I wasn't a congressman in 2003 when the new federal prescription drug program was voted into law. I don't think I would have voted for it. We already have enough entitlement programs that we don't have the money to fund. Why would we want to add another promise that can't be paid? But, it is law, an... I wasn't a congressman in 2003 when the new federal prescription drug program was voted into law. I don't think I would have voted for it. We already have enough entitlement programs that we don't have the money to fund. Why would we want to add another promise that can't be paid? But, it is law, and it is in effect today. Furthermore, the rollout of this plan (technically known as Medicare Part D) has been very successful. The deadline for enrollment without penalty passed last month. About 38 million Americans now have prescription drug coverage, which is more than 90% of all those eligible to participate. And many of those who have not signed up have done so because they already have some other form of coverage.

Additionally, the cost is substantially below the projections. Yes, you heard that right. This is a government program that actually came in on time and under budget. The government will spend about 25% less than anticipated, saving over $7 billion this year alone. And the premium paid by seniors in the program is averaging $25 per month, which is one-third less than the $37 per month estimate.

According to polls conducted in late April by USA Today/Gallup and the U.S. Chamber of Commerce, 84% of seniors are happy with the plan; 61% said it was easy to sign up; and 72% are saving money or spending about the same.

So, here I am, your fiscally conservative congressman extolling the virtues of a new government program. On the other hand, you may have heard the protestations of congressional Democrats, who normally like government spending, criticizing the program with mixed messages by telling seniors not to sign up and simultaneously criticizing deadlines for enrollment. What's going on here? Is the world turned upside down?

Some of this looks like election year politics with Democrats wishing for a Republican program to fail and Republicans wanting it to succeed. And there is an element of that in the rhetoric.

But there's more to it. Under Medicare Part D, the government does not provide the coverage.

Any private insurer can offer drug plans to seniors as long as they meet the federal requirements. Thus far more than 80 companies are offering plans. Once a senior picks the plan that works for him, the government pays most of the cost and the senior pays the rest (except, of course, for the indigent and others without means).

So, it's a government program that includes private sector competition and a beneficiary co-payment. That's why the costs are down. The competition between the 80-odd plans has driven the costs down and the benefits up as companies battle for market share. A Wall Street Journal article in April outlined the market share winners and losers so far and what some of the losers (including Blue Cross) were doing to try to get their market share up.

Additionally, since the seniors have a co-pay, they have an incentive to pick a cheaper plan, because they will save money. Since the government's share is a percentage of the total cost, when the enrollee saves money, so does the taxpayer.

So, the program is working, and costs are dropping because, shocker, the markets work! But the Democrats in Wash-ington are apoplectic about this whole thing. They hate the involvement of the private sector and competition. They have been very clear in speech after speech that they want a 100% government-funded and government-run program operated entirely by the federal government. That, of course, would be unaccountable, bloated and costly like all similar programs, but they do not seem to care. It appears that they are no longer the party of big government, but the party of only government.

From the standpoint of those of us who believe in free markets, the success of this competitive system could lead to its being spread to other entitlement programs like the rest of Medicare or Social Security. Both of those systems are headed toward bankruptcy as costs continue to escalate.