

Bush pulls plug; Oregon plan DOA

Nearly three years of work went down the drain last Monday when the Bush administration denied Oregon the necessary funding to carry out its proposed revolutionary health-care reform package.

The Oregon Plan would have extended Medicaid benefits to 120,000 people, and required employers to provide health-insurance coverage for another 300,000. The plan would have guaranteed coverage for 587 (out of 709) medical procedures. The 122 omitted procedures included diseases that would disappear without treatment, respond to home treatment or the final stages of terminal illness.

Louis Sullivan, secretary of the U.S. Department of Health and Human Services, rejected the plan because it allegedly violated the Americans with Disabilities Act. The basic premise of Sullivan's reasoning was that sick people are disabled, and denying protection to sick people based on their prognosis rather than their income is denying protection to the disabled, and therefore is a violation of the ADA.

Huh?

Sullivan ignored the fact that under current guidelines, sick people are discriminated against based upon their ability to pay, not on their illness. The Oregon Plan would have discriminated against no particular class of people. Currently, only people who are in the bottom-half of the poverty level are eligible for public health assistance, leaving the upper-half of the poverty stricken without any medical care whatsoever.

For example, an AIDS patient who lives just below the poverty line, currently would be ineligible for public assistance. Under the Oregon Plan, that patient would receive aggressive treatment until the final stages of the disease, at which time the treatment would be discontinued. However, the state would continue to pay for hospice care, ensuring that the patient lived as comfortably as possible until death.

How the Oregon Plan discriminates any more than the current system is unclear. Because AIDS is classified as a disability under the ADA, and the Oregon Plan would terminate futile treatment based upon prognosis only during the final stages of the disease, the plan would basically violate the ADA, but it would provide more care than is currently available.

The Oregon Plan is not the perfect solution, but it is the closest thing to a responsible, pragmatic approach to allocating finite health-care resources that this country has ever seen. Perhaps, come January, the plan can be resubmitted to a president who actually gives a damn. Until then, we must live with George Bush's health-care plan, the extended, verbose version of which reads: Don't get sick.



COMMENTARY

Americans overcharged for drugs

By Ron Pollack

Americans like to think of ourselves as wise consumers. We shop and compare, clip and save and buy on sale. Yet we're paying a whole lot more for the same old medications.

We're getting a raw deal when you compare what we're charged with what Europeans and Canadians pay for the same drugs.

The U.S. Senate Special Committee on Aging found that, between 1980 and 1990, the price of prescription drugs shot up almost three times as fast as prices in general. The committee, chaired by a real consumer advocate — Senator David Pryor from Arkansas — found that while general inflation drove other prices up 58 percent, drugs skyrocketed 152 percent!

Your local pharmacist isn't getting rich on these price increases. The drug manufacturers are. The big drug companies reap profits three times as high as other big corporations.

Drug companies say they need the money for research and development. But the shocking fact is that drug companies spend a billion dollars more on lobbying and advertising every year than on research!

To really get a perspective on how badly inflated American prescription drug prices are,

just compare them with drug prices in other countries. The Italian Pharmaceutical Manufacturers Association found that Americans pay more than three times as much as the average European pays for prescription drugs.

One example is Ativan. This prescription drug is made in the United States, but Senator Pryor's investigation found the average U.S. price for 100 one mg. tablets was \$48.96. In Canada, the average price was \$7.18.

Tylenol with codeine was also vastly more expensive in the United States than in Canada.

The fact is, the drug companies are simply overcharging the American consumer, and senior citizens are getting the worst of it. Prescription medication for senior citizens is of-

ten a matter of life and death. But many seniors just can't afford to fill prescriptions on a regular basis. Some older Americans wind up skipping pills, endangering their health by taking their medicine less often than they're supposed to. Others cut down on food or turn the heat way down to pay for their medicine.

It is wrong that our parents should have to face these hard choices. The big drug companies are making higher and higher profits, while the elderly cannot afford to buy the prescription drugs they need. For older Americans — for all of us — this is bitter medicine to swallow.

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