

ENACT THE DIABETES RESEARCH  
WORKING GROUP REPORT

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Washington (Mr. NETHERCUTT) is recognized for 5 minutes.

Mr. NETHERCUTT. Mr. Speaker, 2 months ago the Diabetes Research Working Group released its report entitled "Conquering Diabetes: A Strategic Plan for the 21st Century." This document was a result of over a year of effort on the part of 12 scientific experts and four representatives from the lay diabetes community. Support was provided by dozens of other individuals both from within the National Institutes of Health and from outside the NIH.

The Working Group was established by Congress as part of the Fiscal Year 1998 Appropriations Act and based on legislation I introduced in the last session of Congress. It requested that NIH establish the Group to develop a comprehensive plan for NIH-funded diabetes research.

Dr. Ronald Kahn is an outstanding physician and scientist. He was selected the chairman of the group. He has spent literally thousands of hours meeting and talking with countless individuals to establish a consensus on the direction of diabetes research. The report has exceeded all expectations. It clearly details the magnitude of the disease both on the individual and on our society.

On an individual level, diabetes affects virtually every tissue of the body with severe damage. Since 1980, the age-adjusted death rate due to diabetes has increased by 30 percent, while the death rate has fallen for other common diseases, such as cardiovascular disease and stroke.

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Diabetes affects about 16 million Americans, with 800,000 new cases diagnosed each year. The societal impact is likewise staggering. One in four Medicare dollars are spent to treat people with diabetes. And over one in 10 health care dollars spent are spent for diabetes. In economic terms, the cost to society is over \$105 billion each year.

The report identifies five areas of extraordinary research opportunities for making progress in understanding and treating and ultimately preventing and curing diabetes. These five areas are the genetics of diabetes and its complications; autoimmunity and the beta cell; cell signaling and cell regulation; obesity; and clinical trials and research. Within each area, specific research recommendations are made, and in all areas rapid advancements are anticipated.

Finally, "Conquering Diabetes," the name of this report, presents an analysis of current spending and estimates, program-by-program, of the cost of implementing each opportunity. Current spending, the group reports, is far short of what is required to make progress on

this complex and difficult problem. They calculate that an increase of \$384 million in fiscal year 2000, rising to \$1.166 billion in fiscal year 2004 is, quote, required to have a robust and effective diabetes research effort, one which will reduce the rising burden created by this debilitating disease.

The release of the report has generated extraordinary interest among the scientific community, Mr. Speaker. Some argue that advances in research must be present to generate an increased NIH portfolio, while others argue that the presence of research dollars will generate advances as in the case of AIDS. By either standard, the time to establish a national commitment to diabetes research is now.

Mr. Speaker, Congress must seize upon the momentum in diabetes research and fully enact the Diabetes Research Working Group Report recommendations. It will take a commitment of \$827 million in the next fiscal year. The scientific community has united to develop a concrete plan and now it is up to the Congress to unite to make this plan a reality.

I must conclude, Mr. Speaker, by saying that this is a very important initiative for our country. I know it is going to be a difficult year economically for the appropriations subcommittee that has to deal with this issue, but I must say it is in the Nation's best interest, it is in the interest of scientific research and the diabetic and all the complications that come from diabetes that the Congress step up and say \$827 million is the number. I urge my colleagues to support this initiative in the House.

PROPOSED LEGISLATION SEEKS  
TO DEAL WITH HIGH COST OF  
PRESCRIPTION DRUGS TO NA-  
TION'S SENIORS

The SPEAKER pro tempore (Mr. PEASE). Under the Speaker's announced policy of January 6, 1999, the gentleman from Maine (Mr. ALLEN) is recognized for 60 minutes as the designee of the minority leader.

Mr. ALLEN. Mr. Speaker, I want to talk tonight about prescription drugs, about the high cost they represent to many seniors across this country, and about legislation that I have introduced in the House that will solve a good part, or allow substantial discounts on the cost of prescription drugs for Medicare beneficiaries.

But first a little history. Last June I asked for a report to be done by the minority staff, the Democratic staff, of the Committee on Government Reform on which I sit. I asked for that study to be done on prescription drugs, for one reason. Every time I spoke to seniors in my district back in Maine, I always heard the same questions: What can we do about the high cost of prescription drugs?

I remember distinctly one gentleman down in Sanford who stood up and said, "You know, I'm spending \$200 a month

now on my prescription medication. My doctor just told me that I have to take another pill. The cost is \$100 a month, and I'm not going to take it, because I simply can't afford to spend that additional \$100."

I heard that over and over again from seniors who simply could not afford to take the medication that their doctors told them they had to take. It is a serious problem across this country. Let us look at some of the numbers.

Many seniors, as this chart shows, simply cannot afford to take the medication their doctors prescribe. Seniors are 12 percent of the population in this country, but they use 33 percent of all prescription drugs. Approximately 37 percent of all seniors have no coverage at all for prescription drugs.

In fact, there are many seniors who do have some coverage, perhaps under a MediGap policy, but that coverage really does not do them very much good. For example, they may have a deductible of \$250, a co-pay of 50 percent, and a cap of \$1,200 or \$1,500 per year. That does not do people who are paying \$5,000 a year for their prescription drugs much good at all.

The average drug expenditure for Medicare beneficiaries is \$942 per year. But in listening to seniors in my district in Maine, many are spending much more than that. In fact, many cannot afford to take the drugs that their doctor prescribes. So what do they do? One thing they do is they take one pill out of three, they mix and match, they cut a pill in half, they try to get by by taking some of their drugs but not all of their drugs.

It is a serious health care problem. We have reason to believe that it is sending people to the hospital, where expenses are high, who really do not need to go there if they could afford to take their medications. Thirteen percent of older Americans, that is almost 5 million people, report that they were forced to choose between buying food and buying medicine.

Let me give my colleagues a couple of stories. I hear from women in my district, they send me letters that say, "I don't want my husband to know, but I am not taking my prescription medication, because my husband's sicker than I am and we can't afford both his medication and my medication. So I'm not taking mine."

Back in July of 1998 when I did the first report on the study I will describe in a moment, I got a letter from a woman who sent me a letter saying, "I'm writing to you because I don't know where else to turn. Here is a list of the prescription medications that my husband and I are supposed to take every month." The bottom line in prices was \$650 per month. "And here," she said, "are our two monthly Social Security statements that represent all of our monthly income." The bottom line was \$1,350. You cannot spend \$650 of a \$1,300 a month income on prescription drugs. You simply cannot do it. People cannot live like that. So they