

weeks, almost 5 months, for “medically necessary” treatments and procedures.

Britain’s National Health Service data reveals that almost 25 percent of cancer patients don’t start treatment on time, despite urgent referrals from their primary care doctors. Britain’s politicians whitewash this deadly statistic by claiming treatment is “on time,” if it is given within 62 days of referral—2 months of referral.

Such long wait periods for cancer treatment can be, and are, deadly. For example, 81 percent of British breast cancer patients live 5 years after diagnosis compared to 89 percent for American breast cancer patients. Stated differently, 8 of every 100 breast cancer patients who live in America would die in Britain’s socialized medicine system.

Americans with prostate cancer have a 97 percent 5-year survival rate. In Britain, it drops to 83 percent. Stated differently, 14 of every 100 prostate cancer patients who live in America would die in Britain’s socialized medicine system.

It is irresponsible and dangerous for America to copy socialized medicine, yet that is exactly what socialist Democrats want us to do.

The House soon votes on a socialist drug cost plan that gives the government control over drug pricing while suppressing the invention of lifesaving drugs. For example, the Congressional Budget Office warns this legislation results in 15 fewer drugs in the next 10 years. That is 15 drugs that help Americans live longer or more comfortably, gone, because of socialist Democrat wishful thinking.

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Mr. Speaker, socialized medicine is not the answer. Government price controls are not the answer.

The answer is more free enterprise competition that forces healthcare providers and drug companies to provide their best products at their lowest prices or go out of business.

I urge the American people to not fall prey to socialists who promise taxpayer-funded government healthcare.

I urge my colleagues to vote against this socialist drug pricing scheme.

Most importantly, I urge America to be wary of propaganda that claims socialized medicine lowers healthcare costs or saves lives. Socialized medicine does neither.

Remember that promise that ObamaCare will cut your health insurance premiums by \$2,500 per year? That was false propaganda.

Remember the promise that, under ObamaCare you can keep your doctor and health insurance plans if you want them? That was more false propaganda.

America, do your homework. Don’t fall for the lies again. Demand solutions that both lower costs and save lives.

Why? Because your very life is at risk.

THE TIME TO ACT IS NOW

The SPEAKER pro tempore. The Chair recognizes the gentlewoman from Florida (Ms. MUCARSEL-POWELL) for 5 minutes.

Ms. MUCARSEL-POWELL. Mr. Speaker, the number one concern that I continue to hear from my constituents is the high cost of healthcare, especially the skyrocketing prices of prescription drugs.

From Kendall to Key West, I have heard stories of patients that are forced to choose between putting food on the table or paying for lifesaving drugs. Meanwhile, Big Pharma continues to collect hundreds of billions of dollars in profits each year.

This cannot continue. We must pass H.R. 3, the Elijah E. Cummings Lower Drug Costs Now Act of 2019, which will save Floridians thousands in drug costs each year.

This bill would cut Medicare spending by over \$400 billion, and reinvest these savings to combat the opioid epidemic, fund research for new groundbreaking cures; it would expand Medicare benefits, and it would also be used to strengthen community health centers.

As the past Dean of the Medical School at Florida International University, I have worked directly with these centers and I have seen firsthand the impact that they have had on our community.

In my district, Community Health of South Florida, or CHI, plays a crucial role in providing care to the uninsured and underinsured.

In 2018 alone, CHI provided care for over 82,000 patients, including primary care services, behavioral health, OB/GYN procedures, and free HIV screenings.

These health centers serve everyone in the community, regardless of their ability to pay. They expand quality, affordable healthcare for everyone.

The time to act is now. We have to pass H.R. 3 to lower prescription drug prices and strengthen the healthcare centers that thousands in my district depend on for care.

LOWER PRESCRIPTION DRUG PRICES NOW

The SPEAKER pro tempore. The Chair recognizes the gentleman from Pennsylvania (Mr. MEUSER) for 5 minutes.

Mr. MEUSER. Mr. Speaker, every day I hear from my constituents in Pennsylvania’s Ninth Congressional District about the skyrocketing costs of prescription drugs. Families should not have to dedicate such a high percentage of their disposable income on prescription drugs, and families should certainly not be forced to choose between buying medication or putting food on their table.

Over 70 percent of Americans think that lowering prescription drugs prices should be a top priority for Congress.

Delivering for the American people will require a bipartisan approach with proposals that can actually pass the House and the Senate and be signed into law.

Unfortunately, Speaker PELOSI’s prescription drug pricing proposal, H.R. 3, was crafted without any Republican input and will be dead on arrival in the Senate.

A key component of H.R. 3 involves the Federal Government mandating pricing for prescription drugs. While supporters of H.R. 3 describe this as “voluntary negotiation,” manufacturers who decline to participate in the process are taxed up to 95 percent of the medicine’s gross sales. That is 95 percent of the gross sales price.

This is not a negotiation. This is a heavyhanded government at its worst. It is ridiculous. It is take this price or else. It is, figuratively and literally, a poison pill provision to this bill.

Government, command central price setting is not only un-American, it is ineffective. When we look at countries with heavyhanded approaches to price controls, we find they have significantly less access to lifesaving medications and treatments.

Of the 270 new medicines available in the United States, only 41 percent are available in Australia; 52 percent in Canada; 53 percent in France; 67 percent in Germany; 48 percent in Japan; 64 percent in the United Kingdom.

Imagine, in our country, a lifesaving drug being available in another country but not available here. We can’t imagine that.

Fortunately, House Republicans have found a solution to lowering prescription drug prices without sacrificing American innovation or harming access to lifesaving medications.

H.R. 19, the Lower Costs, More Cures Act, is a package of over 40 bipartisan provisions to lower out-of-pocket spending, strengthen transparency, and spur competition.

H.R. 19 protects seniors by placing an annual cap on out-of-pocket drug costs and establishing a “smoothing” mechanism to allow them to distribute their prescription drug spending throughout the year. Rather than heavyhanded government overreach, H.R. 19 stimulates free market forces to spur innovation and lower costs by streamlining FDA approval pipelines, increasing availability of over-the-counter products, and prohibiting anticompetitive practices that prevent access to generics.

H.R. 19 makes insulin more affordable—so important—by capping the costs at \$50 a month after a Medicare beneficiary has met their deductible. Under H.R. 19, doctors would know what a patient will have to pay for a drug, allowing them to prescribe medication that addresses the patient’s needs and fits their budget.

Again, every single provision in H.R. 19 is bipartisan and could actually become law. President Trump has made it abundantly clear that lowering prescription drug prices is a top priority,