

REMARKS BY SENATOR HUBERT H. HUMPHREY
NATIONAL ASSOCIATION OF RETAIL DRUGGISTS

New Orleans, Louisiana

October 14, 1971

Few statements about the neighborhood drugstore have been as emphatic and to the point as that made recently by Willard Simmons, who has done such an outstanding job as your executive secretary. "The community's first line of defense," he said, "in providing effective health care for all citizens lies in the efficiency of the independent retail pharmacist."

I say this is a vital truth that must be heard in America today as we struggle to get our forces in position to launch a major attack on the grave problems threatening the denial of the effective prevention and treatment of illness to increasing numbers of people.

I call on you today to move forward from this vital line of defense at three critical points. First, it is essential that our pharmacists press home a major educational drive to overcome the extensive problem of drug abuse in America.

Second, there must be a combined assault to establish effective controls over the dispensing of dangerous drugs and to stop the traffic in narcotics.

And third, as I have urged on previous occasions, our pharmacists must insist upon being in the vanguard of our Nation's offensive against inadequate health care delivery and sharply rising hospital and medical costs.

The pharmacist is the only health-care professional whose exclusive specialization is in the area of drugs, including drug abuse. He is exceptionally well equipped both to screen and to promulgate information on the "generic equivalents" of "uppers" and "downers", "snappers", "yellow submarines", and "Dolly" -- that lexicon of totally new names that frightens not only parents but our children and youth.

That is why I have strongly endorsed the national education and information program, recently announced by the American Druggist Blue Book, to assist the nation's 55,000 drug stores in focusing public attention on the growing drug abuse epidemic across America. The sign to be posted in the neighborhood drug store under this program says it all: "This Pharmacy Is A Drug Abuse Information Center."

And Richard Wilson and my friend George Wilharm (Minneapolis -- NARD past president) have rendered an important service in calling a meeting earlier this year to plan the expansion of N.A.R.D.'s program of education and publicity about drugs. The emphasis on this program's theme, "Never Abuse ... Respect Drugs," ought to be the rallying point of a nationwide effort to bring under control the spreading physical and psychological dependence upon drugs that undermines human dignity and destroys people's ability to cope effectively with reality, thereby tearing the fabric of society.

You are all aware of my proposal that pharmacists in uniform be utilized as an integral part of drug abuse education teams in our armed services. Colleges of pharmacy are already doing a tremendous job in an all-out faculty-student campaign on their respective university campuses to get across the message of drug abuse to the youth of America. But unfortunately, our military services have failed to recognize this outstanding resource that can effectively "reach" hundreds of thousands of young men and women. Bill Skinner, of the American Association of Colleges of Pharmacy, has put the case very well, in saying that

"what is needed is an officer who knows drugs, has authority to deal with the causes of drug abuse on various command levels, and who has the respect of the troops he educates. Today's pharmacy graduate is just the man for the job." And yet, in response to my request, the Department of Defense has been unable to identify the number of pharmacists used in drug education programs, nor does it know how many of these potential drug abuse educators are in the military ranks as jeep drivers, typists, and infantrymen.

But the neighborhood pharmacists have a vital job to perform right in their own towns as well. So often, parents are unaware of the chemical components of diet pills, pain pills, pep pills, and tranquilizers -- that whole family of "mind-altering" drugs whose abuse can be quite "legal" but whose effect can be physically and psychologically destructive from an overdose, or even a so-called "adult" dosage taken by a child, or just from the refusal of the "patient" to follow the pharmacist's directions about the period of time between doses. And yet so often the person on the other side of the pharmacy counter really hopes for guidance from the pharmacist that he or she cannot get elsewhere about a prescription or an over-the-counter drug purchase.

The second line of attack in which the pharmacist must be involved in defending the health of the American people is in the area of establishing controls over the traffic in dangerous drugs. Congress launched this offensive last year in the enactment of the Controlled Dangerous Substances Act. But we have learned that there is much more to be done before this attack can be pressed home.

