

201470

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Min. St. Pharm Assoc

Ragnar Radheim - 7 Tyler - Pres
Dr. De Gangi ^{REMARKS} EE

SENATOR HUBERT H. HUMPHREY

MINNESOTA STATE PHARMACEUTICAL ASSOCIATION

87TH CONVENTION

APRIL 18, 1971

MINNEAPOLIS, MINNESOTA

- Bob Buchanan
- Dean Weaver

✓ 1968 Defeat
Brands - no!

201-752

L 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.

L 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.

L I WANT TO TALK TO YOU ABOUT THE HEALTH CARE NEEDS OF
THIS NATION, AND WHAT MUST BE DONE TO BETTER MEET THEM.

251472
L 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!

L I WOULD URGE THE PHARMACY PROFESSION TO GET INVOLVED
IN THE RESTRUCTURING OF HEALTH CARE FOR THE AMERICAN
PEOPLE. ~~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.

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- 3 -

with their practical wisdom & their professional background,

stet
L I WANT PHARMACISTS TO SHARE THEIR THOUGHTS AND TO PARTICIPATE IN THE FORMULATION OF THIS NEW POLICY SO THAT WHATEVER LEGISLATION EVOLVES, IT REFLECTS SOME OF YOUR OWN THINKING.

L I RECOMMEND PHARMACISTS SIT DOWN AND TALK WITH PEOPLE FROM THE ADMINISTRATION, THE CONGRESS, THE AGENCIES, THE MEDICAL PROFESSION, SOCIAL WORK, CONSUMER GROUPS -- PEOPLE OF WIDELY DIFFERING POINTS OF VIEW. FIND OUT WHAT THEY'RE THINKING AND DOING. AND LET THEM KNOW WHAT'S ON YOUR MIND.

301474

L

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 92D CONGRESS.

L

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.

*Dr. Weener
"y" category
planning*

L

ANY REALISTIC NATIONAL HEALTH ^{*comprehensive*} ~~INSURANCE~~ ^{*Care*} PROGRAM

MUST COVER THE COST OF PRESCRIPTION DRUGS. THIS SHOULD

NOT BE LIMITED MERELY TO THOSE BEING TREATED BY HOSPITALS

AS IN-PATIENTS OR OUT-PATIENTS.

PRESCRIPTION COSTS DEFINITELY SHOULD BE COVERED FOR
THE TREATMENT OF CHRONIC OR LONG-TERM ILLNESS FOR NON-
HOSPITAL PATIENTS, AND I FEEL THERE SHOULD BE SOME COVERAGE
ON DRUGS FOR OUT-PATIENT CASES OR NON-HOSPITAL PATIENTS.

AS ONE WITH A DEEP INTEREST GOING BACK MANY YEARS
IN THE AFFAIRS OF PHARMACY -- AND WELL AWARE OF THE
IMPORTANCE OF PHARMACY IN HEALTH CARE, I WOULD MAKE CERTAIN
THAT ANY LEGISLATION WHICH HAD MY APPROVAL DID NOT EXCLUDE
PHARMACISTS OR LEAVE THEM OUT IN THE COLD.

I WANT TO SEE PHARMACISTS 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 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.

24 Billions - Rx

- 3.2% increase in
number of Rx
- 7 -
2.4% Rise in Price
3.77 average price Rx

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~~
791418
~~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.

∟ 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.

L 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.

L THERE IS NO LONGER ANY QUESTION ABOUT THE NEED FOR
REFORM IN THE AMERICAN HEALTH CARE SYSTEM. THERE IS
ALMOST UNANIMOUS AGREEMENT THAT SOMETHING MUST BE DONE.

L WE ARE THE ONLY INDUSTRIALIZED WESTERN NATION THAT
DOES NOT PROVIDE SOME FORM OF NATIONAL HEALTH INSURANCE
FOR ITS CITIZENS.

