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NATIONAL ASSOCIATION OF RETAIL DRUGGISTS

STATLER-HILTON HOTEL

WASHINGTON, D. C.

JANUARY 20, 1971

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{ Willard Simmons  
Bill Woods  
Geo Wilharme

} Senator Crouch  
(Tennessee)

REMARKS OF

(J. E. Cobb  
Oklahoma  
Dem. nat comm  
Carl Albert)

SENATOR HUBERT H. HUMPHREY

NATIONAL ASSOCIATION OF RETAIL DRUGGISTS

CONFERENCE ON NATIONAL LEGISLATION AND PUBLIC AFFAIRS

STATLER-HILTON HOTEL

WASHINGTON, D. C.

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AS THE ONLY PHARMACIST IN THE UNITED STATES *Congress*

*SENATE*, I WANT TO EXTEND TO YOU A SPECIAL WELCOME TO  
WASHINGTON. I URGE YOU TO TAKE FULL ADVANTAGE OF

THIS CONFERENCE TO FIND OUT AS MUCH AS YOU CAN ABOUT  
WHAT THE CONGRESS, THE AGENCIES AND THE ADMINISTRATION  
ARE DOING AND THINKING IN AREAS OF INTEREST TO YOU.

LIKewise, YOU SHOULD MAKE YOUR VIEWS AND PROBLEMS  
KNOWN TO THOSE WHO ARE RESPONSIBLE FOR FORMULATING  
THE FEDERAL GOVERNMENT'S LAWs AND POLICIES.

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h I AM HERE TODAY AS A FELLOW PHARMACIST AND A PERSON DEEPLY CONCERNED WITH THE HEALING ARTS, WITH THE WHOLE STRUCTURE OF HEALTH CARE IN THE UNITED STATES, AND THE ROLE OF THE PHARMACIST IN THAT HEALTH CARE SYSTEM.

h I KEEP MY PHARMACIST'S REGISTRATION UP BECAUSE I FIND THAT WHATEVER WORK I'VE BEEN IN IN THE PAST IS FAR TOO PRECARIOUS TO GUARANTEE ME ANY FUTURE.

h ONE NICE THING ABOUT IT IS THAT AS LONG AS THERE'S A SHORTAGE OF PHARMACISTS THEY'LL EVEN TAKE ON AN OLD WAR HORSE LIKE ME IF NEED BE.

h I HAVE AN ADVANTAGE WHICH SOME OF YOU WILL NEVER HAVE. MY FATHER WAS A PHARMACIST -- AND A GOOD ONE -- AND HE SERVED A VERY IMPORTANT PART IN THE HEALTH SERVICE OF HIS COMMUNITY.

IN THE DAYS THAT I WAS WITH MY FATHER AS A BOY, AND  
THEN AS AN ADOLESCENT, AND THEN AS A YOUNG ADULT.

I THINK MY FATHER TOOK CARE OF MORE SICK PEOPLE THAN  
THE DOCTOR. AT LEAST, HE WORKED HAND-IN-HAND WITH  
THE DOCTOR; THERE WAS NO ALOOFNESS.

A PHARMACIST IN THE RETAIL PHARMACY OF THE  
YESTERDAYS AND EVEN OF TODAY, WAS A SORT OF FATHER  
CONFESSOR FOR MANY PEOPLE, A KIND OF COUNTRY  
PHILOSOPHER; HE WAS THE FIRST AID STATION. THERE  
WAS HARDLY ANY PROBLEM THAT DIDN'T COME TO HIS  
ATTENTION. I THINK IT WAS THE BEST BACKGROUND TRAINING  
THAT ONE COULD EVER HAVE FOR PUBLIC SERVICE.

~~I THINK~~ I KNOW SOMETHING ABOUT RETAIL PHARMACY.

I HAVEN'T MISSED <sup>many</sup> A NATIONAL ASSOCIATION OF RETAIL  
DRUGGISTS CONVENTION FOR YEARS. IT'S MY AVOCATION  
EVEN NOW.

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I LOVE TO GO BY A DRUG STORE; I LIKE TO WALK INSIDE  
A PHARMACY; I LOVE THE ODOR; I LOVE IT -- IT JUST  
MAKES ME FEEL GOOD. *L* THERE IS SOMETHING ABOUT IT --

AS A YOUNG MAN I STARTED MY PRIVATE TRAINING AS AN  
APPRENTICE. *L* I WAS AN APPRENTICE PHARMACIST --

ACTUALLY, A CERTIFIED APPRENTICE, IN THE STATE OF  
SOUTH DAKOTA. AND I REMEMBER THAT WE HAD -- THEN

AND HAVE NOW -- ONE OF THE MOST MODERN PHARMACIES IN

*mid-west*  
THE ~~UNITED STATES~~ FOR THOUGH IT IS IN A TOWN OF  
ONLY ABOUT ~~12~~ *OR 15* THOUSAND PEOPLE, HURON, SOUTH

DAKOTA, WE STILL HAVE OUR FAMILY BUSINESS -- IT'S *Huron*

CALLED HUMPHREY AND SONS, INC. MY BROTHER IS NO LONGER  
WITH US, HAS PASSED AWAY. MY FATHER IS DECEASED. I

AM THE PRESIDENT OF THIS LITTLE FAMILY CORPORATION.



