even lower. Consumers have been learning about this, and particularly seniors.

In Minnesota and all across the country, particularly where we are closer to the borders, seniors especially are getting on buses, and they are going to Canada to buy their prescription drugs. We have this wide disparity between what we pay and what the rest of the world pays.

The question has to be asked, the people who are supposed to protect us are our own FDA, the Food and Drug Administration. So one might ask, what are they doing to help consumers get lower prices? Well, here is the answer. This is an edited version, but I want to point out a couple of sentences. We do not have the whole letter here, but it is available. Anyone who would like a copy can call my office.

What the FDA is doing to help consumers is they are threatening them. If someone tries to order drugs through a mail order house from the United States, what they get with the order that has been opened is a threatening letter. Let me just read it. It says, ''Dear consumer: This letter is to advise you that the Minneapolis District of the United States Food and Drug Administration has examined a package addressed to you containing drugs which appear to be unapproved for use in the United States.''

Well, Mr. Speaker, that is not true. The vast majority of drugs that are coming via this method are legal drugs in the United States. They are approved by the FDA. They are made in exactly the same plants.

Later it says, ''Because you are taking this medication under the care of a physician and we do not want to cause your medical treatment to be unduly affected, we are releasing this shipment. However,'' and this is the important line, ''future shipments of these or similar drugs may be refused admission.''

Now, if one were a 75-year-old grandmother and they get a threatening letter from the FDA, it is very disconcerting.

Mr. Speaker, I think it is time for Congress to take a serious look at this problem. If we could just simply recover part of the costs, the differentials that we are paying for prescription drugs, we could go a long way to solving the problem of those people who fall through the cracks.

Do not just take my word for it. We just received in our offices a little pamphlet from Blue Cross/Blue Shield. Let me just read from it. It says, ''Spending on prescription drugs rose 84 percent between 1993 and 1998.''

Mr. Speaker, it is time for Congress to say that the FDA should not stand between our consumers and lower drug prices.

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

(Mr. RUSH 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 Guam (Mr. UNDERWOOD) is recognized for 5 minutes.

(Mr. UNDERWOOD 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 gentlewoman from Hawaii (Mrs. MINK) is recognized for 5 minutes.

(Mrs. MINK of Hawaii addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

THE PLUS-CHOICE RELIABILITY ACT

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

Mr. BROWN of Ohio. Mr. Speaker, on January 1, 1999, approximately 400,000 Medicare beneficiaries were dropped unceremoniously by Medicare managed care plans. On January 1 the next year, 2000, 400,000 more were dropped unceremoniously by Medicare managed care plans. We can expect at least that much disruption again on January 1, 2001.

By the way, fly-by-night coverage is just one of the shocks potentially awaiting plus-choice Medicare enrollees. Bait and switch. Supplemental benefits are another.

All of us in this body have heard from Medicare beneficiaries who joined a plus-choice plan to gain access to prescription drug coverage or reduced cost sharing only to have those benefits cut back or stripped out just in time for the new year.

Why is the plus-choice Medicare program failing seniors? Ask the Medicare managed care plans, and they will say it is because the Federal Government is underpaying them. Ask other experts and they will say it is because Medicare managed care plans overestimated their ability to operate more efficiently than traditional Medicare, refused to cross-subsidize between high and low reimbursement areas and underestimated the costs of providing supplemental benefits.

Maybe the truth is in the middle, more likely. The specifics do not matter all that much. Most likely private managed care plans simply cannot serve two masters, the public interest and the corporate bottom line.

Whatever is going on, the most expedient ways of responding to the program's failings are also the most irresponsible if our goal is to act in the best interest of Medicare beneficiaries. We could do nothing. We are pretty good at that here.

Is it fiscally responsible to continue pouring public dollars into plus-choice plans? I would rather my tax dollars help finance health care coverage that is more predictable. Insurance that does not give one peace of mind is not good insurance. In Medicare's case, it is peace of mind for beneficiaries and their families alike. Health care coverage that is about as stable as a house of cards simply does not cut it.

We could always pay managed care plans more, but if we do that without exacting a guarantee that these plans will provide stable benefits and continuous coverage, we are perpetuating the same double standard that protected the Medicare choice plan from the beginning.

Somehow, managed care plans can cost Medicare more than the fee-for-service program; can pick and choose which counties they will serve and which ones they will dump; can attract seniors on the promise of extra benefits, then eliminate those benefits, another cost-cutting strategy unavailable to the fee-for-service program, and still can be touted by many in this institution, including Republican leadership, as the long-term solution for Medicare.

How can Medicare privatization proposals be taken seriously when they feature the same private insurance companies and system that excluded half of all seniors in 1965 and treats them miserably 35 years later in the year 2000? I do not get it. When the traditional Medicare program spends more than expected, they tell us it is because public programs are big, bad and inefficient. When private managed care plans spend more than it is expected, it is because big, bad government was not paying them enough to begin with.

In my view, private managed care plans do not belong in Medicare. They do not belong because they are unwilling; and frankly, they cannot prioritize the welfare of Medicare beneficiaries above the welfare of their business.

☐ 1615

If we commit to paying managed care plans this year, then they will want even more next year. If we ask managed care plans to voluntarily commit to staying put and providing reliable benefits, they will tell us businesses require flexibility, and they do.

But Medicare beneficiaries require consistency, stability, reliability. Private managed care plans cannot put many Medicare beneficiaries first. Yet, that is what Medicare must do in order to serve the public interest. If private Medicare managed care plans cannot serve the public interest, we should not pay them a dime.

But regardless of my personal views on Plus Choice, the reality is, right now, millions of seniors depend on it. Policy makers have an obligation to try to make Plus Choice work. If we cannot make the Plus Choice program work, then we have an obligation to get rid of it.

I am offering legislation today to try to make Plus Choice work. Under the Plus Choice Reliability Act, private