

minute and to revise and extend his remarks.)

Mr. GUEST. Mr. Speaker, on December 13 through December 15, First Baptist Church of Jackson will present Carols by Candlelight, a much-loved Christmas music tradition in Mississippi that shares the good news of the birth of our Savior, Jesus Christ, through a magnificent Christmas concert.

This year, Carols by Candlelight celebrates its 50th anniversary, with more than 325 choir members, 60 orchestra members, and hundreds of volunteers. They will present five live performances for more than 16,000 people while many more will watch online.

Mr. Speaker, I congratulate First Baptist Jackson on achieving this special milestone.

May God bless this 50th anniversary performance of Carols by Candlelight.

"Soli Deo Gloria." To God alone be the glory.

FAIR PRICES, BETTER CURES

The SPEAKER pro tempore (Mr. BEYER). Under the Speaker's announced policy of January 3, 2019, the gentleman from Nebraska (Mr. FORTENBERRY) is recognized for 60 minutes as the designee of the minority leader.

Mr. FORTENBERRY. Mr. Speaker, I went to the doctor recently for a common ailment, and he prescribed an antibiotic.

I said, Well, Doc, let's check the price on that before we go any further. He said, Oh, don't worry about it. It is commonly used throughout the world. It is about \$6.

Well, guess what? It was \$6 dollars in the year 2011; and now the list price is about \$430.

Now, I have insurance provided by the House of Representatives, which I am thankful for, but even with that, it is still close to \$200. And then you have to start searching for a coupon to try to bring it down a little bit more.

So why does an antibiotic, that just a few years ago cost \$6 now cost over \$400 if someone has to pay cash?

Why? Why?

This is one of the premier questions before this body. And we debated this today in a prescription drug bill, and it was a robust debate and a good debate. And as I said earlier, I commend my Democrat colleagues for raising the issue and putting something on the table.

There were substantive policy disagreements with that bill. There is a realistic fear that if that bill became law, which the President said he will not sign, that we would undermine America's leading role in inventing lifesaving drugs. But there are real considerations as to how to contain costs.

□ 1545

We should be focused on negotiations and government programs.

I also commended my Republican colleagues for having an alternative

answer by coalescing all the bipartisan solutions that are innovative, that have come from both sides, and putting it together in one package that presented an alternative. But that didn't pass, either.

So we are stuck. We are right back to where we are.

But I only tell my own personal story not because this is about me. That is a simple issue, the little problem that I had. Many other Americans are suffering grievously from this ever-escalating, skyrocketing prescription drug problem.

Let's just take, for instance, the case of insulin. About 30 million Americans suffer from diabetes and need insulin.

I want to show you something here. Here is an important chart, Mr. Speaker. It starts down here in the year 2011. Basically, this is a chart that shows the price of insulin in 2001, about \$35, and here we are today, approaching \$300.

So, what is happening? That is about a 1,000 percent increase. Is insulin pretty much the same drug? Yes, there have been some modifications and improvements. There have been. Justifying a 1,000 percent increase? No, absolutely not.

What is going on here? The price of insulin has gone up dramatically, and there has to be a reason for it. Big pharmaceutical companies and middle management, responding to bad government policy, have created a huge mess in this healthcare space.

Not just this problem with insulin, but the average annual cost of a brand name drug has more than tripled in the past decade. Families with diabetic children, seniors on Medicare, and others face prohibitively high costs for these lifesaving drugs, and they deserve better.

I want to show you something else right quick, if I could. This is a chart of the last 5 years. Going back to the issue of insulin again, 30 million or so Americans need this drug.

This is a difference between what is called the average net price and the average list price. We have about \$400 here 5 years ago. Now, we are up to almost \$600.

But look at this net price. What does that mean? Well, the net price is the price, basically, that the manufacturer is getting. The middle sector here, the marketing sector here, is getting a much higher price.

So what is a solution? We didn't come up with a good solution today in debate on the House floor. So what is a real solution? Well, because we can't seem to solve the overall problem with one large piece of legislation, why don't we start with something very small? But it is not small to people affected by diabetes.

Why don't we just take this particular drug and allow the manufacturer to sell it directly to the patient? Again, we have an average price of about \$600 and a net price of \$135. That huge cost savings that could be at-

tained by a person in need by simply being able to pay this price is what I am talking about here.

