will have one speaker for 1 minute and then we will close; and if we could proceed under that agreement.

Ms. SLAUGHTER. That is fine, Mr. Speaker. We would be happy to do that.

Mr. Speaker, I yield 1 minute to the gentleman from Maryland (Mr. WYNN).

(Mr. WYNN asked and was given permission to revise and extend his remarks.)

Mr. WYNN. Mr. Speaker, seniors in America are crying out for help. Heart patients in need of blood thinner, coumadin, are having to pay \$64 in America but only \$24 if they can get it from Canada. Diabetics have to pay \$124 in America but only pay \$26 if they could get it from Canada. We ought to give them some help and cut out the lip service.

The arguments we hear from opponents is always safety-safety-safety. That is absolutely false. It is the worst kind of scare tactic. There is overwhelming consensus reflected in editorials in the Washington Post, the New York Times, there are no safety concerns.

My colleagues have stood before us and talked about antitampering, anticounterfeiting technology. We have the methodology to prevent the safety concerns, the safety problems that are being discussed.

What we need this evening is the will to do the right thing to really help seniors. We hear a lot about what we want to do, what we ought to do, what we could do. It is time to quit talking. It is time to do. We need to pass this bill.

Let me say this in conclusion: Whenever we see Democrats and Republicans walking down the aisle hand and in hand, it is something called bipartisanship. It also means we have got a good bill.

Let us pass the Gutknecht bill.

□ 1900

Ms. SLAUGHTER. Mr. Speaker, I yield 1½ minutes to the gentleman from Michigan (Mr. DINGELL).

(Mr. DINGELL asked and was given permission to revise and extend his remarks.)

Mr. DINGELL. Mr. Speaker, we have before us a bad rule on a bad bill. This is a bill which is going to come up simply because somebody wanted a vote, and it is also a bill which is going to put our senior citizens and everybody else at risk.

Some of my colleagues think that prices are going to be lower. They are not. What in fact is going to happen is that the country is going to be flooded

with unsafe pharmaceuticals, counterfeits, over-aged pharmaceuticals, pharmaceuticals that do not preserve and protect the safety of our senior citizens. That is what the House is doing. There were no hearings, there was no opportunity for the committee to consider this legislation; and as a result, we are at risk of passing legislation that is liable to hurt our senior citizens and other Americans.

Let me tell my colleagues what the AMA says. These are doctors: "We believe that H.R. 2427 would be so dangerous to patients' safety that we must oppose it. This legislation would eliminate most of the important safety restrictions on reimportation to pharmaceuticals in current law and replace them with a system of unverifiable and unsafe provisions."

The American Osteopathic Association says, "H.R. 2427, while increasing the possible number of drugs reimported into the United States, does nothing to ensure the safety and efficiency of these drugs. There is no bargain to be found for our patients who purchase drugs that are ineffective or contaminated."

The Food and Drug Administration says this: "H.R. 2427 would authorize the importation of prescription drugs from foreign sources without adequate assurance that such products are safe and effective. H.R. 2427 creates a wide channel of large volumes of unapproved drugs and other products to enter the United States that are potentially injurious to the public health and pose a threat to the security of our Nation's drug supply."

That is what my colleagues are doing here today. They are not making cheaper drugs available; they are putting our citizens at risk.

Ms. SLAUGHTER. Mr. Speaker, I yield 2 minutes to the gentleman from New Jersey (Mr. MENENDEZ).

Mr. MENENDEZ. Mr. Speaker, I thank the gentlewoman for yielding me this time, and I rise in strong opposition to this restrictive rule and to the bill.

I can respect and agree with the intentions of the bill's sponsors in wanting our seniors to have access to more life-saving, life-enhancing prescription drugs; but this bill could actually endanger the health and safety of millions of seniors. And I think the worst tactic, and I have heard what some of the worst tactics supposedly are, is to suggest that there are no safety issues here whatsoever. Under this legislation, the Food and Drug Administration would no longer be able to adequately ensure the safety of our Nation's drug supply because of the dramatic influx of foreign pharmaceuticals flooding our market from countries with drug regulatory policies inferior to ours.

This bill would authorize the importation of prescription drugs not from Canada but 25 different countries, including some which have rampant drug counterfeit problems and substandard

drug safety enforcement measures. By creating an expansive inlet for counterfeit drugs and other second-rate pharmaceuticals to enter our borders, this bill poses a clear and considerable threat to the security and safety of our Nation's drug supply.

Now, the reason we will have so many Republicans come down here and argue in favor of this bill is because they want seniors to be diverted from the real issue. Instead of debating this bill, we should be considering the real issue of providing a guaranteed universal Medicare drug benefit for our seniors so that they have access to affordable and safe medicine.