I GO HOME TO THE STORE AT LEAST ONCE A MONTH. I  
ACTUALLY GO BACK BEHIND THE COUNTER AND WORK THERE,  
AND I WATCH THE INVENTORY VERY CAREFULLY. I KEEP THE  
RECORDS AND THEN WORK WITH OUR ACCOUNTANT. I THINK  
I KNOW WHAT IT MEANS TO KEEP UP-TO-DATE IN A MODERN  
PHARMACY. I STILL GET MY PHARMACY JOURNALS.

I HAVE FOUGHT IN THE PROFESSION AND IN THE CONGRESS OF  
THE UNITED STATES TO IMPROVE PHARMACY, SPECIFICALLY,  
AND HEALTH CARE IN GENERAL. YOU CANNOT HAVE GOOD  
MEDICINE WITHOUT A GOOD PHARMACIST.

I WANT TO TALK ABOUT THE HEALTH CARE NEEDS OF  
THIS NATION. (your next Convention - October)

AMERICANS SPENT \$70 BILLION ON HEALTH CARE LAST  
YEAR -- THAT'S 16% MORE THAN IN 1969. DESPITE THIS  
IMMENSE EXPENDITURE, WE RANK 13TH AMONG INDUSTRIALIZED

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NATIONS IN INFANT MORTALITY, 11TH IN LIFE EXPECTANCY FOR WOMEN AND 18TH IN LIFE EXPECTANCY FOR MEN.

*indicates*  
L ALL THIS ~~POINTS TO THE FACT~~ THAT AMERICANS ARE LESS HEALTHY NOW THAN THEY WERE 20 YEARS AGO WHEN THE NATIONAL ANNUAL HEALTH EXPENDITURE WAS LESS THAN ONE-FIFTH WHAT IT IS TODAY.

L BASED ON MINIMUM STANDARDS SET BY MEDICARE, ONE-THIRD OF ALL THE HOSPITALS ARE NOT ACCREDITED AND 10% OF ALL HOSPITAL PATIENTS ARE ADMITTED TO NON-ACCREDITED HOSPITAL BEDS.

L TWO-THIRDS OF ALL PERSONAL HEALTH COSTS REMAIN UNINSURED. 40 MILLION AMERICANS HAVE NO HEALTH INSURANCE OF ANY KIND.

WITH THE ACCELERATED PACE OF INFLATION, THE INCREASE OF THE HEALTH COSTS HAS MORE THAN DOUBLED THAT OF THE OVERALL RISE IN THE COST OF LIVING AND THEY ARE FAST MOVING OUT OF THE REACH OF MIDDLE AS WELL AS LOW INCOME CITIZENS.

↳ IT IS RATHER IRONIC TO NOTE THAT A PREPONDERANT NUMBER OF STATES IN THIS WEALTHY NATION OF OURS REQUIRE AUTOMOBILE INSURANCE, BUT NOT ONE STATE REQUIRES OR EVEN ADVOCATES THE MOST MINIMAL HEALTH COVERAGE FOR ALL ITS CITIZENS. ↳ WE HAVE SICKNESS INSURANCE, BUT WE DON'T HAVE HEALTH INSURANCE. ↳ YOU'VE GOT TO GET SICK, REAL SICK, BEFORE YOU GET ANY BENEFITS.

↳ THERE IS NO REVELATION IN ANY OF THESE STATISTICS, BUT THEY REVEAL SERIOUS DEFICIENCIES IN BASIC PLANNING, DESIGN, AND OPERATION OF OUR HEALTH CARE SYSTEM.



THEY REVEAL A FAILURE OF OUR SOCIETY TO ESTABLISH NATIONAL PRIORITIES. <sup>u</sup>THE TIME HAS COME, I THINK, TO GET BOTH OUR PRIORITIES AND OUR SYSTEMS STRAIGHTENED OUT AND FUNCTIONING PROPERLY.

THEREFORE, I SAY IT IS TIME FOR THE HEALING ARTS, THE MEDICAL, PHARMACEUTICAL STATESMEN TO INVADE THIS JUMBLE OF UNPLANNED, UNCOORDINATED, UNSOPHISTICATED, UNRESPONSIVE HEALTH CARE SYSTEMS AND COME UP WITH SIGNIFICANT CHANGES THAT WILL ENABLE US TO UTILIZE OUR HEALTH RESOURCES EFFICIENTLY AND ECONOMICALLY.

THE DEPARTMENT OF HEALTH, EDUCATION AND WELFARE HAS WARNED OF "A BREAKDOWN IN THE DELIVERY OF HEALTH CARE UNLESS IMMEDIATE CONCERTED ACTION IS TAKEN BY THE GOVERNMENT AND THE PRIVATE SECTOR."

L MEDICAL CARE IS ORGANIZED AS "CRISIS" MEDICINE  
RATHER THAN PREVENTIVE MEDICINE. L WE ARE THE ONLY MAJOR  
WESTERN NATION THAT DOES NOT HAVE A NATIONAL HEALTH  
CARE PLAN FOR THE MAJORITY OF OUR CITIZENS.

L YEARS BACK I PROPOSED A SYSTEM OF NATIONAL HEALTH  
INSURANCE, IT WASN'T TERRIBLY SOPHISTICATED, BUT IT  
WAS AN IDEA. L I WAS CALLED A DREAMER, A SOCIALIST AND  
A POLITICAL NEOPHYTE . . . AND A FEW OTHER THINGS I  
WOULDN'T CARE TO REPEAT.

