

level offense for club drug-related crimes, making those crimes equal to that of trafficking methamphetamine. This provision also accomplishes the goal of effectively lowering the amount of drugs required for a swift prosecution sending a message to Federal prosecutors that club drugs are a serious threat.

Second, through law enforcement and community education programs, this bill will provide for a national club drug information campaign. As more Americans are made aware of the unpredictable impurities and side effects of club drugs, it is our hope that law enforcement will begin to see a dramatic reduction in the quantities of club drugs present on our streets. Let us do what we can to save our children from the fate of that young high school student in our district.

Mr. Speaker, the Club Drug Antiproliferation Act of 2000 can only help in our fight against drug abuse in the United States. I urge all of my colleagues to join the gentleman from California (Mr. ROGAN) and myself in this important effort by cosponsoring this bill.

#### NEED FOR A NEGOTIATED SETTLEMENT IN SRI LANKA

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

Mr. PALLONE. Mr. Speaker, for weeks now, the newspapers have carried stories about the recent escalation in the fighting in Sri Lanka, the island nation located just to the south of India. Sri Lankan Government forces have been battling a violent rebellion by the Liberation Tigers of Tamil Eelam, the LTTE, commonly known as The Tigers, a separatist organization that the United States has designated a Foreign Terrorist Organization. The Tigers' campaign has gone on for 17 years, at a cost of tens of thousands of lives. Their goal is the establishment of a Tamil Eelam, a separate Tamil state in Sri Lanka, to divide this small island nation into two ethnic states, a Tamil state and a Sinhalese state.

Last month, the Tigers stepped up their campaign in the Jaffna Peninsula in the northern part of the island. The government forces have continued to battle the Tigers. Sri Lanka's president, Mrs. Chandrika Kumaratunga, has vowed not to surrender to the terrorists and not to stand by and allow the partitioning of the country. Instead, the government is urging the LTTE to put down their arms and come to the negotiating table for good-faith talks aimed at addressing the concerns of Tamil people in a peaceful way.

Mr. Speaker, I believe that the Sri Lankan people, both Sinhalese and Tamil alike, reject the idea of dividing their nation into two ethnically based, ethnically cleansed homelands. The LTTE by no means speaks for all of the Tamil people.

Indeed, Mr. Speaker, there are Tamil political parties and organizations committed to working with the government to achieve a higher degree of autonomy through peaceful means. And the government has had on the table for a long time a Devolution Plan that would recognize the Tamils' legitimate claims. If nothing else, the government's plan offers at least a basis for beginning negotiations.

Mr. Speaker, President Kumaratunga, who is elected as the nation's first woman president in 1994, was re-elected last December in an election in which 73 percent of the eligible voters turned out. In the final days of the presidential campaign, she was injured in a terrorist attack blamed on the LTTE. That attack took the lives of 22 people and left more than 100 injured.

Yet, despite this attack and despite the recent escalation of violence by the LTTE, President Kumaratunga continues to ask the separatists to lay down their arms and begin talks.

In this current crisis, Sri Lanka has reached out to the international community to help bring the separatists to the negotiating table. Yesterday, President Kumaratunga appealed to India, Sri Lanka's democratic neighbor to the north, to facilitate the effort to bring the Tamil Tigers to the table. Sri Lankan officials have also been meeting with diplomats from Norway in an effort to resume the negotiations with the rebels that broke off 5 years ago.

Next Monday, U.S. Under Secretary of State, Thomas Pickering, will go to Sri Lanka where he will meet with government officials and other leaders of the other Tamil parties.

Mr. Speaker, the position of the United States and of India and of other Western nations is that this conflict can only be resolved through negotiations, and that the solution should preserve the territorial integrity of Sri Lanka. The campaign by the LTTE to force the break up of Sri Lanka does not have the support of the international community, and it must never gain that legitimacy.

As I mentioned, Mr. Speaker, the U.S. State Department has branded the LTTE a terrorist organization. Recently, the parliament of the European Union has urged its member nations to take similar steps. The Tigers maintained their determination for an outright win militarily, but that strategy seems destined only to kill thousands of more people by shattering lives in both the Tamil and Sinhalese communities.

Mr. Speaker, I urge Under Secretary Pickering to continue to make clear that this crisis can only be resolved through a political solution. We must step up our efforts to work with other international friends, including India and Western European nations, to maintain the pressure on the LTTE to come to the negotiating table.

The Tigers should join with the rest of the Tamil community to promote the interests of their community

through the institutions of the united, sovereign, and democratic Sri Lanka.

#### OUTRAGEOUSLY HIGH DRUG PRICES IN THE UNITED STATES

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

Mr. GUTKNECHT. Mr. Speaker, today I rise to speak again about an issue, that, as Members go back to their districts and have town hall meetings, I am certain they are going to hear about. The issue I want to talk about this afternoon is the issue of outrageously high drug prices that we pay in the United States, especially when we compare what Americans pay to what consumers around the rest of the world pay.

What I have here is a chart, and our source is the Life Extension Network. They did research recently and compared the average prices for commonly prescribed drugs in the United States to what the average prices are in Europe. And it really is sobering.

For example, Premarin is a commonly prescribed drug, the same drug made in the same plant under the same FDA approval, incidentally. In the United States, the average price is \$14.98. For that exact same drug in the same quantity in Europe they pay \$4.25.

Coumadin is a drug that my dad takes; it is a blood thinner. In the United States, the average price is \$30.25, but in Europe they pay only \$2.85. And the list goes on. Prilosec, another commonly prescribed drug in the United States, the average price here in the United States is over \$100; in Europe they are paying \$39.25. Claritin, very commonly prescribed drug, particularly this time of year for hayfever and allergies, the United States is \$44 an average; over in Europe, they are paying \$8.75. The list goes on and on and on. And I think the story is altogether too familiar.

Mr. Speaker, I would ask my colleagues to ask themselves this simple question: Can any of us think of another product of any kind where the world's best customers pay the world's highest prices? This is particularly troubling because just yesterday we had a vote on expanding trade opportunities in opening markets between the United States and China.

We have had for several years now the North American Free Trade Agreement. Goods and services are supposed to flow across our borders with Canada and Mexico freely. Recent studies suggest, and this is a study done by the Canadian government, says that Americans are paying 56 percent more for the same prescription drugs made in the same facilities under the same FDA approval than our Canadian friends are paying for those same drugs.

In other words, we are paying 56 percent more than Canadians, and the story gets worse. Prices in Mexico are

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 gentleman 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.

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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