I have introduced legislation for a two-pronged offensive, through the establishment of a Drug Cure and Control Authority as an independent agency to coordinate the many drug abuse programs in the Federal Government. One thrust is aimed at public education and the treatment and rehabilitation of the drug addict. The other is aimed at more vigorous and better coordinated law enforcement to crack down on the illegal narcotics traffic. I feel the Administration's proposal fails to give adequate attention to this vital requirement for effective enforcement of the law.

And I have introduced further legislation to establish drug abuse treatment programs at our community mental health centers across the land. We have simply got to reach the abuser of drugs where he is, if we are truly concerned to help him, and if we want to break the web of despair before others become trapped in it.

The pharmacist is going to have an increasingly vital role as we struggle to bring drug abuse and narcotics addiction under control. You are all aware that our major pharmaceutical companies are moving toward a crash program to develop antagonist drugs to combat narcotics addiction. The problem is severe, or it would not have led one physician to recommend recently that control at present may be possible only through giving addicts the drugs that they crave.

And yet we have not begun to recognize the scope of the problem if the words "drug abuse" paint for us only a picture of an addict in throes of withdrawal in a filthy tenement. For there is a great measure of truth in the charge that America has become a drug-abused society, taking pills to get started and then to slow down, to get a lift or to relax, and so on. And psychiatrists are becoming increasingly concerned about a possible trend toward the excessive prescription of psychoactive drugs to treat what may be really life situations and problems outside the pale of psychiatry or medicine.

Medical practitioners and pharmacists must be working together now if such problems are going to be solved. I strongly believe that the dispensing of drugs must be the responsibility of the pharmacist who is able to evaluate the quality and properties of various and constantly "new" drugs, and who must keep accurate records and assure the use of proper labels and containers. He has strong professional and business incentives to perform these tasks to the best of his ability, and these incentives should be respected and strengthened.

Finally, the voice of our nation's pharmacists must be heard as plans are developed to bring rising health care costs under control and to assure the effective delivery of health services. In fiscal 1970, Americans spent \$67.2 billion for medical care, but it is expected that this level will jump to \$105.4 billion by fiscal 1974. And we know that the paychecks of the American people will not increase 56 percent by then to meet these costs.

One fact that is often overlooked, however, is that prescription costs have been held down, the average charge reported in a pharmacy survey for 1970 being \$4.06, or only some 4 percent higher than the previous year -- and a reported net decline over a longer period. Meanwhile, with average sales showing an increase, these pharmacies reported a net profit at the lowest level since 1932. Now these are facts, and they should be kept clearly in mind as we seek to determine the inflationary forces pushing up our health care costs.

But it is also a fact of life that there can be no further delay in the establishment of a national program of health-cost insurance, tied to a comprehensive program to substantially expand our health care resources and assure their equitable distribution and the efficient delivery of health services.

We must, in short, guarantee every child at birth a right that is as precious as the right of citizenship -- the right to good health.

To do this we must match supply with the heavy demand for adequate health care that exists in America today. That means more hospitals, more doctors, nurses, and allied professional personnel, more regional medical programs for our rural areas and neighborhood health centers for the inner city, and assistance for more group practice plans.

And a national program of health insurance must be designed to meet the needs of people, providing for the effective prevention as well as the immediate treatment of illness, and at a reasonable cost, and with efficient administration that assures adequate and prompt compensation to health care providers.

There is a great deal we can learn from the strengths and weaknesses of the Medicare and Medicaid programs. I have been particularly concerned to fill one of the major gaps in medicare coverage for the elderly -- prescription drugs for home patients. Last May I introduced legislation to include this coverage. Of importance to retail pharmacists is the requirement in this bill that reimbursement be on the basis of actual acquisition cost plus a dispensing allowance to cover such elements as cost of overhead, professional services, and a fair profit, in clear recognition of variable factors affecting costs and services in different local areas. I strongly believe that this requirement should be directed to all health insurance and group practice plans. A second basic requirement, also included in my bill, is that the pharmacy must be reimbursed within a reasonable period, or the Government will have to pay interest on the debt.

