

REMARKS BY SENATOR HUBERT H. HUMPHREY

PHARMACEUTICAL DISTRIBUTORS INTERNATIONAL
ANNUAL CONVENTION

Las Vegas, Nevada

March 25, 1974

It is a great honor to be able to appear before such a distinguished group, a group that I can truly address as "my colleagues," because as most of you know, pharmacy is my discipline.

It is precisely out of this background that I want to talk to you about the health issues that are so important to the people of this country today. There are few other subjects which so universally affect mankind.

NATIONAL HEALTH INSURANCE

There is an urgent need today to assure all our citizens immediate access to good health care at the lowest possible cost. I am sure that this is the goal of the Pharmaceutical Distributors International as well as the rest of those skilled personnel who comprise what is commonly known as the health profession.

We must launch a national health insurance plan to give better coverage to those who are presently inadequately served by their insurance plan or health program. Such a plan must bring under its umbrella the 30 million Americans who today are not covered by any plan.

No one would argue with the statement that the pursuit of adequate health care ought not to be limited just to those who can afford it. I happen to believe that the pursuit of health is as much an inalienable right as the pursuit of happiness.

Unfortunately, over the past 20 years the cost of medical care has soared to such heights that even many of our middle income people cannot afford the full medical services they require.

In 1950, personal health care spending was \$12 billion. By fiscal 1972, the total bill was \$83.4 billion.

In 1965 -- only nine years ago -- a day in the hospital cost the average patient \$45. Today, it costs between \$105 and \$106. That's a 130 percent increase. The price of the average hospital stay has increased 160 percent during the past 10 years, from a little less than \$300 to about \$800 today.

My friends in the pharmaceutical industry, that escalating cost burden is unconscionable. It simply cannot be allowed to continue. Health care has become one of the major budget burdens of the average family in America. The need for a national health insurance plan is growing greater week by week. And, a number of major pieces of legislation to provide for a national plan have been introduced in Congress.

I feel it is my duty to tell any of you who might have doubts that Congress is going to pass a national health care plan. It is my strong hope that the legislation enacted by

Congress will deal with the problem of assuring health security in a responsible manner, meeting the problem head-on.

As with any comprehensive piece of legislation, there probably are portions which would lend themselves to technical improvements. But I am allied with those Senators who will not budge an inch from the basic commitment that every American must be treated equally in having access to quality health care; that comprehensive services must be readily available at the lowest possible cost; and that government has a direct responsibility in seeing to it that these services will be provided and these costs will be met.

But the opportunity for technical improvements in legislation opens the door for your organization to provide responsible inputs to the shape of a health care plan and to show all Americans that the pharmaceutical industry can respond to the needs of this country. This will be a challenge. But I urge you today to begin working for this total reform in the provision of health care in the United States. We do not want a patchwork job. We must get at the roots of the crisis.

The merits and weaknesses of the several health insurance legislative proposals will be studied and deliberated in depth by Congress. But I believe a majority in the Congress at this time would be opposed to the so-called "Comprehensive Health Insurance Act" proposed by the Nixon Administration. This plan would provide little change from the present Medicare program. The elderly would end up having to pay more out of their own pockets for short-term hospital stays.

MEDICAL RESEARCH MUST BE SUSTAINED

An absolutely essential component of a national policy to assure health security for all American citizens must be a sustained emphasis on biomedical research. The unparalleled benefits of medical research, in the discovery of cures for major diseases and in the development of improved medical treatment, demand that the federal government maintain and improve financial assistance in this vital area.

But the Nixon Administration has failed to make this commitment.

It is all well and good for the Administration to propose increased funding in the fiscal 1975 budget for research on cancer and on heart disease.

But the Administration has proposed this needed increase at the expense of other vital research programs, sponsored by the National Institute of Health. For example, the Administration wants to cut back the budget for the NIH Division of Research Resources by \$44 million.

In its staffing allocations, due to general budget cutbacks, the NIH has suffered an outright loss of approximately 600 permanent staff positions over the past several years. To make matters worse, the Administration has transferred more than 350 of the remaining positions from the other institutes of the NIH to staff the cancer and the heart institutes. The net result is a loss of approximately 950 staff positions from the other institutes of the NIH, a loss which has seriously impaired the ability of the NIH staff to effectively administer the programs under its direction.

The Administration's attempts to increase resources for cancer and heart programs have resulted in total program imbalance and in major lost opportunities in other areas of bioscience. Advanced investigations into arthritis, organ transplantation, spinal cord injury, influenza and birth defects have been impaired seriously due to insufficient funding and staffing. Studies in trauma, mental retardation, glaucoma and the debilitating effects of diabetes have been impeded similarly.

However, there have been some positive achievements, despite the Administration policy.

In 1973, for example, NIH scientists working with the Mayo Clinic and the Ciba Pharmaceutical Company were successful in identifying for the first time the chemical structure of the biologically active portion of the human parathyroid gland. Their research has made it possible to synthesize the hormone's active component in order to study its role in metabolic bone diseases and to investigate its use as a potential therapeutic agent.

The NIH supports a variety of mechanisms to train young investigators in the latest and most sophisticated research methods. An adequate supply of these highly skilled research scientists -- who bring new ideas into medical research -- is absolutely essential for the continued improvement of the health of our citizens. The Administration has proposed serious cutbacks in these training programs -- cutbacks which may well result in a critical shortage of medical research scientists in the 1980's. We in the Congress have rejected the Administration's attempts to destroy these meritorious training programs. Both the House and the Senate have passed legislation to continue these programs of research training and to continue the nation's fight against dread disease and suffering.