L TODAY THIS CONCEPT OF NATIONAL HEALTH INSURANCE IS  
ACCEPTED, EVEN ENDORSED AND APPLAUDED BY LEADERS OF  
BOTH MAJOR PARTIES.

L THE PRESIDENT OF THE UNITED STATES RECENTLY SAID  
THAT WE SIMPLY HAVE GOT TO HAVE SOME KIND OF SYSTEM  
LIKE THIS.

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HE DIDN'T FEEL THAT WAY WHEN HE WAS IN CONGRESS, BUT HE IS PRESIDENT NOW.

WE ARE INVESTING A HIGHER PROPORTION OF OUR NATIONAL INCOME IN HEALTH CARE THAN ANY OTHER NATION IN THE WORLD, AND I THINK THERE ARE STRONG DOUBTS AS TO WHETHER WE ARE GETTING OUR MONEY'S WORTH. AMERICA IS UNEQUALLED IN THE DEVELOPMENT OF MODERN SOPHISTICATED MEDICAL EQUIPMENT AND PROCEDURES. I SERVED 12 YEARS AS CHAIRMAN OF THE U. S. SENATE SUBCOMMITTEE ON MEDICAL AND SCIENTIFIC RESEARCH. I TRAVELED THROUGH EVERY ONE OF THE WESTERN EUROPEAN COUNTRIES AND INTO THE SOVIET UNION LOOKING INTO THEIR HOSPITALS, INTO THEIR PHARMACEUTICAL LABORATORIES.

THERE IS NO CONCEIVABLE REASON WHY THE WEALTHIEST, MOST SCIENTIFICALLY ADVANCED NATION IN THE HISTORY OF THE WORLD -- THE UNITED STATES OF AMERICA -- IS NOT ALSO THE HEALTHIEST NATION ON EARTH.

BUT SADLY WE ARE FAR FROM THE TOP.

IT IS WORTH NOTING THAT THOSE COUNTRIES WHERE THERE IS A LOWER INFANT MORTALITY RATE THAN IN THE UNITED STATES AND WHERE THERE IS A HIGHER LIFE EXPECTANCY, THERE IS <sup>also</sup> A NATIONAL HEALTH PROGRAM WHICH EITHER PROVIDES OR FINANCES HEALTH SERVICES FOR THE VAST MAJORITY OF THEIR CITIZENS.

AS I RETURN TO THE SENATE, I BRING WITH ME THE DETERMINATION TO MAKE IMPROVED HEALTH SERVICES FOR ALL 206 MILLION AMERICANS A MATTER OF TOP PRIORITY LET THIS 92ND CONGRESS WHICH CONVENES TOMORROW BE KNOWN AS THE HEALTH CONGRESS, THE CONGRESS WHICH RECOGNIZED THE PROBLEM AND HAD THE WISDOM AND COURAGE TO DO SOMETHING ABOUT IT.

BUT WE CANNOT DO IT ALONE. WE WILL NEED YOUR HELP.

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THIS IS NOT NEW FOR ME. MANY OF YOU MAY RECALL THAT I HAVE BEEN FIGHTING FOR BETTER HEALTH SERVICES FOR ALL AMERICANS SINCE I FIRST CAME TO THE SENATE IN 1949. I HAVE THE PRIVILEGE OF BEING THE ORIGINAL AUTHOR OF MEDICARE. I INTRODUCED THE BILL ON MAY 17, 1949. IT WAS SIGNED IN 1965.

L TODAY 20 MILLION OF OUR OLDER CITIZENS ARE GETTING BENEFITS OF THIS PROGRESSIVE LEGISLATION.

L IT IS A GODSEND TO THEM AND TO THEIR CHILDREN, WHO ARE RELIEVED OF MEETING THE GROWING MEDICAL EXPENSES OF THEIR PARENTS AS WELL AS THEIR OWN. L IT HASN'T HURT MEDICINE NOR HAS IT HURT THE HOSPITALS.

L TO BE SURE, THERE ARE ABUSES, AND YOU WILL HEAR ABOUT THOSE. L AND THERE ARE SHORTCOMINGS. YOU -- WE -- OF NARD, I AM PROUD TO SAY, ARE INVOLVED IN CORRECTING ONE OF THOSE SHORTCOMINGS.



FOR SEVERAL YEARS YOUR ASSOCIATION HAS WORKED FOR LEGISLATION IN CONGRESS THAT WOULD PROVIDE DRUGS FOR THE MEDICARE HOME PATIENT. *L* WE HAVE SEEN THE STUDIES AND RECOMMENDATIONS OF PROFESSIONAL AND GOVERNMENTAL BODIES. AND WE OURSELVES HAVE SEEN THE URGENT MEDICAL NEEDS OF THE PATIENTS.

A SPECIAL STUDY GROUP UNDER *former* <sup>a</sup> HEW SECRETARY WILBUR COHEN HAS ENDORSED THE PROPOSAL AS FINANCIALLY FEASIBLE, ADMINISTRATIVELY WORKABLE AND HUMANLY DESIRABLE.

*L* NOW THE TIME HAS COME FOR ACTION.

BECAUSE OF THIS GAP IN COVERAGE, WE HAVE WITNESSED ELDERLY PEOPLE PUT IN THE HOSPITAL SIMPLY BECAUSE THAT IS THE ONLY WAY THEY CAN AFFORD THE EXPENSIVE MEDICATION THEY NEED.