I have dropped a piece of legislation, and I am really hopeful that it rallies Republicans and Democrats away from the big construct that we can't necessarily agree on, but we should continue to work toward, which involves major structural change. Why don't we do something that is very, very specific to one group of Americans that is suffering from exorbitantly high prices?

Basically, now, under this one-line bill, manufacturers would be allowed to sell insulin directly to a patient. It is just one line.

I am from Nebraska. Many people write to me and ask: Why does legislation have to be so complicated? Why don't you make it a single page? I have made this a single line, one line.

What we do when we do this is we begin to cut out these layers upon layers of management and bureaucracy that have driven the price upward, while being fair to the manufacturer and without undermining America's system of innovation that leads the world in producing lifesaving drugs.

Nonetheless, we have added this problem, or this middle management, if you will, to the way in which we dispense drug prices. That is part of the problem of why they have gone up so fast, especially around drugs like this. Again, not necessarily a brand-new formula. No extraordinary innovation has happened over the last number of decades, some changes, some modifications and improvements, but no way to justify these price increases.

I think this would be a good idea that actually could unite us, to get us away from the large philosophical differences when we discuss how we move forward, ensuring that we both find fair prices and better cures without undermining the good, innovative, leading industry in the United States, but an industry that has a real problem, that really ought to be rallying around solutions that I am suggesting here.

That is just one idea, but I am hopeful it is a start because this idea actually pulls a thread. It is specific enough to affect tens of millions of Americans. It would be so beneficial to lower costs, yet without infringing upon the dynamics of a good market system that we have.

I think this is an answer. Perhaps, this could be a good start.

Besides this one-line solution, Mr. Speaker, another obvious solution here should be the acceleration of generic drugs. Drug companies, however, have a long history of slow-walking generic drug approval through legal maneuvers, anticompetitive prices, and patent extensions.

I have been given a unique responsibility in helping to lead the House Appropriations Subcommittee on Agriculture, Rural Development, Food and Drug Administration, and Related Agencies, which has oversight responsibility for the Food and Drug Administration. Through our focused efforts,

the FDA is reforming the generic approval process.

Cracking down harder on pharmaceutical companies that are exploiting loopholes to modify patents for not-so-unique drugs is one way to grow generics. Currently, even a small modification in a drug can be enough to get it approved by the Patent and Trademark Office.

In 2018, an analysis found that patent protection for 70 percent of the 100 best-selling drugs was extended at least once. This is a significant cost driver.

According to the FDA, the Food and Drug Administration, when generic competition exists, prices are often 80 percent to 85 percent less than brand-name drugs. With 90 percent of generic prescriptions available for less than \$20 for patients with insurance, that translates into very real savings for families across this country.

The Government Accounting Office says that generics can save the United States healthcare system—get this—well over \$1 trillion in a 10-year window.

We could spend another hour speaking about the financial difficulties that we are having. We have a good, strong, growing economy. Many people are finally, thankfully, finding access to meaningful work, and there is an appropriate upward pressure on wages in this country.

But what erodes that? The escalating cost of healthcare. For people who are in need of lifesaving drugs, this is fundamentally unfair.

Again, our efforts at trying to move generics faster to market, identify abuse, and stop it can result in savings like this. This is huge. This is good public policy, and we are working on it.

Another important piece of legislation allows the pharmacist to tell a patient about therapeutically equivalent but less costly drugs as an alternative method that is less expensive. For a small number of lifesaving but rarely used what we call orphaned drugs, we also need to prevent single corporations from exploiting a small market niche of desperate patients who sometimes find themselves in a life-or-death struggle.

Further, Mr. Speaker, I would suggest this: Getting at another root cost driver of prescription drugs, we need to change how we procure drugs in large public programs. Our government, through Medicare, Medicaid, TRICARE, and other programs, is the largest purchaser of prescription drugs in the world. The Department of Health and Human Services, however, is prohibited by law from negotiating with manufacturers what it pays, but not the Department of Veterans Affairs, by the way.

