

Here's a 10-step modest proposal for helping seniors and others with their drug costs:

1. Allow Qualified Medicare Beneficiaries (QMBs), Specified Low Income Medicare Beneficiaries (SLIMBs) and Qualifying Individual (QI-1&2) with an additional phase-out group to 175% of poverty to qualify for state Medicaid drug programs. States could continue to use their current administrative structures and implementation could be done quickly. About a third of Medicare beneficiaries would be eligible, especially those most in need, and the drug benefit would encourage those who qualify to sign up. A key feature of this program would be that the State programs are entitled to the best price that the manufacturer offers to any purchaser in the United States. Judging from estimates of the Bipartisan Medicare Commission, this expansion of benefits would probably cost about \$60–80 billion over ten years.

2. Congress should fix the funding formula (the Annual Adjusted Per Capita Cost—AAPCC) that puts rural states and certain low-reimbursement urban areas at such a disadvantage in attracting Medicare-Plus plans that offer drug coverage. The GOP plan increases the floor to \$450, but this increase is grossly inadequate. Testimony from the executive director of the American Association of Health Plans indicates that Medicare HMOs are leaving markets where the payment is already \$550. We should raise the floor to a minimum of \$600 per month per beneficiary, and not do an across-the-board increase in payment which would disproportionately increase reimbursement to areas with AAPCCs already over \$780.

3. In response to my constituents who want to purchase their drugs in Canada, Mexico, or Europe, we should stop the Food and Drug Administration from intimidating seniors and others with threats of confiscation of their purchases. The FDA has sent notices to people that importing drugs is against the law. The FDA should not send a warning notice regarding the importation of a drug without providing to the person involved a statement of the underlying reasons for the notice. Mr. GUT-KNECHT, my colleague from Minnesota, has introduced legislation called the "Drug Import Fairness Act of 1999", H.R. 3240, and Congress should pass this common sense provision.

4. Congress should at least fully debate Congressman TOM ALLEN's bill, the Prescription Drug Fairness for Seniors Act, H.R. 664. The idea is simple. It would allow pharmacists to buy drugs for Medicare beneficiaries at the best prices available to the federal government, typically the Veterans Administration price or the Medicaid price. It creates no new bureaucracy. There is no significant cost to the government. It gives Medicare beneficiaries negotiated lower prices, just as customers of Aetna, Cigna and other private plans receive the benefit of negotiated lower prices.

5. Congress should enact full tax deductibility retroactive to January 1, 2000, for the self-insured. It isn't just seniors that have medical expenses. 40 million Americans have no insurance at all, much less prescription drug coverage. We should devote at least \$40 billion over ten years to this problem.

6. There are 11 million children without any health insurance and, of course, no prescription drug coverage. Roughly 7 million of these kids already qualify for Medicaid or the State Child Health Insurance Program which do provide prescription drug services. These children should be enrolled. This requires a commitment on the part of the federal government to find these individuals and get them signed up. We need to streamline the system to help these states.

7. Many pharmaceutical companies do have programs where they provide drugs to low income individuals free of charge. These company programs are to be commended but most people who meet the company requirements don't know about these programs. Both physicians and patients need to be better educated to take advantage of free or discontinued drugs.

8. Currently 16 states have pharmaceutical assistance programs targeted to Medicare beneficiaries. Some of these programs could serve as models for state grant program options. Congressmen MIKE BILIRAKIS and COLLIN PETERSON have introduced H.R. 2925, the Medicare Beneficiary Prescription Drug Assistance and Stop-loss Protection Act of 1999 which encourages states to expand their drug assistance programs with federal matching funds and assistance to beneficiaries up to 200% of poverty. I think QMB, SLMB solution would work quicker and more certainly, but this option deserves a more complete debate than it has received.

9. I believe that Congress should revise the FDA Reform Act of 1997 and restrict direct marketing to consumers by the pharmaceutical companies. There is no question that seniors are being bombarded with ads on the latest, greatest new drug with very little data on contraindications, alternatives, and potential complications, much less cost. At a minimum, drug companies should be required to fully discuss their major potential complications of these drugs in their radio and T.V. advertising.

10. Finally, I think Congress could actually get signed into law a combination of the above in a bipartisan fashion. Yes, this approach is more limited than either the Clinton plan or the House GOP plan. However, a more comprehensive drug plan should, in my opinion, be a part of over-all Medicare reform where all the pieces fit together so as to do no harm to one part while benefiting another. It won't do low seniors much good to have an unlimited drug benefit if they don't have a local hospital to go to.

This prescription drug issue is complicated. As I said at the beginning of this speech, there is little consensus yet on some of the most important provisions. Furthermore, a reform like this truly should be a bipartisan effort, with more than just a few members of the other party signed on to a bill.

For a long time, in its wisdom, Congress has gone through "regular order" in legislating. This means a bill with all its details dropped in the bin and made public. Hearings on the bill's particulars, comparisons of language and the implications of legislative language. Subcommittee mark-ups with amendments and debate. Full committee mark-ups with amendments and debate. All committees of jurisdiction weighing in and marking up the bill. Rules that allow full debate on the floor.

"Regular order" isn't just for the members of the committees of jurisdiction, it is really for the other members so that they can watch and learn and make sure that an issue is fully vetted before they vote on it.

I am sorry to say that on this very important issue, "regular order" is not being followed and for political reasons a bill is being rushed to the floor. I would advise my colleagues to be very careful. I am sure that television archives preserve the image of unhappy Chicago senior citizens surrounding Dan Rostenkowski's car when he visited a decade ago to explain why he thought the Medicare reform bill then was a good deal. That tape is a warning to any politician who deviates from "regular order" and doesn't pay attention to the lessons of the past.

As for me, I will find it very difficult to vote for a bill of this magnitude that doesn't go through regular order. That means a chance to improve it in the Commerce Committee. Regardless of what happens in the next week, I remain committed to seeing a bill signed into law. Let's just make sure that it is a good one.

LEAVE OF ABSENCE

By unanimous consent, leave of absence was granted to:

Ms. CARSON (at the request of Mr. GEPHARDT) for June 20 after 5:30 p.m. on account of official business.

SPECIAL ORDERS GRANTED

By unanimous consent, permission to address the House, following the legislative program and any special orders heretofore entered, was granted to:

(The following Members (at the request of Mr. FILNER) to revise and extend their remarks and include extraneous material:)

Mr. ALLEN, for 5 minutes, today.

Mr. DAVIS of Illinois, for 5 minutes, today.

Mr. RUSH, for 5 minutes, today.

Ms. STABENOW, for 5 minutes, today.

Ms. MCKINNEY, for 5 minutes, today.

Mr. STRICKLAND, for 5 minutes, today.

Mr. PALLONE, for 5 minutes, today.

Mr. BERRY, for 5 minutes, today.

(The following Members (at the request of Mr. DUNCAN) to revise and extend their remarks and include extraneous material:)

Mr. REGULA, for 5 minutes, June 23.

Mr. DUNCAN, for 5 minutes, today.

Mr. HUNTER, for 5 minutes, today.

Mr. METCALF, for 5 minutes, today and June 22.

Mr. KASICH, for 5 minutes, today.

Mr. BRADY of Texas, for 5 minutes, today.

Mr. GILMAN, for 5 minutes, today.

(The following Members (at their own request) to revise and extend their remarks and include extraneous material:)

Mr. KINGSTON, for 5 minutes, today.

Mr. RODRIGUEZ, for 5 minutes, today.