Prescription drugs represent the largest single personal health expenditure that the aged must meet almost entirely from their own resources. But there is another reason for expanding this coverage, and that is that drug therapy is carrying more and more of the burden of restoring people to health and usefulness.

Why, then, under Medicare, should a person have to be hospitalized to be furnished drugs? This is a grossly inefficient practice, taking up badly needed hospital bed space, and contributing to skyrocketing health care costs. It is well known that many patients can receive drugs for an entire year for the price of one day's stay in the hospital.

This then, is the three-fold agenda I want the pharmacists of America to pursue vigorously over the coming months: Drug abuse education; the control of dangerous drugs; and involvement in the planning and development of health-care plans to assure equity, efficiency, and reasonable compensation in the delivery of health services to all the people of America.

You have an enviable and proud tradition, going back more than 4,000 years, in the performance of these tasks -- a tradition of professionalism and of good business sense, but above all, a tradition of human compassion. You have an increasing responsibility to be a health advisor in your neighborhood. This is a profound challenge, but it also presents an unparalleled opportunity to serve the people of this great land.

Willard

#VA-Lone Helena
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President - Nick Avallone
- Exec Sec - Willard Simmons
Crawford Meyer - President Elect
Louis Kaye - Editor (NARD Journal)
William Woods - Washington Repres

REMARKS BY SENATOR HUBERT H. HUMPHREY

② Frank W. Moudry - 48th President
of NARD - 1949 - Died. Former Presid
Minnesota
State Pharmaceutical
Assoc

NATIONAL ASSOCIATION OF RETAIL DRUGGISTS

73RD ANNUAL CONVENTION

NEW ORLEANS, LOUISIANA

OCTOBER 14, 1971

② + Annette
Geo Wilkerson (Minnesota)

J. C. Cobb. Kintner
Lee
Wagner
Buffalo

L FEW STATEMENTS ABOUT THE NEIGHBORHOOD DRUGSTORE HAVE BEEN

AS EMPHATIC AND TO THE POINT AS THAT MADE RECENTLY BY

WILLARD SIMMONS, WHO HAS DONE SUCH AN OUTSTANDING JOB AS YOUR

EXECUTIVE SECRETARY, "THE COMMUNITY'S FIRST LINE OF DEFENSE,"

HE SAID, "IN PROVIDING EFFECTIVE HEALTH CARE FOR ALL CITIZENS

LIES IN THE EFFICIENCY OF THE INDEPENDENT RETAIL PHARMACIST."

L ~~I SAY~~ THIS IS A VITAL TRUTH THAT MUST BE HEARD IN AMERICA

TODAY AS WE STRUGGLE TO GET OUR FORCES IN POSITION TO LAUNCH

A MAJOR ATTACK ON THE GRAVE PROBLEMS THREATENING ~~THE GENERAL~~

~~OF~~ THE EFFECTIVE PREVENTION AND TREATMENT OF ILLNESS TO

INCREASING NUMBERS OF PEOPLE.

L I CALL ON YOU TODAY TO MOVE FORWARD FROM THIS VITAL LINE
OF DEFENSE AT THREE CRITICAL POINTS. ⁽¹⁾ FIRST, IT IS ESSENTIAL

THAT OUR PHARMACISTS PRESS HOME A MAJOR EDUCATIONAL DRIVE
TO OVERCOME THE EXTENSIVE PROBLEM OF DRUG ABUSE IN AMERICA.

Drug Abuse

#2 L SECOND, THERE MUST BE A COMBINED ASSAULT TO ESTABLISH
EFFECTIVE CONTROLS OVER THE DISPENSING OF DANGEROUS DRUGS AND
TO STOP THE TRAFFIC IN NARCOTICS.

