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The Skanner Newspaper, established in October 1975, is a weekly publication, published every Wednesday by IMM Publications Inc.

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The Skanner is a member of the National Newspaper Publishers Association and West Coast Black Publishers Association.

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Opinion

The ESSA Focuses on Accountability and Performance

Sixteen states and the District of Columbia submitted their proposals for implementation of the Every Student Succeeds Act (ESSA) on April 4, 2017. The remaining states are required to submit their proposals on September 18, 2017. A review of the first proposals submitted, which included Arizona, Connecticut, Colorado, Delaware, District of Columbia, Illinois, Louisiana, Maine, Massachusetts, Michigan, Nevada, New Jersey, New Mexico, North Dakota, Oregon, Tennessee, and Vermont, showed some improvements, as well as areas of concern, related to how education officials plan to address accountability and school performance at the state and local levels.

Multiple state plans emphasized their intentions to provide well-rounded curriculums; ensuring students have increased access to high-quality science and social studies in addition to reading and mathematics. In fact, more than half of submitted state plans include assessments for science and social studies in addition to the required English Language Arts, reading and mathematics. Some states went as far as including fine arts, music, physical education, and library media specialists. Therefore, state



Dr. Elizabeth Primas

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plans stress the importance of a curriculum that focuses on more than reading and arithmetic.

In addition to providing a well-rounded curriculum, states included in their accountability systems plans

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to strengthen their existing strategies while introducing new approaches, as they move forward. New Jersey proposes to double count the academic performance of student subgroups in school evaluations to ensure that the needs of struggling students' do not go overlooked. Nevada's plan proposes moving towards the creation of Individual Learning Plans (ILPs) for each student. This ambitious goal will measure student engagement, achievement and growth, while providing a more holistic view of school success.

However, Oregon, Connecti-

cut and Tennessee propose to combine subgroups for accountability measures. This process will mask exactly which students are struggling, and assumes that corrective measures for each subgroup would be the same. ESSA requires states to report data for each subgroup; presuming that detailed data reporting will highlight areas of inequity. Combined subgroup reporting does not meet the intent of ESSA and could result in stagnant academic progress. Arizona and

accountability systems that ensure that “all” students make progress. States that have not submitted their proposals for ESSA should take time to review the state plans that have already been submitted and use them as a guide to improve upon their own proposed accountability systems. States that plan to submit proposals on September 18 should also take note that states that have been most successful at developing comprehensive plans, with an increased focus on the progress of all student subgroups, have effectively and consistently engaged parents and other education stakeholders.

Oregon:**Strengths**

Oregon proposes to reduce their subgroup size from 40 to 20 students, capturing the performance of more students. Oregon also proposes to use at least three years of data from previous years to inform improvements in their accountability system, lowering the required subgroup size to seven for this purpose.

Weaknesses

While Oregon's description of the indicators in its accountability system is clear, it is not apparent how the indicators, weights, and subgroup performance are combined to identify schools.

High-Prescription Drug Prices Hurt the Black Community

Nearly a decade ago, Clinton Crawley, a Baltimore resident and one of my constituents, was diagnosed with diabetes. Clinton has done everything his doctors asked – he eats well, exercises and he takes his medication. Although Clinton has employer-sponsored health insurance, the cost of his medication – more than \$1,000 each year – places a significant burden on his finances.

Mr. Crawley is not alone. Over the past decade, 90 percent of brand name drugs have more than doubled in price. In 2014, U.S. prescription drug prices jumped 13 percent. That year, Americans spent \$1,112 per person on medication while Canadians spent \$772 and Danes spent \$325, and nearly 1 in 5 Americans have reported not being able to afford the medication they were prescribed. Simply put, the pharmaceutical industry's greed is hurting the American people.

The issue of high prescription drug prices has a severe impact on the African American community. As the saying goes, “when America catches a cold, Black America gets the flu.” African Americans suffer from chronic diseases at higher rates than other groups. African Americans are 40 percent more likely than Caucasians to have



Rep. Elijah E. Cummings

Congressman
(D-Md.)

high blood pressure, and the rate of diagnosed diabetes is 77 percent higher in our community. In 2014, African Americans were nearly three times more likely to die from asthma-related causes than Caucasians. African Americans at every education level are also paid less than their white counterparts. These factors place African Amer-

“President Trump is poised to issue an executive order that would grant many wishes directly from the pharmaceutical industry

icans in a double bind – we are more likely to suffer from an expensive chronic disease and we earn less money with which to pay for our health care, including skyrocketing prescription drug prices.

Mr. Crawley's experience, and those of millions of Americans nationwide, is unacceptable at a time when the 10 highest paid pharmaceutical industry CEOs took home \$327 million in a single year. President Trump was

right when he said that these companies are “getting away with murder.”

That is why Congressman Peter Welch (D-Vt.) and I put our differences with President Trump aside and met with him to discuss how we can work together to lower prescription drug prices. During that meeting, Rep. Welch and I presented President Trump with “The Medicare Drug Price Negotiation Act,” a bill that would lower prescription drug prices by allowing Medicare—the largest purchaser of prescription drugs in America – to negotiate for lower prescription drug prices. We asked for the

of the president's promise to the American people.

There is something wrong with this picture, and the American people know it. A majority of Democrats, Republicans and independents want Congress and President Trump to make lowering the cost of prescription drugs a “top priority,” and 92 percent of all Americans want Medicare to negotiate for lower drug prices.

While I am disappointed by the president's silence, I am undeterred. I am still fighting hard in Congress to address this issue. Rep. Welch and I recently joined Reps. Jan Schakowsky (D-Ill.) and Rosa DeLauro (D-Conn.) to introduce the “Improving Access to Affordable Prescription Drugs Act” – a comprehensive approach to lowering prescription drug costs. Our bill would improve transparency in drug pricing and manufacturing; allow Medicare to negotiate for lower prices in Part D and require negotiation for certain high-cost drugs; allow the importation of safe, affordable prescription drugs; help generic drugs reach the market more easily; and cap the out-of-pocket costs for prescription drugs in private insurance plans.

president's support and feedback on our bill. Four months later, despite the president's enthusiasm during our meeting, we are still waiting to hear from him.

Instead of working with me and Rep. Welch, there are now reports that President Trump is poised to issue an executive order that would grant many wishes directly from the pharmaceutical industry's wish list. This executive order would be a betrayal

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