THE NEGATIVE AFTER-EFFECTS ARE MANY. COSTS TO THE GOVERNMENT GO UP -- AND ARE REFLECTED IN MEDICARE PREMIUM INCREASES -- BECAUSE OF THIS OVER UTILIZATION OF HOSPITAL FACILITIES. L A PERSON IN THE HOSPITAL, SIMPLY TO GET A PRESCRIPTION FILLED, IS TAKING UP A BED THAT MAY BE SORELY NEEDED FOR SOMEONE WHO REALLY IS SICK. L THE COSTS ARE MORE THAN FINANCIAL. THEY ARE VERY HUMAN.

L A HOSPITAL STAY -- FOR MOST OF US, BUT ESPECIALLY THE ELDERLY -- IS A DEPRESSING EXPERIENCE, FOR TOO MANY ELDERLY PERSONS HOSPITALS ARE NOT TEMPLES OF HEALING BUT PLACES TO GO AND DIE. L THIS PSYCHOLOGICAL BURDEN IS TOTALLY UNNECESSARY, AND COULD BE EASILY AVOIDED BY AMENDING PART B OF MEDICARE TO INCLUDE DRUGS AMONG THE HOME HEALTH CARE BENEFITS.

THERE IS NO NEED FOR AN ELDERLY PERSON ON MEDICARE TO SPEND SEVERAL DAYS IN A HOSPITAL SIMPLY BECAUSE HE DOESN'T HAVE THE MONEY TO GO TO HIS NEIGHBORHOOD DRUGGIST AND HAVE A PRESCRIPTION FILLED.

ANOTHER CHANGE THE CONGRESS SHOULD CONSIDER FOR MEDICARE HOME CARE BENEFITS IS THE INCLUSION OF AT LEAST ONE ANNUAL GENERAL PHYSICAL EXAMINATION. THIS WOULD PUT THE EMPHASIS ON PREVENTIVE MEDICINE INSTEAD OF THE PRESENT "CRISIS" APPROACH OF WAITING UNTIL THE PERSON IS SICK BEFORE PROVIDING HELP. YOU KNOW WELL HOW MANY PEOPLE IGNORE THEIR HEALTH SIMPLY BECAUSE OF THE HIGH COST OF A ROUTINE PHYSICAL, WHICH CAN BE \$50 TO \$100 OR MORE. THE NEED FOR SUCH COVERAGE FOR THE ELDERLY IS IMPERATIVE.

AS THEY GET OLDER, THEIR HEALTH DETERIORATES MORE RAPIDLY AND SO DOES THEIR FINANCIAL ABILITY TO AFFORD PROPER PREVENTIVE CARE.

THE COMMITTEE FOR NATIONAL HEALTH INSURANCE, WHOSE BACKERS RANGE FROM THE EMINENT HEART SURGEON, DR. MICHAEL DE BAKEY, TO FORMER HEW SECRETARY COHEN HAVE SPENT NEARLY TWO YEARS DRAFTING A BILL THAT WILL BE INTRODUCED IN THE SENATE WITHIN A MATTER OF DAYS. *I'm going to co-sponsor that bill.*

*L* THE AMERICAN MEDICAL ASSOCIATION, WHICH USED TO CRAWL UNDER THE TABLE WHEN YOU MENTIONED <sup>health</sup> INSURANCE, NOW RECOGNIZES THAT SOME KIND OF LEGISLATION IS INEVITABLE AND HAS DEVELOPED ITS OWN NATIONAL HEALTH INSURANCE PLAN.

IN THE 91ST CONGRESS JUST ENDED, NEARLY 50 SEPARATE BILLS, EMBODYING AT LEAST EIGHT DIFFERENT NATIONAL HEALTH INSURANCE PROPOSALS, WERE INTRODUCED. MORE CAN BE EXPECTED IN THE 92ND CONGRESS, WHICH CONVENES TOMORROW.

THEY ALL HAVE AT LEAST ONE THING IN COMMON. THEY RECOGNIZE THAT, AS FORMER HEW SECRETARY JOHN GARDNER, NOW HEAD OF THE CITIZENS LOBBY "COMMON CAUSE," POINTED OUT, THAT THE PRESENT SYSTEM OF MEDICAL CARE DELIVERY IS "OUTWORN, EXPENSIVE AND OUTRAGEOUSLY INEFFICIENT."

LET ME SHARE WITH YOU SOME OF THE BASIC CRITERIA I BELIEVE WE NEED IF WE ARE TO IMPROVE THE QUALITY OF HEALTH CARE IN THE UNITED STATES AND THE METHOD OF DELIVERING THOSE SERVICES.

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- 1) THERE MUST BE A SIGNIFICANT INCREASE IN FUNDS FOR EXPANDING THE SUPPLY OF MEDICAL MANPOWER, INCLUDING PERSONS FROM MINORITY GROUPS.
- 2) WE MUST TRAIN NEW TYPES OF MEDICAL AIDES SUCH AS ASSISTANT PHYSICIANS, FAMILY PLANNING AIDES, AND COMMUNITY HEALTH WORKERS.
- 3) FINANCIAL AID MUST BE MADE AVAILABLE FOR STARTING HUNDREDS OF ADDITIONAL GROUP PRACTICE PLANS.
- 4) WE MUST INCREASE THE NUMBER OF NEIGHBORHOOD HEALTH CENTERS, AMBULATORY CLINICS, MATERNITY AND WELL-BABY CLINICS, AND
- 5) WE SHOULD OFFER FINANCIAL INCENTIVES FOR INNOVATIVE, MORE ECONOMICAL AND EFFICIENT ARRANGEMENTS, AND COORDINATED MEDICAL SERVICE PLANS.