#3 L AND THIRD, AS ~~I HAVE URGED ON PREVIOUS OCCASIONS~~, OUR
PHARMACISTS MUST INSIST UPON BEING IN THE VANGUARD OF OUR NATION'S
OFFENSIVE AGAINST INADEQUATE HEALTH CARE DELIVERY AND SHARPLY
RISE HOSPITAL AND MEDICAL COSTS.

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THE PHARMACIST IS THE ONLY HEALTH-CARE PROFESSIONAL WHOSE
EXCLUSIVE SPECIALIZATION IS IN THE AREA OF DRUGS, INCLUDING
DRUG ABUSE. HE IS EXCEPTIONALLY WELL EQUIPPED BOTH TO SCREEN AND
TO ~~PROVIDE~~ ^{give} INFORMATION ON THE "GENERIC EQUIVALENTS" OF "UPPERS"
AND "DOWNERS", "SNAPPERS", "YELLOW SUBMARINES", AND "DOLLY" --
THAT LEXICON OF TOTALLY NEW NAMES THAT FRIGHTENS NOT ONLY
PARENTS BUT OUR CHILDREN AND YOUTH.

THAT IS WHY I HAVE STRONGLY ENDORSED THE NATIONAL EDUCATION
AND INFORMATION PROGRAM, RECENTLY ANNOUNCED BY THE AMERICAN
DRUGGIST BLUE BOOK, TO ASSIST THE NATION'S 55,000 DRUG STORES
IN FOCUSING PUBLIC ATTENTION ON THE GROWING DRUG ABUSE EPIDEMIC
ACROSS AMERICA. THE SIGN TO BE POSTED IN THE NEIGHBORHOOD DRUG
STORE UNDER THIS PROGRAM SAYS IT ALL:

"THIS PHARMACY IS A DRUG ABUSE INFORMATION CENTER."

AND RICHARD WILSON AND MY FRIEND GEORGE WILHARM (~~MINNEAPOLIS~~)

-- ~~NARD PAST PRESIDENT~~ HAVE RENDERED AN IMPORTANT SERVICE IN

in Chicago
CALLING A MEETING EARLIER THIS YEAR TO PLAN THE EXPANSION OF

N.A.R.D.'S PROGRAM OF EDUCATION AND PUBLICITY ABOUT DRUGS.

THE EMPHASIS ON THIS PROGRAM'S THEME, "NEVER ABUSE ... RESPECT

DRUGS," OUGHT TO BE THE RALLYING POINT OF A NATIONWIDE EFFORT TO

BRING UNDER CONTROL THE SPREADING PHYSICAL AND PSYCHOLOGICAL

DEPENDENCE UPON DRUGS THAT UNDERMINES HUMAN DIGNITY AND DESTROYS

PEOPLE'S ABILITY TO COPE EFFECTIVELY WITH REALITY, ~~THEREBY TEARING~~

~~THE FABRIC OF SOCIETY.~~

*Armed
Services
I hope,*

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YOU ARE ALL AWARE OF MY PROPOSAL THAT PHARMACISTS IN UNIFORM
BE UTILIZED AS AN INTEGRAL PART OF DRUG ABUSE EDUCATION TEAMS
IN OUR ARMED SERVICES COLLEGES OF PHARMACY ARE ALREADY DOING
A TREMENDOUS JOB IN AN ALL-OUT FACULTY-STUDENT CAMPAIGN ON THEIR
RESPECTIVE UNIVERSITY CAMPUSES TO GET ACROSS THE MESSAGE OF DRUG
ABUSE TO THE YOUTH OF AMERICA BUT UNFORTUNATELY, OUR MILITARY
SERVICES HAVE FAILED TO RECOGNIZE THIS OUTSTANDING RESOURCE
THAT CAN EFFECTIVELY "REACH" HUNDREDS OF THOUSANDS OF YOUNG
MEN AND WOMEN. BILL SKINNER, OF THE AMERICAN ASSOCIATION OF
COLLEGES OF PHARMACY, HAS PUT THE CASE VERY WELL, IN SAYING THAT
"WHAT IS NEEDED IS AN OFFICER WHO KNOWS DRUGS, HAS AUTHORITY
TO DEAL WITH THE CAUSES OF DRUG ABUSE ON VARIOUS COMMAND LEVELS,
AND WHO HAS THE RESPECT OF THE TROOPS HE EDUCATES."

