

Mr. SANDERS. Madam President, as my colleagues know, this legislation, the SCHIP legislation, includes a \$3 billion incentive pool, and the purpose of this pool is to provide States with the funding they need to do outreach efforts in order to attract children into the program. The reality is, however, a number of States today have already enrolled 90 percent of their kids into the SCHIP program, and with the passage of this bill, more States will soon be at that level.

Further, we want to provide strong incentives for States below the 90-percent enrollment to reach that level.

This amendment, in order to incentivize States to reach that level of 90 percent, would allow States to apply for multiple grants of up to \$2 million each when they achieve an enrollment rate of greater than 90 percent of children below 200 percent of poverty. These grants would help assure the children we enroll in SCHIP have a place to go to receive medical care and to find the personnel they need to provide that care. These grants would come from a pool of money—the State Health Access Innovations Pool—of \$250 million, about 8 percent of the \$3 billion incentive pool. This money will be used to find innovative approaches to increasing the availability of health and providers and services and would result in the direct provision of health services.

The reason for this initiative is pretty clear. In Vermont and in many other parts of this country, one can, in fact, have health insurance and yet find it quite difficult to buy or to find providers of that service. So what we are saying is let us make sure that when our kids do have health insurance, there will be doctors, there will be dentists, and there will be other health care providers. This is a good amendment, and I certainly hope it will be supported.

The other amendment I have offered, amendment No. 2600, is a simple amendment to Section 111 of the Children's Health Insurance Program reauthorization. Section 111, as my colleagues know, applies to certain qualifying States that expanded their Medicaid Program to cover kids prior to the enactment of CHIP in 1997. I wish to commend the Finance Committee for working language into the current bill that will no longer penalize these "early expansion States" and will allow States to cover children between 133 percent and 300 percent of the Federal poverty level to be covered under the CHIP program.

My amendment simply states that payments to States to cover these children who were previously covered under Medicaid be used solely to fund health care-related activities. Specifically, the language states that payments may only be used to provide coverage or to expand access for health care infrastructure, including but not limited to the provision of school-based health services, dental care, mental

health services, federally qualified health centers, and educational debt forgiveness for health care practitioners in fields experiencing local shortages.

This amendment is a simple provision that will specify that States benefiting from an increased match must use these funds for health care and will allow States to address coverage issues as well as the crucial area of expanding access to services, something that particularly affects rural and inner city communities. I urge support for this amendment.

Madam President, I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The bill clerk proceeded to call the roll.

The PRESIDING OFFICER. The Senator from Iowa is recognized.

Mr. GRASSLEY. I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

DRUG COMPANY PAYMENTS TO PHYSICIANS

Mr. GRASSLEY. Madam President, I would like to take a few minutes today to discuss an important issue that affects all Americans who take prescription drugs. Specifically, I am going to speak about the need for greater transparency in the payment that doctors who bill Medicare and Medicaid receive from drug companies.

Over the past few years, it became apparent during my inquiries into the Food and Drug Administration that drug companies pay physicians for a variety of different reasons. Indeed, some of our leading physicians—doctors who have significant influence in their medical fields—receive tens of thousands of dollars every year from drug companies. For some, these payments can make up a considerable amount of their annual income.

The payments can take the form of honoraria for speaking engagements, payments to sit on advisory panels, and funding for research. Further, drug companies spend about \$1 billion a year to fund educational courses that doctors are required to take every year called Continuing Medical Education, or CME.

In April, the Finance Committee staff prepared a report on pharmaceutical companies' support of Continuing Medical Education. This report found that some educational courses supported by drug companies have become veiled forms of advertising that encourage off-label use of drugs.

Let's review how this works. Right now, it is possible for a doctor to attend a CME—continuing medical education—course sponsored by a drug company. That same company can make payments to doctors who will teach the course, and the doctor who teaches the course can discuss the findings of research paid for by the company. Now, that may sound like a conflict and unethical, but that is how it

happens. The whole field is connected by a tangled web of drug company money.

To try and understand this a little better, I have been exploring the money doctors get from drug companies, especially the doctors who work as academic researchers. Most universities require their academic researchers to report outside income. I have sent letters to a handful of universities to understand how well such a reporting system actually works. I haven't received all the information yet, but I can comment on some of the things I have already found.

Most universities require professors to report outside income that may create a conflict of interest with their research. This means that if a doctor at a university is receiving money from a company either for research, speaking fees or to sit on an advisory panel, then they have to report that income. But there appears to be a couple of problems, and let's say a couple of problems with the whole system, as I found out.

The only person who knows if the reported income is accurate and complete is the doctor who is receiving the money. The university doesn't necessarily police its own people to make sure they are reporting everything they are supposed to report. It seems that some of these academics are getting so much money coming in from so many different companies they need an accountant to be sure everything is reported accurately.

Second, these disclosures are usually kept secret. So if there is a doctor getting thousands of dollars from a drug company, payments that might be affecting his or her objectivity, the only people outside the pharmaceutical industry who will probably ever know about this are the people at that very university, if they are even keeping track of it, and we don't know that they are keeping track of it. But most Americans never get a fair chance to see this information.

To give one example, I sent a letter to the University of Cincinnati asking about how much money the drug companies have been paying one of their psychiatrists, Dr. Melissa DelBello. Back in May, The New York Times reported on the research done by Dr. DelBello to see if adolescents could be treated for bipolar disorder with a powerful drug called Seroquel, which is manufactured by Astra Zeneca. The study was funded by Astra Zeneca and showed that Seroquel was a good choice for treating bipolar disorder in children. Dr. DelBello's study was later cited by a prominent panel of experts who concluded that drugs such as Seroquel should be a first-line treatment for children with bipolar disorder.

Here is where it gets interesting. After Dr. DelBello released her study, Astra Zeneca began hiring her to give several sponsored talks. Another doctor told The New York Times he was persuaded to start prescribing drugs