THERE ARE SERIOUS SHORTAGES OF DOCTORS AND NURSES. EVEN IF WE COULD DOUBLE THE PRESENT ANNUAL OUTPUT OF OUR MEDICAL SCHOOLS -- FROM LESS THAN 9,000 DOCTORS A YEAR -- IT WOULD TAKE 20 YEARS -- GIVEN POPULATION GROWTH AND ATTRITION -- BEFORE WE COULD MAKE AN APPRECIABLE CHANGE IN THE PATIENT - TO-DOCTOR RATIO. BUT WE MUST BEGIN.

MEANWHILE, WE MUST LOOK AT HOW WE CAN MAKE MORE EFFECTIVE USE OF THE MEDICAL MANPOWER WE HAVE. THE HEALTH MANPOWER COMMISSION WARNED US IN 1967 THAT "IF ADDITIONAL PERSONNEL ARE EMPLOYED IN THE PRESENT MANNER AND WITHIN THE PRESENT PATTERNS AND SYSTEMS OF MEDICAL CARE, THEY WILL NOT AVERT, OR PERHAPS EVEN ALLEVIATE, THE CRISIS. UNLESS WE IMPROVE THE SYSTEM THROUGH WHICH HEALTH CARE IS PROVIDED, CARE WILL CONTINUE TO BECOME LESS SATISFACTORY."

YES, WE DO NEED MORE DOCTORS -- ESPECIALLY  
GENERAL PRACTITIONERS. YET, WE JUST SAW THE PRESIDENT  
VETO LEGISLATION DESIGNED TO INCREASE THE SUPPLY OF  
GENERAL PRACTITIONERS. I CAN'T HELP BUT WONDER WHAT  
CAUSES A MAN TO ADMIT THE NATIONAL HEALTH CARE PROBLEM  
WAS "MUCH WORSE THAN I (HE) REALIZED" AND THEN VETO  
THREE IMPORTANT PIECES OF HEALTH LEGISLATION AND ORDER  
SEVERE CUTBACKS IN MEDICAL RESEARCH. THIS STRIKES ME  
AS A SYMPTOM OF AN ADMINISTRATION WITH A WARPED SENSE  
OF NATIONAL PRIORITIES. GENEROUS IN ITS EXPENDITURES  
ON THE INSTRUMENTS OF HUMAN DESTRUCTION, IT IS BRUTALLY  
FRUGAL IN THE REALM OF HUMAN BETTERMENT.

GOVERNMENT CANNOT BE ALLOWED TO BE STINGY WHEN IT  
COMES TO THE HEALTH OF ITS CITIZENS. THIS SHOULD NOT  
BE CONSTRUED AS ANY ENDORSEMENT OF THE CURRENT EPIDEMIC  
OF INFLATION AND RISING COSTS THAT WE ARE EXPERIENCING.

QUITE TO THE CONTRARY.

L MEDICAL COSTS MUST BE BROUGHT INTO LINE. THE  
ELIMINATION OF WASTE AND DUPLICATION IS ESSENTIAL.

L GROUP PRACTICE SYSTEMS, SUCH AS THE KAISER-PERMANENTE  
PLAN ON THE WEST COAST AND NEW YORK'S HEALTH INSURANCE  
PLAN, GIVE FAR BROADER CARE THAN THE MUCH MORE  
LIMITED HEALTH -- REALLY SICKNESS -- INSURANCE PLANS.

L STUDIES OF THE KAISER PLAN HAVE DEMONSTRATED THAT  
ITS HEALTH SERVICE COSTS ONE-FOURTH TO ONE-THIRD LESS  
THAN THE SAME PACKAGE OF SERVICES WOULD COST OUTSIDE  
THE SYSTEM. GROUP PRACTICE DOCTORS " SEE MORE PATIENTS --  
15 TO 20 PER CENT MORE -- AND HAVE MORE FREE TIME TO  
KEEP UP WITH THE LATEST RESEARCH. THEY CAN DO THAT  
BECAUSE OF THE PARA-PROFESSIONAL STAFF SUPPORT THEY  
RECEIVE AND BECAUSE THEY ARE RELIEVED OF THE BUSINESS & *administrative*  
RESPONSIBILITIES OF MEDICAL PRACTICE.

GROUP PRACTICE PATIENTS EXPERIENCE 30% LESS  
HOSPITALIZATION BECAUSE THERE ARE NO ECONOMIC REASONS  
TO HOSPITALIZE PATIENTS AND BECAUSE PATIENTS RECEIVE  
PREVENTIVE CARE.

L ADEQUATE SAFEGUARDS MUST BE INCLUDED TO INSURE  
THAT NEIGHBORHOOD PHARMACIES CONTINUE THEIR SERVICE TO  
THE COMMUNITY.

L MANY INSURANCE PROGRAMS ONLY PROVIDE BENEFITS  
WHEN THE PATIENT IS HOSPITALIZED, THEREBY ENCOURAGING  
DOCTORS TO PLACE PATIENTS IN HOSPITALS.

L YET WE FIND THAT LAWS IN 20 STATES STILL APPLY  
CRIPPLING RESTRICTION ON GROUP PRACTICE. THE MEDICAL  
PROFESSION MUST ACT TO CORRECT THIS INJUSTICE TO A  
NATION IN NEED OF IMPROVED MEDICAL SERVICE.