4 TODAY'S PHARMACY GRADUATE IS JUST THE MAN FOR THE JOB." AND

YET, IN RESPONSE TO MY REQUEST, THE DEPARTMENT OF DEFENSE HAS

BEEN UNABLE TO IDENTIFY THE NUMBER OF PHARMACISTS USED IN

DRUG EDUCATION PROGRAMS, NOR DOES IT KNOW HOW MANY OF THESE

POTENTIAL DRUG ABUSE EDUCATORS ARE IN THE MILITARY RANKS AS

JEEP DRIVERS, TYPISTS, AND INFANTRYMEN.

L BUT THE NEIGHBORHOOD PHARMACISTS HAVE A VITAL JOB TO
PERFORM RIGHT IN THEIR OWN TOWNS AS WELL, !

SO OFTEN, PARENTS ARE UNAWARE OF THE CHEMICAL COMPONENTS OF

DIET PILLS, PAIN PILLS, PEP PILLS, AND TRANQUILIZERS

WHOLE FAMILY OF "MIND-ALTERING" DRUGS WHICH CAN BE

QUITE "LEGAL" BUT ~~THE~~ EFFECT CAN BE PHYSICALLY AND

PSYCHOLOGICALLY DESTRUCTIVE FROM AN OVERDOSE, OR EVEN A

SO-CALLED "ADULT" DOSAGE TAKEN BY A CHILD, OR JUST FROM THE

REFUSAL OF THE "PATIENT" TO FOLLOW THE PHARMACIST'S DIRECTIONS

ABOUT THE PERIOD OF TIME BETWEEN DOSES AND YET, SO OFTEN

THE PERSON ON THE OTHER SIDE OF THE PHARMACY COUNTER REALLY

HOPES FOR GUIDANCE FROM THE PHARMACIST THAT HE OR SHE CANNOT

GET ELSEWHERE ABOUT A PRESCRIPTION OR AN OVER-THE-COUNTER

DRUG PURCHASE.

The abuse or misuse of these

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L THE SECOND LINE OF ATTACK IN WHICH THE PHARMACIST MUST BE INVOLVED IN DEFENDING THE HEALTH OF THE AMERICAN PEOPLE IS IN THE

AREA OF ESTABLISHING CONTROLS OVER THE TRAFFIC IN DANGEROUS

DRUGS L CONGRESS LAUNCHED THIS OFFENSIVE LAST YEAR IN THE ENACTMENT

OF THE CONTROLLED DANGEROUS SUBSTANCES ACT L BUT WE HAVE LEARNED

THAT THERE IS MUCH MORE TO BE DONE BEFORE THIS ATTACK CAN BE

PRESSED HOME.

L I HAVE INTRODUCED LEGISLATION FOR A TWO-PRONGED OFFENSIVE, THROUGH THE ESTABLISHMENT OF A DRUG CURE AND CONTROL AUTHORITY

AS AN INDEPENDENT AGENCY TO COORDINATE THE MANY DRUG ABUSE

PROGRAMS IN THE FEDERAL GOVERNMENT L ONE THRUST IS AIMED AT PUBLIC

EDUCATION AND THE TREATMENT AND REHABILITATION OF THE DRUG

ADDICT. L THE OTHER IS AIMED AT MORE VIGOROUS AND BETTER COORDINATED

LAW ENFORCEMENT TO CRACK DOWN ON THE ILLEGAL NARCOTICS TRAFFIC. 2074

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L I FEEL THE ADMINISTRATION'S PROPOSAL FAILS TO GIVE ADEQUATE
ATTENTION TO THIS VITAL REQUIREMENT FOR EFFECTIVE ENFORCEMENT
OF THE LAW.