L THE QUESTION, THEN, IS NOT WHETHER SOMETHING MUST BE
DONE, BUT WHAT AND HOW. / Roger Vadheim

L IT SEEMS THAT JUST ABOUT EVERYBODY THINKS HE HAS THE
ANSWER TO THAT QUESTION, JUDGING FROM ALL THE LEGISLATION

WE'VE SEEN IN THE WEEKS SINCE THE 92D CONGRESS CONVENED,

and ALL OF THESE HAVE SOME MERIT. L I HAPPEN TO SUPPORT
THE HEALTH SECURITY ACT, BECAUSE IT COMES THE CLOSEST
TO ACCOMPLISHING WHAT I FEEL MUST BE DONE IF WE ARE TO
ACHIEVE THE GOAL OF MAKING THIS THE HEALTHIEST NATION
IN THE WORLD.

L AND THE PRESIDENT AGREES SOMETHING MUST BE DONE.

HE RECENTLY SENT TO CONGRESS WHAT MAY BE THE MOST FAR
REACHING HEALTH PROGRAM EVER PROPOSED BY ANY PRESIDENT,
ALTHOUGH I SHOULD REMIND YOU THAT MORE THAN 20 YEARS AGO
PRESIDENT TRUMAN CALLED FOR NATIONAL HEALTH INSURANCE.

L AND IN 1949, I PROPOSED A NATIONAL HEALTH INSURANCE
SYSTEM MYSELF. 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.

L TODAY, HOWEVER, THIS CONCEPT IS ACCEPTED AND EVEN
APPLAUDED BY LEADERS OF BOTH MAJOR PARTIES.

Preventative
care

THE MORE WE DO TODAY TO PREVENT ILLNESS AND KEEP
THE POPULATION HEALTHY, THE LESS WE WILL HAVE TO SPEND
TOMORROW ON CURES AND TREATMENT.

THIS MEANS REFORMING OUR HEALTH CARE SYSTEM TO MAKE
IT MORE RESPONSIVE TO THE NEEDS OF THE PEOPLE. THERE IS
SINCERE AND HONEST DISAGREEMENT ABOUT THE BEST WAY TO DO
THIS.

THE PRESIDENT WANTS TO RETAIN THE PRESENT SYSTEM BUT
REARRANGE THE ELEMENTS A LITTLE BETTER AND ADD ~~NEW~~ ^{some} NEW

features. IT IS BUILT AROUND THE PRIVATE INSURANCE INDUSTRY
AND IT PERPETUATES THE EXISTING DOUBLE STANDARD OF MEDICAL
PURCHASING POWER BY FAILING TO PROVIDE AN EQUAL LEVEL OF
CARE FOR ALL THE AMERICAN PEOPLE.

L ON THE OTHER HAND, ONE OF ITS STRONGEST POINTS IS

THE PRESIDENT'S ADVOCACY OF THE PRINCIPLE OF GROUP PRACTICES.

L AS A LONG-TIME ADVOCATE OF GROUP PRACTICE AS AN EFFICIENT,

EFFECTIVE, ECONOMICAL METHOD OF PROVIDING COMPREHENSIVE

HEALTH SERVICES, I WELCOME MR. NIXON'S SUPPORT FOR EFFORTS

TO BREAK DOWN THE BARRIERS ERECTED BY 22 STATES TO PROHIBIT

OR LIMIT GROUP PRACTICES.

L WE AMERICANS ARE BLESSED WITH EXCELLENT MEDICAL

TECHNOLOGY, THE WORLD'S BEST TRAINED DOCTORS AND NURSES.

L THE FINEST SCIENTIFIC RESEARCH AND TREATMENT FACILITIES.

THE PROBLEM, IN PART, IS ONE OF AN IMBALANCE BETWEEN
SUPPLY AND DEMAND. ~~NOT ONLY ARE WE~~ ^{are} SUFFERING FROM A SHORTAGE
OF PERSONNEL AND FACILITIES, ^{and} ~~NOT~~ THAT WHICH WE DO HAVE IS
POORLY DISTRIBUTED GEOGRAPHICALLY.

↳ WE MUST URGENTLY EXPAND THE SUPPLY OF MEDICAL MANPOWER
AND FACILITIES AND MAKE THE SAME HIGH QUALITY OF CARE
AVAILABLE TO ALL AMERICANS AT PRICES PEOPLE CAN AFFORD TO
PAY. (Pharmacist-in Professional Assist)

↳ HOW BEST TO ACCOMPLISH THIS IS THE PRIMARY DIFFERENCE
AMONG THE VARIOUS PROPOSALS PUT FORTH IN THE CONGRESS.

