

Healthcare economics are unique, a fact that many here do not realize. Price controls do not work in healthcare. There is evidence to show that, in countries that implement price controls, only a fraction of medicines that come to market are actually available.

I should know. I have worked across the globe. I have worked in places where I have tried to prescribe medications that I thought were best for patients, only to have government prevent me from doing so.

In Australia, for example, only 36 percent of new drugs released between 2011 and 2018 were available. Canada and the United Kingdom hardly fared better with 46 and 59 percent.

The American public does not deserve to be shortchanged.

In my 30 years as a practicing surgeon, I have seen new drugs and treatments become available that 20, 10, and even 5 years ago patients could have only dreamed of. But curative therapies do not occur overnight. They occur by innovative and dedicated scientists who continue to be on the cutting edge of research and development.

Yet it takes financial risks to develop these drugs. At present, less than 1 in 100 drugs that are being discovered actually ever come to market.

H.R. 3 will gut companies with a 95 percent tax if they do not succumb to the government's strong-arm negotiation.

As a urologist, I can personally attest to the leaps and bounds that have been made in drugs that treat advanced prostate cancer. In just the last 5 years, more progress has been made in metastatic prostate cancer than in the preceding 70 years. I can now talk to patients about outliving their cancers rather than succumbing to them.

We can control drug costs. H.R. 19, the Lower Costs, More Cures Act, is a much better path. We should cut the billions spent on direct-to-consumer advertising or the billions spent on pharmacy benefit managers. We need a surgical approach to cure this disease, not a heavy-handed hatchet job by an overreaching government.

H.R. 19 leads to decreased costs while, at the same time, providing a pathway for the cures that so many patients desperately seek.

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Mr. SCOTT of Virginia. Mr. Chairman, I yield myself such time as I may consume.

I will point out that the question of availability of drugs in the United States came up at a hearing we had on this legislation. It was pointed out that the target negotiated price will be approximately 120 percent of the international average. That is a lot better than the two, three, five, as much as 60 times higher Americans are paying for the same drugs here than in other countries.

At that price, at 120 percent, that will be the highest price, and we will be

the biggest market. They certainly won't take a drug away from the biggest market paying the highest price, so we don't have to worry about availability.

I reserve the balance of my time.

Ms. FOXX of North Carolina. Mr. Chairman, I yield myself such time as I may consume.

Mr. Chairman, House Democrats have once again decided to pursue politics over progress and advance a radical drug pricing scheme that will eliminate choice and competition, and jeopardize innovation, investment, and access to future cures, putting breakthrough treatments for diseases like Alzheimer's, cancer, sickle-cell, and others at risk.

As many as 100 lifesaving drugs—and that needs to be repeated, Mr. Chairman, as many as 100 lifesaving drugs—could be kept from Americans desperately in need because of Speaker PELOSI's socialist drug-pricing scheme. This is unacceptable.

We shouldn't be pursuing policies that will harm the health and well-being of American patients, and we shouldn't destroy a system that allows the U.S. to lead the world in new cures and treatments.

Bottom line, this radical legislation offers fewer cures, and American families will suffer because of it.

I strongly urge my colleagues to vote "no" on this seriously flawed bill, and I yield back the balance of my time.

Mr. SCOTT of Virginia. Mr. Chair, I yield myself the balance of my time.

Mr. Chair, last year, Congress made a promise to lower skyrocketing drug costs and strengthen our healthcare system for Americans. H.R. 3, the Elijah E. Cummings Lower Drug Costs Now Act, delivers on that promise. The legislation not only lowers the costs of prescription drugs for taxpayers and those enrolled in Medicare, but it also lowers the costs for workers, businesses, and families.

It improves the quality of healthcare by expanding Medicare benefits to include vision, dental, and hearing benefits, and it limits the out-of-pocket copays and deductibles to \$2,000.

It strengthens public health by investing in community health centers, and it provides historic funding for evidence-based student trauma services and the Child Abuse Prevention and Treatment Act. Both of these initiatives will help support children who have suffered abuse or trauma related to substance use disorder and the opioid crisis.

The Elijah E. Cummings Lower Drug Costs Now Act is a long-overdue step to improve healthcare and the lives of Americans across the country, both today and for decades to come.

Again, I thank Chairman PALLONE, Chairman NEAL, Speaker PELOSI, and other Democratic leaders for bringing this legislation to the floor, and I urge all of my colleagues to support this priority for the American people.

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

The Acting CHAIR. The time of the Committee on Education and Labor has expired.

Mr. SCOTT of Virginia. Mr. Chairman, I move that the Committee do now rise.

The motion was agreed to.

Accordingly, the Committee rose; and the Speaker pro tempore (Mrs. HAYES) having assumed the chair, Mr. LEVIN of California, Acting Chair of the Committee of the Whole House on the state of the Union, reported that that Committee, having had under consideration the bill (H.R. 3) to establish a fair price negotiation program, protect the Medicare program from excessive price increases, and establish an out-of-pocket maximum for Medicare part D enrollees, and for other purposes, had come to no resolution thereon.

--- HOUR OF MEETING ON TOMORROW

Mr. SCOTT of Virginia. Madam Speaker, I ask unanimous consent that when the House adjourns today, it adjourn to meet at 9 a.m. tomorrow.

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

There was no objection.

--- PRESCRIPTION DRUG POLITICS OVER PROGRESS

The SPEAKER pro tempore. Under the Speaker's announced policy of January 3, 2019, the gentleman from Georgia (Mr. CARTER) is recognized for the remainder of the time until 10 p.m. as the designee of the minority leader.

--- GENERAL LEAVE

Mr. CARTER of Georgia. Madam Speaker, I ask unanimous consent that all Members have 5 legislative days in which to revise and extend their remarks and include extraneous material on the topic of this Special Order.

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

There was no objection.

Mr. CARTER of Georgia. Madam Speaker, I am thankful to have this opportunity tonight.

Obviously, the subject matter that we have been discussing here, prescription drug prices, is something that is very important to all Americans, and I am very happy that we are finally getting around to this.

Madam Speaker, as a practicing pharmacist for most of my career, I take the issue of drug pricing very personally. In fact, it is one of the primary reasons that I wanted to come to Congress, to do something about it.

I had the honor and privilege of practicing pharmacy for over 30 years. I was the one at the front counter who had to tell the patient how much the medication was.

I was the one who witnessed the mother in tears because she couldn't afford the medication for her child.

I was the one who witnessed the senior citizens trying to make decisions