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WITH ONLY A FEW EXCEPTIONS, NO INSURANCE ON THE MARKET TODAY PROVIDES ANY BENEFITS FOR PREVENTIVE MEDICAL CARE -- FOR ANNUAL CHECK-UPS, FOR ROUTINE CANCER TESTS, FOR IMMUNIZATION OR INNOCULATIONS AGAINST KILLER DISEASES. THERE IS NO INCENTIVE FOR HEALTH IN OUR SO-CALLED HEALTH PLANS, ONLY PARTIAL REIMBURSEMENT TO PREVENT SICKNESS FROM BEING FINANCIAL CATASTROPHE -- FOR THOSE WHO CAN AFFORD THAT PROTECTION.

MINORITY GROUP OPPORTUNITY IN THE MEDICAL AND PARA-MEDICAL PROFESSIONS MUST BE EXPANDED. THE SOCIAL PHILOSOPHY OF MEDICINE IN SERVICE TO THE COMMUNITY MUST BE PRESERVED. THAT CAN BE DONE IF THE FULL PARTICIPATION OF ALL CITIZENS IN THOSE PROFESSIONS IS OBTAINED THROUGH ACTIVE SOLICITATION AND SUPPORT.

WE MUST AID THE MENTALLY ILL. WE NEED MORE  
COMMUNITY HEALTH CENTERS. WE MUST ACCELERATE RESEARCH  
INTO THE PREVENTION AND TREATMENT OF MENTAL ILLNESS  
AND RETARDATION.

WE MUST ESTABLISH A CHILD HEALTH OPPORTUNITY  
PROGRAM TO INSURE THAT NEEDY EXPECTANT MOTHERS AND  
CHILDREN RECEIVE GOOD MEDICAL CARE.

WE MUST EXPAND MEDICARE AND MEDICAID COVERAGE, WITH  
APPROPRIATE COST CONTROLS.

RESEARCH FUNDS MUST BE RESTORED.

RESTRUCTURING THE HEALTH CARE SYSTEM, TO BE EFFECTIVE,  
WILL REQUIRE THE CONCERTED EFFORT OF ALL CITIZENS, OF  
MEMBERS OF THE HEALTH PROFESSIONS AND THEIR ASSOCIATIONS --  
OF PUBLIC HEALTH OFFICIALS, THE INSURANCE INDUSTRY, THE  
PHARMACEUTICAL INDUSTRY, LABOR AND MANAGEMENT AND --  
PERHAPS MOST IMPORTANTLY -- OF THE HEALTH CONSUMER.

SUCH A HEALTH COALITION WOULD BE A WORKING FORCE OF DEDICATED, CREATIVE INDIVIDUALS AND ORGANIZATIONS MANNING MEDICAL THINK TANKS AND STAFFING MEDICAL TASK FORCES.

SUCH A HEALTH COALITION CAN DESIGN A HEALTH-CARE SYSTEM IN KEEPING WITH OUR UNIQUE AMERICAN TRADITIONS -- YET FULLY RESPONSIVE TO THE NEEDS OF ALL CITIZENS; A HEALTH CARE SYSTEM APPROPRIATE TO OUR ADVANCED AND AFFLUENT NATION'S NEEDS AND DESIRES.

SUCH A HEALTH-CARE SYSTEM IS POSSIBLE ONLY IN A SOCIETY WHICH HAS ITS PRIORITIES STRAIGHT -- A SOCIETY THAT PUTS THE HEALTH AND WELL-BEING OF ITS CITIZENS AT THE TOP OF ITS AGENDA.

PHARMACISTS, AS PRACTITIONERS OF ONE OF THE  
MOST ANCIENT AND HONORABLE OF THE HEALING ARTS, NEED  
TO TAKE THEIR PLACE IN THIS EVOLVING HEALTH PICTURE.  
AND I THINK THAT YOU SHOULD NOT ONLY TAKE YOUR PLACE,  
I THINK YOU SHOULD TAKE THE LEAD, STANDING RIGHT UP  
IN FRONT.

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REMARKS OF  
SENATOR HUBERT H. HUMPHREY  
NATIONAL ASSOCIATION OF RETAIL DRUGGISTS  
CONFERENCE ON NATIONAL LEGISLATION AND PUBLIC AFFAIRS

STATLER HILTON HOTEL, WASHINGTON, D.C.

JANUARY 20, 1971

I am here today as a fellow pharmacist -- the only one in the entire 92d Congress -- and as a person deeply concerned with the healing arts, with the whole structure of health care in the United States, and the role of the pharmacist in that health care system.

I have fought within the profession and in the Congress to improve pharmacy, specifically, and health care in general. You cannot have good medicine without a good pharmacist.

I want to talk to you about the health care needs of this nation, and what must be done to better meet them.

There are going to be tremendous changes over the next few years in the delivery of health care and the methods of financing it. This change is inevitable and desirable. Take my advice and don't make the mistake of King Canute, who tried to command the tide to stop.

-More-



Your next national convention is coming up in October. Now is the time to start planning for it. I recommend you invite people from the Administration, the Congress, the agencies, the medical profession, social work -- people of widely differing points of view.

Sit down and discuss with them all matters relating to health care. Find out what they're thinking and doing. And let them know what's on your mind.

I'm telling you: Something is going to happen. Health care is the paramount issue of the 1970s. It is certainly going to be a significant topic in the 1972 Presidential campaign. It already is destined to be one of the major pieces of legislation that will go before the 92nd Congress.