↳ THERE ARE THOSE, LIKE THE PRESIDENT, WHO FEEL IT
CAN BEST BE DONE BY BASICALLY RETAINING THE PRESENT SYSTEM
WITH A FEW ADJUSTMENTS.

L OTHER PROPOSALS IN THIS CATEGORY INCLUDE THE AMERICAN MEDICAL ASSOCIATION'S MEDICREDIT AND THE AMERICAN HOSPITAL ASSOCIATION'S AMERIPLAN.

L AND ON THE OTHER SIDE -- AND THIS GROUP INCLUDES ME -- ARE THOSE WHO BELIEVE WE NEED A COMPREHENSIVE REFORM IN BOTH THE DELIVERY AND THE FINANCING OF HEALTH CARE.

L GOVERNMENT CANNOT PERMIT ITSELF TO BE STINGY WHEN IT COMES TO THE HEALTH OF ITS CITIZENS. GOOD HEALTH IS GOOD ECONOMICS AND GOOD GOVERNMENT.

L UNDER THE ADMINISTRATION PROPOSAL, THE POOR, THE NEAR POOR AND THE ELDERLY WOULD GET FAR LESS PROTECTION THAN THE REST OF THE POPULATION.

FOR THE ELDERLY MEDICARE PATIENT, THE ADMINISTRATION
WOULD ELIMINATE THE MONTHLY \$5.30 PAYMENT FOR OUT-OF-HOSPITAL
DOCTOR'S SERVICES BUT THEY WOULD HAVE THE INDIVIDUAL START
PAYING A SHARE OF HIS HOSPITAL COSTS ON THE 13TH DAY
INSTEAD OF THE 61ST, AS AT PRESENT.

L MANY OF THESE PEOPLE ARE ON FIXED INCOMES, AND IT
WILL BE AN ADDED BURDEN ON THEM WHEN THE DEDUCTIBLE THAT
THEY PAY OUT OF THEIR OWN POCKETS FOR DOCTOR VISITS GOES UP
EVERY TIME THE COST-OF-LIVING RISES.

L ALL THESE ADDITIONAL COSTS TO THE ELDERLY MORE THAN
OUTWEIGH THE MONTHLY SAVINGS OF \$5.30 THAT THE ADMINISTRATION
BOASTS ABOUT UNDER ITS PLAN.

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AS YOU MAY KNOW, I WAS 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 . . . AND
TO THEIR CHILDREN, WHO ARE RECEIVING HELP IN MEETING THE
BURDEN OF GROWING MEDICAL EXPENSES OF THEIR PARENTS AS
WELL AS THEIR OWN.

Rosen

BUT THAT DOESN'T MEAN IT CAN'T BE IMPROVED. MEDICARE SHOULD COVER NOT ONLY NURSING HOME AND HOSPITAL CARE BUT ALSO OUT-PATIENT, OR WHAT I PREFER TO CALL ALL-PATIENT, CARE.

✓ I PLAN TO INTRODUCE LEGISLATION THIS WEEK TO FILL A MAJOR GAP IN THIS PROGRAM BY PROVIDING COVERAGE OF PRESCRIPTION DRUGS FOR MEDICARE HOME PATIENTS. ✓ WE HAVE SEEN THE STUDIES AND RECOMMENDATIONS OF PROFESSIONAL AND GOVERNMENTAL GROUPS. AND WE HAVE SEEN THE URGENT MEDICAL NEEDS OF THE PATIENTS.

✓ THIS PROPOSAL IS FINANCIALLY FEASIBLE, ADMINISTRATIVELY WORKABLE AND HUMANELY DESIRABLE.

MY BILL WILL COVER ALL CATEGORIES OF PRESCRIPTION DRUGS DEEMED NECESSARY BY THE INDIVIDUAL'S PHYSICIAN.