L AND I HAVE INTRODUCED ^{other} ~~FURTHER~~ LEGISLATION TO ESTABLISH DRUG
ABUSE TREATMENT PROGRAMS AT OUR COMMUNITY MENTAL HEALTH CENTERS.

~~ACROSS THE LAND.~~ ^{must} WE HAVE SIMPLY ~~NOT~~ TO REACH THE ABUSER OF DRUGS

WHERE HE IS, IF WE ARE ^{To} ~~TRULY CONCERNED~~ TO HELP HIM, AND IF WE

WANT TO BREAK THE WEB OF DESPAIR BEFORE OTHERS BECOME TRAPPED IN

IT.

L THE PHARMACIST IS GOING TO HAVE AN INCREASINGLY VITAL ROLE
AS WE STRUGGLE TO BRING DRUG ABUSE AND NARCOTICS ADDICTION UNDER
CONTROL. 6

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L YOU ARE ALL AWARE THAT OUR MAJOR PHARMACEUTICAL COMPANIES

ARE MOVING TOWARD A CRASH PROGRAM TO DEVELOP ANTAGONIST

DRUGS TO COMBAT NARCOTICS ADDICTION THE PROBLEM IS SEVERE, OR

IT WOULD NOT HAVE LED ONE PHYSICIAN TO RECOMMEND RECENTLY THAT

CONTROL AT PRESENT MAY BE POSSIBLE ONLY THROUGH GIVING ADDICTS

THE DRUGS THAT THEY CRAVE.

L AND YET WE HAVE NOT BEGUN TO RECOGNIZE THE SCOPE OF THE
PROBLEM IF THE WORDS "DRUG ABUSE" PAINT FOR US ONLY A PICTURE OF

AN ADDICT IN THROES OF WITHDRAWAL IN A FILTHY TENEMENT.

L THERE IS A GREAT MEASURE OF TRUTH IN THE CHARGE THAT AMERICA HAS

BECOME A DRUG-ABUSED SOCIETY, TAKING PILLS TO GET STARTED AND

THEN TO SLOW DOWN, TO GET A LIFT OR TO RELAX, AND SO ON.

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AND PSYCHIATRISTS ARE BECOMING INCREASINGLY CONCERNED ABOUT

A POSSIBLE TREND TOWARD THE EXCESSIVE PRESCRIPTION OF

PSYCHOACTIVE DRUGS TO TREAT WHAT MAY BE REALLY LIFE SITUATIONS

AND PROBLEMS OUTSIDE THE PALE OF PSYCHIATRY OR MEDICINE,

L MEDICAL PRACTITIONERS AND PHARMACISTS MUST BE WORKING

TOGETHER NOW IF SUCH PROBLEMS ARE GOING TO BE SOLVED. I STRONGLY

BELIEVE THAT THE DISPENSING OF DRUGS MUST BE THE RESPONSIBILITY

OF THE PHARMICIST WHO IS ABLE TO EVALUATE THE QUALITY AND

PROPERTIES OF VARIOUS AND CONSTANTLY "NEW" DRUGS, AND WHO MUST

KEEP ACCURATE RECORDS AND ASSURE THE USE OF PROPER LABELS AND

CONTAINERS. . (The Hart Bill.)

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L HE HAS STRONG PROFESSIONAL AND BUSINESS INCENTIVES TO PERFORM

THESE TASKS TO THE BEST OF HIS ABILITY, AND THESE INCENTIVES

SHOULD BE RESPECTED AND STRENGTHENED.