I want retail pharmacists, with their practical wisdom and professional background, to share their thoughts and participate in the formulation of this new policy so whatever legislation evolves, it reflects some of your own thinking.

Don't cop out. Get involved. Get your point of view heard. Try to be a constructive force.

If you resist orderly, necessary change, you get disorder and chaos.

These are some things you should be thinking about. And here's another: Last year Americans spent \$70 billion on health care -- that's 16% more than in 1969. Despite this immense expenditure, we rank 13th among industrialized nations in

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infant mortality, 11th in life expectancy for women and 18th in life expectancy for men.

All this indicates that Americans are less healthy now than they were 20 years ago when the national annual health expenditure was less than one-fifth what it is today.

Based on minimum standards set by Medicare, one-third of all the hospitals are not accredited and 10% of all hospital patients are admitted to non-accredited hospital beds.

Two-thirds of all personal health costs remain uninsured. Forty million Americans have no health insurance of any kind. No one really has health insurance, it's really sickness insurance.

With the accelerated pace of inflation, the increase of health costs has more than doubled that of the overall rise in the cost of living and they are fast moving out of the reach of middle as well as low income citizens.

It is rather ironic to note that a preponderant number of states in this wealthy nation of ours require automobile insurance, but not one state requires or even advocates the most minimal health coverage for all its citizens. We have sickness insurance, but we don't have health insurance. You've got to get sick, really sick, before you get any benefits.

There is no revelation in any of these statistics; but they show serious deficiencies in basic planning, design and operation of our health care system.

-More-

They reveal a failure of our society to establish national priorities. The time has come, I think, to get both our priorities and our systems straightened out and functioning properly.

Therefore, I say it is time for the healing arts, the medical, pharmaceutical statesmen to invade this jumble of unplanned, uncoordinated, unsophisticated, unresponsive health care systems and come up with significant changes that will enable us to utilize our health resources efficiently and economically.

The Department of Health, Education and Welfare has warned of a "breakdown in the delivery of health care unless immediate concerted action is taken by the government and the private sector."

Medical care is organized as "crisis" medicine rather than preventive medicine.

We are the only major Western nation that does not have a national health care plan for the majority of our citizens.

Years back I proposed a system of national health insurance. It wasn't terribly sophisticated, but it was an idea.

I was called a dreamer, a socialist and a political neophyte . . . . And a few other things I wouldn't care to repeat.

Today this concept of national health insurance is accepted, even endorsed and applauded by leaders of both major parties.

The President of the United States recently said that we simply have got to have some kind of system like this.

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He didn't feel that way when he was in Congress, but he is President now.

We are investing a higher proportion of our national income in health care than any other nation in the world, and I think there are strong doubts as to whether we are getting our money's worth.

America is unequalled in the development of modern sophisticated medical equipment, surgery, pharmaceuticals, and procedures.

I served 12 years as Chairman of the U.S. Senate Subcommittee on Medical and Scientific Research. I traveled through every one of the Western European countries and into the Soviet Union looking into their hospitals, into their pharmaceutical laboratories.

There is no conceivable reason why the wealthiest, most scientifically advanced nation in the history of the world -- the United States of America -- is not also the healthiest nation on Earth. But sadly we are far from the top.

It is worth noting that those countries where there is a lower infant mortality rate than in the United States and where there is a higher life expectancy, there is also a national health program which either provides or finances health services for the vast majority of their citizens.

As I return to the Senate, I bring with me the determination to make improved health services for all 206 million Americans



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a matter of top priority. Let this 92nd Congress which convenes tomorrow be known as the health Congress, the Congress which recognized the problem and had the wisdom and courage to do something about it.

But we cannot do it alone. We will need your help.

This is not new for me. Many of you may recall that I have been fighting for better health services for all Americans since I first came to the Senate in 1949. I have the privilege of being the original author of Medicare. I introduced the bill on May 17, 1949. It was signed in 1965.

There isn't going to be that much delay from now on. Things are happening faster, changes are coming quicker these days.

Medicare today is furnishing benefits to 20 million of our older citizens. It is a Godsend to them. It hasn't hurt medicine nor has it hurt the hospitals.

Sure, there are abuses, and you will hear about those. And there are shortcomings. You of NARD, I am proud to say, are involved in correcting one of those shortcomings.

For several years your Association has worked for legislation in Congress that would provide drugs for the Medicare home patient. We have seen the studies and recommendations of professional and governmental bodies. And we ourselves have seen the urgent medical needs of the patients.

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A special study group under former HEW Secretary Wilbur Cohen has endorsed the proposal as financially feasible, administratively workable and humanely desirable.

If this had been written into the law originally, you probably wouldn't have hospital costs going so high or Medicare premiums increased so much.

But because of this gap in coverage, we have witnessed elderly people put in the hospital simply because that is the only way they can afford the expensive medication they need.

And you load on the taxpayer the extra cost of going to the hospital instead of the neighborhood drug store.

The negative after-effects are many. Costs to the government go up -- and are reflected in Medicare premium increases -- because of this over-utilization of hospital facilities.

A person in the hospital, simply to get a prescription filled, is taking up a bed that may be sorely needed for someone who really is sick.

The costs are more than financial. They are very human.

A hospital stay -- for most of us, but especially the elderly -- is a depressing experience, for too many elderly persons hospitals are not temples of healing but places to go and die.

This psychological burden is totally unnecessary, and could be easily avoided by amending Part B of Medicare to include drugs among the Home Health Care Benefits.