COVERAGE WILL BE UNDER PART A OF MEDICARE TO PERMIT
THE INDIVIDUAL TO PAY FOR HIS DRUG INSURANCE DURING HIS
WORKING YEARS, RATHER THAN LATER WHEN HIS INCOME IS SHARPLY
REDUCED DUE TO RETIREMENT. IT WILL ASSURE THAT NEARLY
EVERYONE OVER 65 WILL BENEFIT, WITHOUT HAVING TO PAY
MONTHLY PREMIUMS, KEEP RECORDS OR FILE CLAIMS.

THE PATIENT WILL PAY \$1 FOR EACH PRESCRIPTION, AND
THE GOVERNMENT WILL MEET THE REMAINING EXPENSE BASED ON
THE COST OF THE DRUG AND THE PHARMACY'S COST OF FILLING
THAT PRESCRIPTION.

IF THIS FEATURE HAD BEEN WRITTEN INTO THE LAW
ORIGINALLY, YOU PROBABLY WOULDN'T HAVE HOSPITAL COSTS
GOING SO HIGH OR MEDICARE PREMIUMS INCREASED SO MUCH.

ELDERLY PEOPLE PUT IN THE HOSPITAL SIMPLY BECAUSE THAT

IS THE ONLY WAY THEY CAN AFFORD THE EXPENSIVE MEDICATION

THEY NEED.

4 AND YOU LOAD ON THE TAXPAYER THE EXTRA COST OF GOING
TO THE HOSPITAL INSTEAD OF GOING TO 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.

now ✓ THE DRUGGIST, BY THE WAY, SHOULD BE MORE THAN SOMEONE
WHO FILLS PRESCRIPTIONS. THIS NATION FACES A WIDE RANGE
OF SERIOUS PROBLEMS -- DRUG ABUSE, CRIME, INFLATION, RACISM,
YOUTHFUL UNREST. PHARMACISTS, AS CITIZENS, BUSINESSMEN
AND COMMUNITY LEADERS, CAN AND SHOULD PLAY AN IMPORTANT
ROLE IN ALLEVIATING THESE PROBLEMS.

✓ THE RETAIL PHARMACIST IS AN IMPORTANT AND INTEGRAL
PART OF HIS COMMUNITY. HE IS PROBABLY THE ONE HEALTH
PROFESSIONAL THE PUBLIC SEES MOST OFTEN, AND THUS HE
CAN HAVE GREAT INFLUENCE.

L THE SAFE USE OF DRUGS BY THE PUBLIC SHOULD BE ONE OF HIS
MAJOR RESPONSIBILITIES -- HE CAN NO LONGER BE CONTENT TO
MERELY COMPOUND AND DISPENSE PRESCRIPTION DRUGS.

L THE REGISTERED PHARMACIST AS A CITIZEN CARRIES
GREAT MORAL WEIGHT AND SHOULD PUT THIS TO WORK ALONG
WITH HIS PRACTICAL WISDOM AND PROFESSIONAL BACKGROUND IN
FIGHTING THE PROBLEMS FACING SOCIETY TODAY. L HE CANNOT
AFFORD TO LIMIT HIMSELF TO HIS NARROW PROFESSIONAL INTERESTS
BECAUSE, MORE THAN EVER BEFORE, "NO MAN IS AN ISLAND."

L IT IS NOT ENOUGH TO TALK ABOUT THE PROBLEMS OF CRIME,
INFLATION, RACISM, YOUTHFUL UNREST AND THE OTHERS -- THE
TIME HAS COME TO GET ACTIVELY INVOLVED IN SEEKING SOLUTIONS.

L THIS MEANS DEVELOPING BROAD-BASED COMMUNITY CONCERN;

SEEKING DIRECT CONTACT WITH LOCAL, STATE AND FEDERAL

LEGISLATORS; DEVELOPING, ADVOCATING AND BECOMING INVOLVED

IN PROGRAMS TO PUT FORTH YOUR IDEAS.

L THIS IS ESPECIALLY TRUE IN THOSE AREAS WHERE THE
Professional competence
PHARMACIST HAS SOME ~~EXPERTISE~~, SUCH AS DRUG-RELATED

PROBLEMS.

h PHARMACY CAN WELL TAKE THE LEAD, ESPECIALLY IN
SMALLER COMMUNITIES, IN ORGANIZING EFFECTIVE DRUG ABUSE

PROGRAMS. L THE PHARMACIST COULD BE THE CENTRAL FIGURE
AROUND WHICH SCHOOL, MEDICAL AND POLICE AUTHORITIES COULD
WORK TOWARD FINDING SOLUTIONS TO THIS PROBLEM.