Mr. Speaker, bring a real Medicare drug benefit to this floor where prices will be forced down because of the purchasing power of 40 million seniors so that they will not have to worry about the affordability or the safety of their medications. That is why this bill should be opposed. That is why we should get to a real prescription drug benefit under Medicare, universally guaranteed. And that is why many, including the Secretary of Health and Human Services, say that this bill should be defeated.

Ms. SLAUGHTER. Mr. Speaker, I am pleased to yield 1 minute to the gentleman from Ohio (Mr. KUCINICH).

Mr. KUCINICH. Mr. Speaker, this is about safety, who will safely protect the profits of the drug companies. The pharmaceutical industry wants to maintain the world's highest prices in America by telling consumers imported pharmaceuticals are unsafe, even though the drug companies import drugs as a normal business practice. They sold \$15 billion in imported drugs in 2001. They save money buying from overseas. They do not want the captive customers in America to save money.

The Gutknecht bill is the pill which will cure the drug companies of their greed. It will also signal a moment in this House when the power of government of the people, by the people, and for the people rises to its glory.

Ms. SLAUGHTER. Mr. Speaker, may I inquire of the time, please.

The SPEAKER pro tempore (Mr. LAHOOD). The gentlewoman from New York has 5 minutes remaining.

Ms. SLAUGHTER. Mr. Speaker, I yield 2 minutes to the gentleman from Illinois (Mr. EMANUEL).

Mr. EMANUEL. People from around the world, Mr. Speaker, come to America for first-class medical care, but Americans need to travel around the world for affordable medications. Between 2000 and 2003, seniors' expenditures on prescription drugs increased by 44 percent.

The legislation we are debating today is about inserting competition into drug pricing to ensure that Americans no longer have to pay a 25 to 40 percent premium over the prices paid in other countries. For too long, price gouging of our seniors has gone on, subsidizing the discounts the French, Germans, and Italians enjoy.

We are about to embark on the largest expansion of an entitlement in over 40 years, spending \$400 billion of taxpayer money. We owe it to our taxpayers to ensure that they are getting the best price, not the most expensive price.

And to the issue of safety, I would like to address two points. One, I spoke to Donna Shalala, the former Secretary of HHS, on Friday. She never said that you could not do this. She said you could ensure the safety if you put the resources behind the FDA. And a lot of folks wants to build a mythology around what she said.

Second, in 2001, we imported \$14.8 billion of medications. Lipitor is manufactured in Ireland, and it is on the shelves here in the United States. So to those who spout this myth about safety, we better take Lipitor off the shelves.

Let me also say one thing. When people say something is not about money, well, it is about money. I understand how this system works. There is a pharmaceutical lobbyist and a half for every Member of Congress. They have spent \$100 million in contributions, entertainment, and lobbying expenses all focused on this body. Meanwhile, our seniors are being overcharged by approximately \$100 billion.

The question before us tonight is, are we going to put more priority on the \$100 million focused on us or the \$100 billion our constituents are overcharged?

Now, I know we all came here for a set of values and a set of ideas. We ran on those values and those ideas. Whether we believe in competition, protecting taxpayers, or affordable prices for our seniors, let us ensure tonight that the people we represent have a voice, not the special interests.

Ms. SLAUGHTER. Mr. Speaker, I am pleased to yield 2 minutes to the gentleman from Massachusetts (Mr. TIERNEY).

(Mr. TIERNEY asked and was given permission to revise and extend his remarks.)

Mr. TIERNEY. Mr. Speaker, I thank the gentlewoman from New York for yielding me this time.

Mr. Speaker, this issue of safety is nothing more than a red herring, and to the American people it is another example of big corporate interest and big government joining together against the interest of the American people.

Tonight we are going to learn who here in this body represents PhRMA and who here represent the interests of the American people. We will find out who here refuse to be swayed by the prescription drug companies who have tried everything, from 650 lobbyists to millions of dollars in campaign contributions, to false and misleading advertisements, to company letters threatening they will do no more research, and to threats to their employees that they have to write us letters because they are afraid they will lose their jobs.

Greed, fear, lies, and ignorance are their weapons and their tools. But tonight we are going to find out that those supporting this bill can defeat it with the truth, with the facts, with common sense, and with an abiding commitment to serving those people who sent them here to represent them and an abiding commitment to fulfill their responsibilities to this institution.

This is about hope. This is about renewal. This is about hope that the American people can finally overcome a large corporate interest and an overwhelming government that too often does not listen to them. And this is about the renewal of this institution, of people standing up for the integrity of this institution and for the American voice.

Mr. SESSIONS. Mr. Speaker, I yield 1 minute to the gentleman from Morristown, New Jersey (Mr. FRELINGHUYSEN).

(Mr. FRELINGHUYSEN asked and was given permission to revise and extend his remarks.)

