

Work, Business, Mathematics, and Natural Sciences programs.

The kick-off of the anniversary celebration is the dedication of the Mary Kintz Bevevino Library on Friday, September 24. A 1987 graduate of College Misericordia and later a Trustee until her death in 1993, Mary saw a real need for a new library at Misericordia. Her family has helped to make this dream a reality in Mary's honor. Beginning with one building 75 years ago, the college now proudly boasts 13 beautiful buildings.

Mr. Speaker, many alumni, students, faculty, staff and Sisters will pay tribute on Saturday to the spirit of giving which was the ideal of the Founding Sisters. They will volunteer their time and efforts around the community in various projects of Habitat for Humanity, St. Vincent Soup Kitchen, Catherine McCauley House, and Mercy Center, just to name a few. It is a fitting start to an anniversary year and a fitting tribute to an order of religious Sisters whose very purpose is to help others. I am extremely pleased and proud to have had the opportunity to bring the history of this fine institution to the attention of my colleagues. I send my sincere best wishes for continued success to College Misericordia.

THE HIGH COST OF PRESCRIPTION DRUGS

SPEECH OF

HON. BARBARA LEE

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, September 22, 1999

Ms. LEE. Mr. Speaker, I rise to join my colleague today in strong support for implementing legislation to substantially reduce the exorbitant prices of prescription drugs for Medicare beneficiaries. Our current Medicare program drastically fails to offer protection against the costs of most outpatient prescription drugs. H.R. 664, the Prescription Drug Fairness for Seniors Act of 1999 aims to create an affordable prescription drug benefit program that will expand the accessibility and autonomy of all Medicare patients. This bill will protect Medicare beneficiaries from discriminatory pricing by drug manufacturers and make prescription drugs available to Medicare beneficiaries at substantially reduced prices.

Currently, Medicare offers a very limited prescription drug benefit plan for the 39 million aged and disabled persons obtaining its services. Many of these beneficiaries have to supplement their Medicare health insurance pro-

gram with private or public health insurance in order to cover the astronomical costs not met by Medicare. Unfortunately, most of these plans offer very little drug cost coverage, if any at all. Therefore, Medicare patients across the United States are forced to pay over half of their total drug expenses out-of-pocket as compared to 34 percent paid by the population as a whole. Due to these burdensome circumstances, patients are forced to spend more of their limited resources on drugs which hampers access to adequate medication needed to successfully treat conditions for many of these individuals.

In 1995, we found that persons with supplementary prescription drug coverage used 20.3 prescriptions per year compared to 15.3 for those individuals lacking supplementary coverage. The patients without supplementary coverage were forced to compromise their health because they could not afford to pay for the additional drugs that they needed. The quality and life of these individuals continue to deteriorate while we continued to limit their access to basic health necessities. H.R. 664 will tackle this problem by allowing our patients to purchase prescription drugs at a lower price.

Why should our patients have to continually compromise their health by being forced to decide which prescription drugs to buy and which drugs not to take, simply because of budgetary caps that limit their access to treat the health problems they struggle with? These patients cannot afford to pay these burdensome costs. We must work together to expand Medicare by making it more competitive, efficient, and accessible to the demanding needs of our patients. By investing directly in Medicare, we choose to invest in the lives, health, and future of our patients. By denying them access to affordable prescription drugs, we deny these individuals the right to a healthy life which continues to deteriorate their well-being and quality of life.

The House Committee on Government Reform conducted several studies identifying the price differential for commonly used drugs by senior citizens on Medicare and those with insurance plans. These surveys found that drug manufacturers engage in widespread price discrimination, forcing senior citizens and other individual purchasers to pay substantially more for prescription drugs than favored customers, such as large HMO's, insurance companies and the Federal Government.

According to these reports, older Americans pay exorbitant prices for commonly used drugs for high blood pressure, ulcers, heart problems, and other serious conditions. The report reveals that the price differential be-

tween favored customers and senior citizens for the cholesterol drug Zocor is 213 percent; while favored customers—corporate, governmental, and institutional customers—pay \$34.80 for the drug, senior citizens in the 9th Congressional District may pay an average of \$109.00 for the same medication. The study reports similar findings for four other drugs investigated in the study: Norvase (high blood pressure): \$59.71 for favored customers and \$129.19 for seniors; Prilosec (ulcers): \$59.10 for favored customers and \$127.30 for seniors; Procardia XL (heart problems): \$68.35 for favored customers and \$142.21 for seniors; and Zoloft (depression): \$115.70 for favored customers and \$235.09 for seniors.

If Medicare is not paying for these drugs, then the patient is left to pay out of pocket. Numerous patients are forced to gamble with their health when they cannot afford to pay for the drugs needed to treat their conditions. Every day, these patients have to live with the fear of having to encounter major medical problems because they were denied access to prescription drugs they could not afford to pay out of their pocket. Often times, senior citizens must choose between buying food or medicine. This is wrong.

Reports studying comparisons in prescription drug prices in the United States, Canada, and Mexico reveal that United States individuals pay much more for prescription drugs than our neighboring countries. In 1991, the General Accounting Office (GAO) revealed that prescription drugs in the United States were priced at 34 percent higher than the same pharmaceutical drugs in Canada. Studies administered on comparisons between the United States and Mexico also reveal that drug prices in Mexico are considerably lower than in the United States. In both Canada and Mexico, the government is one of the largest payers for prescription drugs which gives them significant power to establish prices as well as influence what drugs they will pay for.

Many Medicare patients have significant health care needs. They are forced to survive on very limited resources. They are entitled to medical treatments at affordable prices. H.R. 664 will benefit millions of patients each year. This bill will address many of the problems relating to prescription drugs and work to ensure that patients have adequate access to their basic health needs. Let's stop gambling with the lives of Medicare patients and support this plan to strengthen and modernize Medicare by finally making prescription drugs available to Medicare beneficiaries at substantially reduced prices. It is a matter of life or death