

taxes on our veterans in the form of higher pharmaceutical costs, while pushing for more tax breaks for the superwealthy and our Nation's most profitable corporations.

What about a prescription drug benefit for Medicare, an issue they are finally getting around to after ramming through over \$2 trillion in tax breaks over the next 10 years for their campaign sugar daddies? Their plan would put Medicare on the road to privatization, and leaves a \$3,600 gaping hole in coverage between the initial benefit limits that people would qualify for and the kick-in of a stop-loss protection at \$4,500 in out-of-pocket spending.

Their plan is so defective it is no surprise that even some leading Republican experts are skeptical that it would work. Is it any surprise that the pharmaceutical industry, whose inflated prices are the root cause of the problem, has endorsed the bill and actually is hugging it, as I watched them walk across the streets of Washington?

Republicans are fond of the phrase "Leave no child behind," even though the education bill they sent to this floor through the budget is \$2 billion under last year's spending. Then how are we going to leave no child behind?

But what about America's seniors? How many of them are going to be left behind? Every day how many of our veterans are being left behind? That is what Republican policies do, they will leave the American people behind the eight ball for generations to come.

America needs to put Social Security first. Our mothers, fathers, grandmothers, grandfathers who built this great country and put their lives on the line for it, they should not have to worry. We ought to take care of the problem here. We owe it to them.

We need to repair the broken lock on the Social Security lockbox that was not supposed to be invaded, but it has been invaded seven times now. We need to provide prescription drug coverage for our seniors. We need to create good jobs for our people here at home, and not give tax breaks for them to invest offshore. We need to start creating wealth and good-paying jobs in this country again.

We need the Republican Party to get its priorities straight for a change.

PRESCRIPTION DRUG BENEFITS AND COSTS

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

Mr. KINGSTON. Mr. Speaker, I wanted to address the House tonight on the question of prescription drug benefits and prescription drug costs for our seniors. I have worked very closely on this issue, and while the Committee on Ways and Means and the Committee on Energy and Commerce are busy marking up prescription drug benefits for our seniors, which incidentally would

include a no-cost benefit to people under a certain income bracket, there are other things that we should be doing to help lower the cost of prescription drugs.

So I applaud the committee for their work on it, but with the number in mind of \$1.8 trillion, which is what the Congressional Budget Office estimates seniors will be paying for prescription drugs over the next 10 years, we realize the size of the task in front of us, so we cannot just say, let us do a prescription drug benefit and be done with it. There are other things we should do.

One of the things, Mr. Speaker, we should allow is drug reimportation. Drug reimportation is very important, because while we can buy clothes, food, cars, and, in fact, we can buy practically anything from our neighbor north of the border from us in Canada, the FDA does not allow American citizens to buy their drugs over there. Even though they are FDA-approved, the same dosage, the same bottle, the same brand, the same prescription, we cannot drive from Detroit over to Windsor and buy our drugs, according to the FDA.

Now, that is too bad, because there are a lot of seniors who already are doing this and saving thousands of dollars a year, which is an important and significant savings for anybody, but particularly for people on a fixed income.

I have a constituent who actually is buying Lipitor from another country. The prescription of Lipitor in Texas is about \$90, but if she buys it over the border, it is \$29. The gentleman from Wisconsin (Mr. GUTKNECHT) has submitted for the RECORD time and time again a list of the costs of drugs for America versus Europe and America versus Canada. We need to allow seniors to buy their drugs from any country they want if they are FDA-approved drugs, and we should let their pharmacists do it locally, on a wholesale basis.

The second thing we should do, Mr. Speaker, is look at the patent issue. Drugs right now get a 17-year patent. I ask Members, is that long enough, or is that too short?

One of my concerns is we pay for a lot of the basic research as American taxpayers. We pay to the National Institutes of Health and other government research agencies, and then we allow the pharmaceutical companies to get a big research and development write-off on their taxes, so we do subsidize drug research.

That being the case, should we allow a 17-year patent on drugs? When the patent on Prozac went off last August, the price of Prozac fell 70 percent. We have to ask ourselves, this government-sanctioned monopoly, is this a good idea? I bring up the question, Mr. Speaker. I do not know the answer to it, but I think we should look at it.

Thirdly, we should look at drug approval time. The FDA right now takes 3 to 8 years to approve a new drug. We

need to narrow that window. We need to put safety first, but if we can get the drug to market faster in a safe way, we need to do it.

Finally, Mr. Speaker, there is a study from the University of Minnesota, which the gentleman may be familiar with, which actually says as much as 40 percent of the prescription drugs that are taken are either unnecessary or are taken incorrectly. We need to help people take the prescription drugs in a safe and in a correct manner, because the cost, if we can imagine 40 percent of the drugs being used incorrectly, that is a tremendous amount of savings and a huge health hazard.

So these are some of the things we should continue to do along with the prescription drug benefit, which the Republican Party is offering next week on the House floor.

I want to say these things, Mr. Speaker. I appreciate the time and the work the gentleman from Minnesota (Mr. KENNEDY) has put into this himself, and look forward to following this process down. As my mother would say to me, it is the cost, stupid. Bring down the cost of my prescription drugs. We need to do it now.

THE PROBLEM SENIOR CITIZENS FACE AFFORDING PRESCRIPTION MEDICINE

The SPEAKER pro tempore. Under the Speaker's announced policy of January 3, 2001, the gentleman from Texas (Mr. TURNER) is recognized for 60 minutes as the designee of the minority leader.

Mr. TURNER. Mr. Speaker, during this special order hour, the Members of the Democratic side of the aisle are going to talk about an issue that we feel very strongly about, and that is the problem that senior citizens are having today affording their prescription medicines.

We just heard a few remarks a moment ago from the gentleman from Georgia (Mr. KINGSTON) talking about this problem, and yet the real heart of the problem lies in the fact that this Congress, and particularly those on the Republican side of the aisle, have refused to really deal with this problem of providing adequate prescription drugs for our seniors.

In fact, next week we are going to have a Republican plan presented on the floor of this House. Now, we do not know yet, since we are the party in the minority, whether the Republican majority will allow us to present our alternative plan or not. It may be very difficult for them to allow us to do so, because our plan is so attractive to America's seniors.

But we are here this afternoon because we believe it is important for the American people and our senior citizens to understand the differences in what the two parties are proposing to do to help our seniors afford their prescription medications.

Ever since I have been in Congress, I have received hundreds of letters from