

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

(Mr. ROSS addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

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

(Mr. ALLEN addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

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

(Mr. DAVIS of Alabama addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

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

(Mr. THOMPSON of Mississippi addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

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

(Mr. TURNER of Texas addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

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

(Mr. TANNER addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

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

(Mr. STENHOLM addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

#### IMPACT OF PRESCRIPTION DRUG BILL

The SPEAKER pro tempore. Under the Speaker's announced policy of January 7, 2003, the gentleman from Arkansas (Mr. BERRY) is recognized for half the time until midnight as the designee of the minority leader.

Mr. BERRY. Mr. Speaker, we are here this evening to talk about the impact of this very cynical prescription drug bill that is proposed by the majority side and what would happen if that bill, were we so unfortunate as a Nation as to have that bill enacted into law and put upon our senior citizens.

We are indeed pleased that the gentleman from North Carolina (Mr. BALLANCE) is here with us, and at this time I would like to yield the floor to him and let him make whatever comments he sees fitting in regard to this particular issue; and we thank the gentleman from North Carolina.

(Mr. BALLANCE asked and was given permission to revise and extend his remarks.)

Mr. BALLANCE. Mr. Speaker, I want to say at the outset that it is an honor for me to be standing in these hallowed halls as we address issues of such great import to the people of this country.

A little more than a year ago, I campaigned in rural eastern North Carolina. I spoke to citizens at AARP meetings, at senior centers, at residences and elsewhere; and like most of my colleagues in this 108th Congress, I made a solemn promise that I would support and vote for a prescription drug benefit program. Each of us, I believe, most of us I know, made that promise to our constituents; and I, and I hope most of my colleagues, will keep that promise. I know that I will keep mine, and I will not vote for a plan that simply has the label on it.

The plan that the Republican leadership of this Chamber has proposed would not benefit our seniors in the way that they need and deserve. It is not a real prescription drug plan. It is what I would call an empty promise.

Mexico, Canada, Germany, England and France, what do all these countries have in common? Their seniors all pay lower prices for the exact same prescription drug medication that American seniors today cannot afford. One month's supply of Zocor, a prescription commonly taken by seniors to lower their cholesterol, costs \$124 in the United States. In Europe, the same medication costs \$28. The antidepressant Prozac, also widely prescribed throughout America, costs nearly \$100 for just 20 pills. In Canada, those same 20 pills cost \$20.

Throughout America, seniors have for years been forced to choose between food on the table and medication, stories that we have heard about cutting pills in half or going without. Hardest hit are seniors and disabled of rural America, such as those in Arkansas and in North Carolina, the area that I represent.

We have three plans before this Congress: the House Republican measure that focuses on nothing less than the absolute dismantling of Medicare as we know it; a Senate bipartisan measure that is somewhat better, although still falls far short; and we have a Democratic plan that is affordable, it is available, guaranteed and will maintain Medicare. Our plan has no gap in coverage, no doughnut hole, does not depend on the whims of HMOs or private insurance companies. However, we all know full well that, because it is a real plan, it probably will never see the light of day.

Hopefully, however, the Democratic plan will force the Republican leader-

ship to reconsider their devastating proposal and treat our seniors fair. So tonight we focus on the reality of how House Republican leadership efforts hurt seniors in rural America, disenfranchise, dismantle and ultimately devastate.

That is what we can expect in eastern North Carolina if the House GOP has its way with this prescription drug coverage. That plan will privatize the prescription drug benefits by relying heavily on HMOs to facilitate these programs.

Anyone who lives in rural America, such as eastern North Carolina, already knows the health crisis facing families and seniors, as big HMOs have abandoned them and consider them unprofitable.

I am going to close because I think we know what we are facing. We know what we must do. We must fight to ensure that even hard-to-reach rural communities are included equally and with real results in a much-needed drug coverage plan; and we, Mr. Speaker, must keep our solemn promise.

Mr. BERRY. Mr. Speaker, I thank the gentleman from North Carolina for his comments, and appreciate his leadership in this matter that is so critical to the senior citizens of this country and the tremendous impact it will have not only on our seniors but on all Americans because when the government makes it possible for one person or group of persons like the prescription drug manufacturers of this country, when the government makes it legal for them to rob and to steal from senior citizens, when the government allows that to go on day after day after day, it is our job to speak out. It is our job as best we possibly can to do something about it.

It is an interesting thing, every speaker that talks about this refers to the fact that the United States of America and American citizens pay three to four times as much for their medicines as any other nation in the world, and yet the President of the United States has within his power the ability to change that with the spoken word. All he has to do is tell the Secretary of Health and Human Services, Mr. THOMPSON, certify that we can put a stop to this, certify that we can safely reimport medicine and let our people be treated fairly, but the President refuses to do this.

So it is left up to us, once again, to attempt legislation that will make it possible for the senior citizens of this country to be treated fairly. How can we deny the pain and suffering that this policy, that this country has put in place, causes to our senior citizens and to their families? How can we continue to let that go on? Yet when a remedy is proposed, in this cynical way that we will be presented with before the end of this week, I think it is called the Thomas-Tauzin bill or the Tauzin-Thomas bill, but we cannot devise a more cynical attempt to trick the American people and the senior citizens of this country.