THE PUBLIC NEEDS TO BE EDUCATED FOR INTELLIGENT
AND RESTRAINED DRUG USE: ADVERTISING AND PROMOTION THAT
ENCOURAGES THE UNRESTRAINED USE OF OVER-THE-COUNTER
COMPOUNDS AND PILLS MUST BE MEASURED AND JUDGED AS
TO ITS HARMFUL EFFECT ON DRUG USERS. GREATER EMPHASIS
SHOULD BE PLACED ON PRESCRIPTION DRUGS -- CAREFULLY
MONITORED AS TO THEIR THERAPEUTIC AND SIDE EFFECTS BY
BOTH PHYSICIAN AND PHARMACIST.

*Pharm
Drug
Advert.*

I TOLD YOU THAT OF ALL THE PRESENT PROPOSALS FOR
PREPAID NATIONAL HEALTH INSURANCE, I PREFER THE HEALTH SECURITY
ACT OF 1971. THIS IS NOT BECAUSE I BELIEVE IT IS PERFECT,
BUT I ENDORSE THE CONCEPT IT EXPRESSES, AND I FEEL IT
COMES CLOSER THAN ANY OTHER TO WHAT MUST BE DONE.

701496
L IT IS A HEALTH PROGRAM FOR ALL AMERICANS. IT

DOES NOT DISCRIMINATE AGAINST A PERSON BECAUSE HE IS POOR
OR ILL OR OLD OR UNEMPLOYED.

L IT TREATS EVERYONE EQUALLY -- PROVIDING FAR SUPERIOR
AND MORE COMPREHENSIVE SERVICE TO PEOPLE THAN ANY OTHER
PLAN YET OFFERED, AND AT A LOWER COST TO THE INDIVIDUAL.

go THE TIME HAS COME FOR GENUINE REFORM IN HEALTH CARE.
I DON'T KNOW JUST WHAT FORM IT WILL TAKE, BUT I INTEND TO
BE DEEPLY INVOLVED.

I HAVE DEDICATED MYSELF TO MAKING IMPROVED HEALTH
SERVICES FOR ALL 206 MILLION AMERICANS A MATTER OF TOP
PRIORITY. I WANT TO SEE THIS 92D CONGRESS GO DOWN IN
HISTORY AS THE "HEALTH CONGRESS."

I SINCERELY HOPE THE PRESIDENT AND HIS ADMINISTRATION
WILL WORK WITH THE CONGRESS TO DEVELOP A BIPARTISAN NATIONAL
HEALTH PROGRAM THAT WILL MEET THE NEEDS OF ALL AMERICANS.

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

THAT IS WHY I AM CALLING ON YOU -- AND ALL THE AMERICAN

PEOPLE -- TO JOIN IN A GREAT NATIONAL DEBATE OVER HOW

WE SHALL CONSTRUCT THE NATION'S HEALTH CARE SYSTEM.

Debate

ANY EFFECTIVE RESTRUCTURING OF OUR HEALTH CARE
SYSTEM WILL REQUIRE THE CONCERTED EFFORTS OF ALL CITIZENS --
OF MEMBERS OF THE HEALTH PROFESSIONS AND THEIR ASSOCIATIONS,
OF PUBLIC HEALTH OFFICIALS, OF THE INSURANCE INDUSTRY,
OF LABOR AND MANAGEMENT, OF THE SENATE, OF CONGRESS,
AND -- PERHAPS MOST IMPORTANT -- OF THE HEALTH CONSUMER.

L SUCH A HEALTH COALITION -- SUCH A WORKING FORCE OF
DEDICATED, CREATIVE INDIVIDUALS AND ORGANIZATIONS --
CAN DO FOR THE HEALTH OF THE NATION WHAT THE URBAN COALITION
HOPES TO DO FOR THE CITIES.

L SUCH A COALITION -- MANNING MEDICAL THINK-TANKS AND
STAFFING MEDICAL TASK FORCES -- 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.