L FINALLY, THE VOICE OF OUR NATION'S PHARMACISTS MUST BE

HEARD AS PLANS ARE DEVELOPED TO BRING RISING HEALTH CARE COSTS

UNDER CONTROL AND TO ASSURE THE EFFECTIVE DELIVERY OF HEALTH

SERVICES. L IN FISCAL 1970, AMERICANS SPENT \$67.2 BILLION FOR

MEDICAL CARE. L BUT IT IS EXPECTED THAT THIS LEVEL WILL JUMP

TO \$105.4 BILLION BY FISCAL 1974. AND WE KNOW THAT THE PAYCHECKS

OF THE AMERICAN PEOPLE WILL NOT INCREASE 56 PERCENT BY THEN TO

MEET THESE COSTS.

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11 / ONE FACT THAT IS OFTEN OVERLOOKED, HOWEVER, IS THAT
PRESCRIPTION COSTS HAVE BEEN HELD DOWN, / THE AVERAGE CHARGE REPORTED
IN A PHARMACY SURVEY FOR 1970 BEING \$4.06, OR ONLY SOME 4 PERCENT
HIGHER THAN THE PREVIOUS YEAR -- AND A REPORTED NET DECLINE OVER
A LONGER PERIOD, / MEANWHILE, WITH AVERAGE SALES SHOWING AN INCREASE,
THESE PHARMACIES REPORTED A NET PROFIT AT THE LOWEST LEVEL SINCE
1932. NOW THESE ARE FACTS, AND THEY SHOULD BE KEPT CLEARLY IN
MIND AS WE SEEK TO DETERMINE THE INFLATIONARY FORCES PUSHING
UP OUR HEALTH CARE COSTS.

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└ BUT IT IS ALSO A FACT OF LIFE THAT THERE CAN BE NO FURTHER
DELAY IN THE ESTABLISHMENT OF A ^ANATIONAL PROGRAM OF HEALTH-COST
INSURANCE, TIED TO A COMPREHENSIVE PROGRAM TO SUBSTANTIALLY
EXPAND OUR HEALTH CARE RESOURCES AND ASSURE THEIR EQUITABLE
DISTRIBUTION AND THE EFFICIENT DELIVERY OF HEALTH SERVICES,

Child └ WE MUST, IN SHORT, GUARANTEE EVERY CHILD AT BIRTH A RIGHT
THAT IS AS PRECIOUS AS THE RIGHT OF CITIZENSHIP -- THE RIGHT TO
GOOD HEALTH,

(Took UP)
└ TO DO THIS WE MUST MATCH SUPPLY WITH THE HEAVY DEMAND FOR
ADEQUATE HEALTH CARE THAT EXISTS IN AMERICA TODAY THAT MEANS
MORE HOSPITALS, MORE DOCTORS, NURSES, AND ALLIED PROFESSIONAL
PERSONNEL, MORE REGIONAL MEDICAL PROGRAMS FOR OUR RURAL AREAS AND
NEIGHBORHOOD HEALTH CENTERS FOR THE INNER CITY, AND ASSISTANCE
FOR MORE GROUP PRACTICE PLANS.

2080

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L AND A NATIONAL PROGRAM OF HEALTH INSURANCE MUST BE DESIGNED
TO MEET THE NEEDS OF PEOPLE, PROVIDING FOR THE EFFECTIVE PREVENTION
AS WELL AS THE IMMEDIATE TREATMENT OF ILLNESS, AND AT A REASONABLE
COST, AND WITH EFFICIENT ADMINISTRATION THAT ASSURES ADEQUATE
AND PROMPT COMPENSATION TO HEALTH CARE PROVIDERS

L THERE IS A GREAT DEAL WE CAN LEARN FROM THE STRENGTHS AND
WEAKNESSES OF THE MEDICARE AND MEDICAID PROGRAMS L I HAVE BEEN
PARTICULARLY CONCERNED ^{about} ~~TO FILL~~ ONE OF THE MAJOR GAPS IN MEDICARE
^{the need of}
COVERAGE FOR THE ELDERLY -- PRESCRIPTION DRUGS FOR HOME PATIENTS

L LAST MAY, I INTRODUCED LEGISLATION TO INCLUDE THIS COVERAGE.