Mr. FRELINGHUYSEN. Mr. Speaker, I rise to associate myself with the remarks of the dean of the House, the gentleman from Michigan (Mr. DINGELL), and rise in strong opposition to the Gutknecht bill, which would basically legalize the dangerous practice of reimportation of undocumented medicines from foreign countries into the United States. The American people, especially senior citizens, need to know that this provision could threaten their health and safety.

Earlier this month, the Committee on Energy and Commerce released a bipartisan report on the safety and efficacy of drugs imported into the United States. This report should be a must-read for all Members of this House as it raises serious questions about reimportation, and describes "a system overwhelmed with an avalanche of imported counterfeit unapproved drugs into the United States." Yet tonight, the House is giving serious consideration to a bill that would allow American pharmacists and wholesalers to import prescription drugs from Canada and other foreign countries and resell them for a lower price here in the United States with absolutely no regulation.

There is no doubt that Congress must and will act to help older Americans cover the cost of expensive prescription medicines, but this amendment is not the right prescription.

Mr. SESSIONS. Mr. Speaker, I would like to inquire and confirm that I have 4½ minutes remaining.

The SPEAKER pro tempore. That is correct.

Mr. SESSIONS. Mr. Speaker, I have one other speaker for about 4 minutes, and then I will consume the last 30 seconds. So I will let the gentlewoman decide if she would like to finish and then we will close.

MOTION TO ADJOURN.

Ms. SLAUGHTER. Mr. Speaker, I move that the House do now adjourn.

The SPEAKER pro tempore. The question is on the motion to adjourn offered by the gentlewoman from New York (Ms. SLAUGHTER).

The question was taken; and the Speaker pro tempore announced that the noes appeared to have it.

Ms. SLAUGHTER. Mr. Speaker, I object to the vote on the ground that a quorum is not present and make the point of order that a quorum is not present.

The SPEAKER pro tempore. Evidently a quorum is not present.

The Sergeant at Arms will notify absent Members.

The vote was taken by electronic device, and there were—yeas 41, nays 370, answered "present" 1, not voting 22, as follows:

[Roll No. 438]

YEAS—41

Berry	Filner	Pelosi
Brown, Corrine	Grijalva	Radanovich
Capuano	Hastings (FL)	Rangel
Carson (IN)	Jones (OH)	Sanchez, Loretta
Clay	Kanjorski	Sandlin
Clyburn	Larson (CT)	Schakowsky
Davis (TN)	McGovern	Taylor (MS)
DeFazio	McIntyre	Thompson (CA)
DeGette	McNulty	Thompson (MS)
Delahunt	Miller (NC)	Towns
DeLauro	Miller, George	Velazquez
Emanuel	Murtha	Waters
Evans	Olver	Woolsey
Farr	Pallone	

NAYS—370

Abercrombie	Calvert	Emerson
Ackerman	Camp	Engel
Aderholt	Cantor	English
Akin	Capito	Etheridge
Alexander	Capps	Everett
Allen	Cardin	Fattah
Andrews	Cardoza	Feeney
Baca	Carson (OK)	Ferguson
Bachus	Carter	Flake
Baker	Case	Fletcher
Baldwin	Castle	Foley
Ballance	Chabot	Forbes
Ballenger	Chocola	Ford
Barrett (SC)	Coble	Frank (MA)
Bartlett (MD)	Cole	Franks (AZ)
Barton (TX)	Collins	Frelinghuysen
Bass	Cooper	Frost
Beauprez	Costello	Gallegly
Becerra	Cox	Garrett (NJ)
Bell	Cramer	Gerlach
Bereuter	Crane	Gibbons
Berkley	Crenshaw	Gilchrest
Berman	Crowley	Gillmor
Biggett	Cubin	Gingrey
Bilirakis	Culberson	Gonzalez
Bishop (GA)	Cummings	Goode
Bishop (NY)	Cunningham	Goodlatte
Blackburn	Davis (AL)	Gordon
Blumenauer	Davis (CA)	Goss
Blunt	Davis (FL)	Granger
Boehlert	Davis (IL)	Graves
Boehner	Davis, Jo Ann	Green (TX)
Bonilla	Davis, Tom	Green (WI)
Bonner	Deal (GA)	Greenwood
Bono	DeLay	Gutierrez
Boozman	DeMint	Gutknecht
Boswell	Deutsch	Hall
Boucher	Diaz-Balart, L.	Harman
Boyd	Diaz-Balart, M.	Harris
Bradley (NH)	Dicks	Hart
Brady (PA)	Dingell	Hastings (WA)
Brady (TX)	Doggett	Hayes
Brown (OH)	Dooley (CA)	Hayworth
Brown (SC)	Doolittle	Hefley
Brown-Waite,	Doyle	Hensarling
Ginny	Dreier	Herger
Burgess	Duncan	Hill
Burns	Dunn	Hinchee
Burton (IN)	Edwards	Hobson
Buyer	Ehlers	Hoeffel