There is no need for an elderly person on Medicare to spend several days in a hospital simply because he doesn't have the money to go to his neighborhood druggist and have a prescription filled.

Another change the Congress should consider for Medicare Home Care Benefits is the inclusion of at least one annual general physical examination.

This would put the emphasis on preventive medicine instead of the present "crisis" approach of waiting until the person is sick before providing help. You know well how many people ignore their health simply because of the high cost of a routine physical, which can be \$50 to \$100 or more.

The need for such coverage for the elderly is imperative. As they get older, their health deteriorates more rapidly and so does their financial ability to afford proper preventive care.

The Committee for National Health Insurance, whose backers range from the eminent heart surgeon, Dr. Michael DeBakey, to former HEW Secretary Cohen have spent nearly two years drafting a bill that will be introduced in the Senate within a matter of days. I'm going to co-sponsor that bill.

The American Medical Association, which used to crawl under the table when you mentioned health insurance, now recognizes that some kind of legislation is inevitable and has developed its own national health insurance plan.

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In the 91st Congress just ended, nearly 50 separate bills, embodying at least eight different national health insurance proposals, were introduced. More can be expected in the 92nd Congress, which convenes tomorrow.

They all have at least one thing in common. They recognize that, as former HEW Secretary John Gardner, now head of the Citizens Lobby "Common Cause," pointed out, that the present system of medical care delivery is "outworn, expensive and outrageously inefficient."

Let me share with you some of the basic criteria I believe we need if we are to improve the quality of health care in the United States and the method of delivering those services.

1) There must be a significant increase in funds for expanding the supply of medical manpower, including persons from minority groups.

2) We must train new types of medical aides such as assistant physicians, family planning aides, and community health workers.

3) Financial aid must be made available for starting hundreds of additional group practice plans.

4) We must increase the number of neighborhood health centers, ambulatory clinics, maternity and well-baby clinics, and

5) We should offer financial incentives for innovative, more economical and efficient arrangements, and coordinated medical service plans.

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There are serious shortages of doctors and nurses. Even if we could double the present annual output of our medical schools -- from less than 9,000 doctors a year -- it would take 20 years -- given population growth and attrition -- before we could make an appreciable change in the patient-to-doctor ratio. But we must begin .

Meanwhile, we must look at how we can make more effective use of the medical manpower we have. The Health Manpower Commission warned us in 1967 that "If additional personnel are employed in the present manner and within the present patterns and systems of medical care, they will not avert, or perhaps even alleviate, the crisis.

Unless we improve the system through which health care is provided, care will continue to become less satisfactory.

Government cannot be allowed to be stingy when it comes to the health of its citizens.

This should not be construed as any endorsement of the current epidemic of inflation and rising costs that we are experiencing. Quite to the contrary.

Medical costs must be brought into line. The elimination of waste and duplication is essential.

Group practice systems, such as the Kaiser-Permanente Plan on the West Coast and New York's Health Insurance Plan, give far broader care than the much more limited health -- really sickness -- insurance plans.



Studies of the Kaiser Plan have demonstrated that its health service costs one-fourth to one-third less than the same package of services would cost outside the system.

"Group practice doctors" see more patients -- 15 to 20 per cent more -- and have more free time to keep up with the latest research. They can do that because of the para-professional staff support they receive and because they are relieved of the business and administration responsibilities of medical practice.

Group practice patients experience 30% less hospitalization because there are no economic reasons to hospitalize patients and because patients receive preventive care.

Adequate safeguards must be included to insure that neighborhood pharmacies continue their service to the community.

Many insurance programs only provide benefits when the patient is hospitalized, thereby encouraging doctors to place patients in hospitals.

Yet we find that laws in 20 states still apply crippling restriction on group practice. The medical profession must act to correct this injustice to a nation in need of improved medical service.

With only a few exceptions, no insurance on the market today provides any benefits for preventive medical care -- for annual check-ups, for routine cancer tests, for immunization or inoculations against killer diseases.



There is no incentive for health in our so-called health plans, only partial reimbursement to prevent sickness from being financial catastrophe -- for those who can afford that protection.

Minority group opportunity in the medical and para-medical professions must be expanded.

The social philosophy of medicine in service to the community must be preserved. That can be done if the full participation of all citizens in those professions is obtained through active solicitation and support.

We must aid the mentally ill. We need more community health centers. We must accelerate research into the prevention and treatment of mental illness and retardation.

We must establish a child health opportunity program to insure that needy expectant mothers and children receive good medical care.

We must expand Medicare and Medicaid coverage, with appropriate cost controls.

Research funds must be restored.

Restructuring the health care system, to be effective, will require the concerted effort of all citizens, of members of the health professions and their associations -- of public health officials, the insurance industry, the pharmaceutical industry, labor and management, and perhaps most importantly -- of the health consumer.

Such a health coalition would be a working force of dedicated, creative individuals and organizations manning medical think-tanks and staffing medical task forces.

Such a health coalition can design a health-care system in keeping with our unique American traditions -- yet fully responsive to the needs of all citizens; a health care system appropriate to our advanced and affluent nation's needs and desires.

Such a health-care system is possible only in a society which has its priorities straight -- a society that puts the health and well-being of its citizens at the top of its agenda.

Pharmacists, as practitioners of one of the most ancient and honorable of the healing arts, need to take their place in this evolving health picture. And I think that you should not only take your place, I think you should take the lead, standing right up in front.



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