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Of IMPORTANCE TO RETAIL PHARMACISTS IS THE REQUIREMENT IN THIS BILL
THAT REIMBURSEMENT BE ON THE BASIS OF ACTUAL ACQUISITION COST
PLUS A DISPENSING ALLOWANCE TO COVER SUCH ELEMENTS AS COST OF
OVERHEAD, PROFESSIONAL SERVICES, AND A FAIR PROFIT, IN CLEAR
RECOGNITION OF VARIABLE FACTORS AFFECTING COSTS AND SERVICES IN
DIFFERENT LOCAL AREAS I STRONGLY BELIEVE THAT THIS REQUIREMENT
SHOULD BE DIRECTED TO ALL HEALTH INSURANCE AND GROUP PRACTICE
PLANS. A SECOND BASIC REQUIREMENT, ALSO INCLUDED IN MY BILL, IS
THAT THE PHARMACY MUST BE REIMBURSED WITHIN A REASONABLE PERIOD,
OR THE GOVERNMENT WILL HAVE TO PAY INTEREST ON THE DEBT

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L PRESCRIPTION DRUGS REPRESENT THE LARGEST SINGLE PERSONAL
HEALTH EXPENDITURE THAT THE AGED MUST MEET ALMOST ENTIRELY FROM
THEIR OWN RESOURCES. BUT THERE IS ANOTHER REASON FOR EXPANDING
THIS COVERAGE, AND THAT IS THAT DRUG THERAPY IS CARRYING MORE
AND MORE OF THE BURDEN OF RESTORING PEOPLE TO HEALTH AND USEFULNESS,

L WHY, THEN, UNDER MEDICARE, SHOULD A PERSON HAVE TO BE HOSPITALIZED
TO BE FURNISHED DRUGS? THIS IS A GROSSLY INEFFICIENT PRACTICE,
TAKING UP BADLY NEEDED HOSPITAL BED SPACE, AND CONTRIBUTING TO
SKYROCKETING HEALTH CARE COSTS. IT IS WELL KNOWN THAT MANY
PATIENTS CAN RECEIVE DRUGS FOR AN ENTIRE YEAR FOR THE PRICE OF
ONE DAY'S STAY IN THE HOSPITAL.

Then, too, in setting up neighborhood health
centers or other forms of health maintenance
organizations, the patients receiving care
should be able to continue getting their drugs
& medication from their community retail pharmacy.
Freedom of Choice

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L THIS THEN, IS THE THREE-FOLD AGENDA I WANT THE PHARMACISTS
OF AMERICA TO PURSUE VIGOROUSLY OVER THE COMING MONTHS! DRUG
ABUSE EDUCATION; THE CONTROL OF DANGEROUS DRUGS; AND INVOLVEMENT
IN THE PLANNING AND DEVELOPMENT OF HEALTH-CARE PLANS TO ASSURE
EQUITY, EFFICIENCY, AND REASONABLE COMPENSATION IN THE DELIVERY
OF HEALTH SERVICES TO ALL THE PEOPLE OF AMERICA.

L YOU HAVE AN ENVIABLE AND PROUD TRADITION, GOING BACK MORE
THAN 4,000 YEARS, IN THE PERFORMANCE OF THESE TASKS -- A TRADITION
OF PROFESSIONALISM AND OF GOOD BUSINESS SENSE. BUT, ABOVE ALL, A
TRADITION OF HUMAN COMPASSION. YOU HAVE AN INCREASING RESPONSIBILITY
TO BE A HEALTH ADVISOR IN YOUR NEIGHBORHOOD. THIS IS A PROFOUND
CHALLENGE, BUT IT ALSO PRESENTS AN UNPARALLELED OPPORTUNITY TO
SERVE THE PEOPLE OF THIS GREAT LAND.



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