There is broad bipartisan consensus in Congress, as well as with the White House, that this policy needs to change. We should be negotiating. I should note that was part of the earlier bill submitted to the floor—again, substantive policy disagreements that

could potentially undermine America's leading role.

But that aspect of this in the Democratic bill that was submitted is an important public policy initiative. Again, I commend my colleagues in that regard.

Mr. Speaker, a prescription drug should do two simple things. It should cure disease, but at a fair price. And as we have seen today, there were two very large bills debated, but unfortunately, in this political environment, one is a Democratic bill, and one is a Republican bill, and no consensus exists.

But after the smoke clears, I hope that reasonable people will make way and will make a pathway for the right solutions and not political anger.

This system is sick. Our people deserve better cures at fairer prices.

Mr. Speaker, I yield back the balance of my time.

AND STILL I RISE

The SPEAKER pro tempore. Under the Speaker's announced policy of January 3, 2019, the gentleman from Texas (Mr. GREEN) is recognized for 60 minutes as the designee of the majority leader.

Mr. GREEN of Texas. Mr. Speaker, and still I rise, with love of country at heart and my mnemonic notes in hand.

I rise today, Mr. Speaker, remembering something from my childhood. My grandfather was a minister, and he reminded the grandchildren that there is no one so blind as he who chooses not to see. 20/20 vision, but the person who chooses not to see is the blindest of all. No one is so blind as those who choose not to see.

I bring this to the attention of those who are listening for a specific reason. I cannot impose understanding. I cannot cause people to say that they understand that which they already understand but choose not to acknowledge.

What I can do is this: I can encourage us to open our eyes and see what is happening to our country, the country that I assume we all love. I encourage us to see what is happening to public discourse, to pay attention to things that are happening in the public arena that are greatly different than the things we have been acclimated to.

Mr. Speaker, I don't believe that we should have, in our public discourse, the Chief Executive Officer saying things that we don't want our children to repeat. The Chief Executive Officer is to be a leader in many ways.

We tell our children: One day you can grow up and be the Chief Executive Officer. You can be the head of state. And we want people to look up to the Chief Executive Officer, to the head of state.

□ 1600

I don't think most of us would have our children go to a public rally and engage in some of the discourse that we have seen, some of the scatology,

the profanity that seems to become a part of this discourse and is almost commonplace now from the Chief Executive Officer.

My dear friends, there is something happening to us. While it may not occur all in 1 day, over a period of time, it can become commonplace.

Have you not noticed how on the various talk shows people are using a level of discourse that we would find unacceptable, that I find unacceptable, that was not commonplace some years ago, not so very long ago? I am hearing more profanity being used.

I am not a perfect servant. I am a public servant. I am not a perfect person. I don't claim to be perfect. But I can say to you that I want to live in a country where children are proud to grow up and say they want to be like that person who happens to be the Chief Executive Officer.

At some point, something has to say to us that something is going on here that is unacceptable. When you weaponize hate so that you can have an advantage, there is something wrong. We ought not weaponize hate and bigotry to gain an advantage. We ought not try to, with intentionality, create ashes on the dreams of others, turn them into ashes so that we can fulfill some desire. We ought not, with intentionality, say things that we know are not true that can be harmful to others.

I am not a perfect servant, but I see something happening to my country, and I beg that we open our eyes and look at this for what it is. The level of hate is increasing. The level of harm being done to people by others that they don't know who will traverse great distances just to hurt them because they happen to be of a certain ancestry, who go into a certain neighborhood to hurt people because they happen to be of a certain religion, we are seeing more of this level of hate.

I say to you that we must open our eyes and see what is happening to our country. There is a desire to believe that this is just something that we can laugh at, that it is just amusing. This discourse that we see when the Chief Executive Officer has throngs of people around him making light of things that at one time we would not tolerate.

There is something wrong when you start to tolerate this. Those who tolerate hate perpetuate hate. We are going to be a part of the reason why this continues to grow, to propagate, to infect our society.

We can do something about this. We should not allow this level of discourse to continue.

By the way, the something that we can do about it is not allow it to be something that we accept. We don't have to do anything more, for some of us, than change the channel. Maybe that will send a message, when they don't get good ratings. Or don't attend events where these kinds of things are taking place. We don't have to make this something that is acceptable to any one of us.