L I AM PREPARING A NATIONAL HEALTH CARE PROPOSAL OF
MY OWN, AND I WANT TO TELL YOU SOME OF THE FEATURES THAT
I FEEL ARE ESSENTIAL TO ANY MEANINGFUL REFORM:

201499

1. THE SAME HIGH QUALITY OF HEALTH CARE MUST BE
MADE AVAILABLE TO EVERYONE AT PRICES ALL CAN AFFORD.
2. THERE MUST BE AN EXPANSION OF PREVENTIVE
MEDICAL TECHNIQUES AND EMPHASIS.
3. THERE MUST BE A SIGNIFICANT INCREASE IN FUNDS
FOR EXPANDING THE SUPPLY OF MEDICAL MANPOWER, PARTICULARLY
GENERAL PRACTITIONERS, INCLUDING INCREASED NUMBERS FROM
MINORITY GROUPS.
4. WE MUST TRAIN NEW TYPES OF MEDICAL AIDES AND
PARA-PROFESSIONALS SUCH AS ASSISTANT PHYSICIANS, MEDICAL
TECHNICIANS, FAMILY PLANNING AIDES AND COMMUNITY HEALTH
WORKERS.

5. FINANCIAL AID MUST BE MADE AVAILABLE FOR STARTING
HUNDREDS OF ADDITIONAL GROUP PRACTICE PLANS.

6. WE MUST INCREASE THE NUMBER OF NEIGHBORHOOD
HEALTH CENTERS, AMBULATORY CLINICS, MATERNITY AND WELL-
BABY CLINICS WITH SPECIAL EMPHASIS ON CHILD HEALTH CARE.

7. WE SHOULD OFFER FINANCIAL INCENTIVES FOR
INNOVATIVE, MORE ECONOMICAL AND EFFICIENT ARRANGEMENTS
AND COORDINATED MEDICAL SERVICE PLANS, INCLUDING
IMPROVED AND MORE EFFICIENT HOSPITAL ADMINISTRATION.

*Coordinated
Hosp
Admin*

8. VARIOUS GROUPS IN SOCIETY -- SUCH AS CONSUMERS,
EMPLOYERS, LABOR UNIONS -- MUST PLAY A SIGNIFICANT ROLE
IN POLICY FORMULATION AND ADMINISTRATION OF THE HEALTH
SYSTEM.

10. ASSURE HEALTH PERSONNEL REASONABLE AND
ADEQUATE COMPENSATION, OPPORTUNITY FOR PROFESSIONAL
PRACTICE, ADVANCEMENT AND THE EXERCISE OF HUMANITARIAN
AND SOCIAL RESPONSIBILITY.

11. FINANCING SHOULD BE BASED ON THE PROVEN PRINCIPLES OF SOCIAL SECURITY PLUS GENERAL REVENUES.

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.

THAT IS THE KIND OF HEALTH CARE SYSTEM I WANT THIS
CONGRESS AND OUR NATION TO PROVIDE.

I AM NOT TALKING ABOUT A NATIONAL HEALTH SERVICE
IN WHICH THE GOVERNMENT OWNS AND OPERATES THE FACILITIES
AND EVERYBODY WORKS FOR THE GOVERNMENT. NO. WHAT I HAVE
IN MIND IS A TRUE PARTNERSHIP BETWEEN THE PRIVATE AND
PUBLIC SECTORS. There will be ^{Public} government financing and
ADMINISTRATIVE MANAGEMENT, ACCOMPANIED BY PRIVATE
PROVISION OF PERSONAL HEALTH SERVICES THROUGH PRIVATE
PRACTITIONERS, INSTITUTIONS, AND OTHER PROVIDERS OF MEDICAL
CARE.

I THE RECIPIENTS THEMSELVES WILL PLAY AN IMPORTANT ROLE
IN POLICY SETTING AND ADMINISTRATION. THIS IS THE ONLY
WAY IT CAN BE TRULY RESPONSIVE.

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WE ALREADY ARE THE WEALTHIEST, MOST SCIENTIFICALLY
ADVANCED NATION IN THE HISTORY OF THE WORLD -- NOW LET
US JOIN TOGETHER TO MAKE THE UNITED STATES THE HEALTHIEST
NATION ON EARTH.

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