In addition to its meagre budget requests for most of the NIH programs, and in addition to its attempts to cut back vital research training programs, the Nixon Administration has leveled an attack against two major federal health activities. The Administration has proposed the elimination of federal support for major hospital construction, and it has proposed the phasing out of the community mental health centers program.

We in the Congress do not intend to stand idly by and let this Administration continue its course of negligent abandonment of the National Institutes of Health and other essential health programs. Legislation has been introduced in both Houses of Congress which would establish a special Presidential Biomedical Research Panel to advise both the President and the Congress of the progress and the needs of the National Institutes of Health. Only through the work of such a panel can the NIH be encouraged and supported -- in a manner that you and I both want -- to remain the best source of biomedical research in the world.

THE PHARMACIST AS EDUCATOR

Up until now, I have been talking about big, sophisticated undertakings by the government in the field of health care assistance. All of these programs affect the pharmaceutical industry either directly or indirectly.

But now, I would like to discuss something that has nothing to do with a government program. It would be almost impossible to put a price tag on it. But it is something that I believe can do more good for the pharmaceutical industry than a host of formal programs.

I am talking about the increasing importance of the pharmacist as a medication consultant -- an educator -- in the community.

Pharmacists are intensively educated in the composition and use of drugs and their effects on the human body. With the increasing sophistication of non-prescription drugs, it is necessary for pharmacists to take the responsibility to inform consumers of the effects and potential interaction of these drugs.

There's a new program which a sister organization of yours, the American Pharmaceutical Association, should be commended for launching. It's the effort to educate people on the use of non-prescription drugs. This program could go a long way toward cutting down on unnecessary, improper and even dangerous self-medication. The pharmacist is a health professional. He is the one who should inform his customers that certain antacids, for instance, can block the action of certain antibiotics and seriously reduce their effectiveness in fighting infection.

There are many other over-the-counter drugs which are harmless by themselves, but which shouldn't be mixed with prescription drugs. The education program is a good one, and I commend the industry for it.

THE COSTS AND QUALITY OF DRUGS

I want to touch upon one other subject in which you have a direct interest.

I'm sure all of you know that the time is nearing when government and the pharmaceutical industry are going to have to examine the issue of generic versus brand-name drugs when they are prescribed for persons whose health care expenses are reimbursed under federal programs. You, the skilled businessmen and women who have put together an efficient distribution system of ethical drug products, will be directly affected by any policy change.

The argument that cost savings can be achieved in the use of generic drugs must be discussed honestly and forthrightly.

It is a fact that our citizens over age 65 must spend twice as much on health care as do younger persons.

It is a fact that prescription drugs represent the largest single personal health expenditure that the aged must meet almost entirely from their own resources.

But it is also a fact that those who serve in the pharmaceutical distribution and retail system provide a variety of significant services. And these services explain, in part, the additional costs of so-called brand-name drugs.

There should be a frank discussion of the costs of these services, which include maintaining inventories of a broad range of pharmaceuticals, processing orders, and providing information on drugs to retailers.

Another issue in the generic versus brand name controversy is the question of bioavailability or bioequivalency. For example, I'm sure you all know that in a few instances it has been shown that two chemically equivalent drugs which meet all the official standards can produce quite different amounts of the drug in the blood when they are administered to a human patient.

Personally, if there is any doubt that a drug is going to perform differently in my body than one of the good tried and true types, then I'll willingly purchase the brand-name drug. However, we do need a thorough scientific analysis of this issue, prior to further Congressional deliberations.

Finally, I want to suggest to you that the energy crisis in this country may have served a good purpose. It has forced a lot of businesses to reevaluate their way of living and operating.

Belts have had to be tightened. You know, belt tightening can be good if you don't have to do it in the extreme. In the extreme, of course, it can mean you're starving to death.

Likewise, the pharmaceutical industry may find it in its own best interests to do a little belt tightening. Not to that drastic extreme that signals starvation, but simply to that notch that signals fighting trim.

We need to achieve the best possible efficiency in the pharmaceutical industry to control costs and assure that drugs continue to be available to consumers at reasonable prices.

This is one part of the vitally important task that must be undertaken by America's health care delivery system -- to provide the best possible care to all our people at the lowest possible cost.

We must end the burden of despair and anxiety borne by millions of our citizens unable to afford the price of attaining quality health care.

Remember the proberb:

"He who has health, has hope.
He who has hope, has everything."

#

x 1968 Namander Defeated

x Recycling

REMARKS BY SENATOR HUBERT H. HUMPHREY

Father Cary
PHARMACEUTICAL DISTRIBUTORS INTERNATIONAL
19th ANNUAL CONVENTION (x) Phil Devine
President
CAESARS PALACE
LAS VEGAS, NEVADA (x) Al Schwartz
conchr
MARCH 25, 1974 (x) Harris Fleming
Exec. V.P.
(x) Willard Simmons
NARD

~~Phil Deane~~
~~President~~

~~Harro Hemery~~
~~At Schwartz~~ ~~con~~
~~Cham~~

IT IS A GREAT HONOR TO BE ABLE TO APPEAR BEFORE SUCH

A DISTINGUISHED GROUP, A GROUP THAT I CAN TRULY ADDRESS AS

"MY COLLEAGUES," ^{Pharmacy my business. That is} ~~BECAUSE AS MOST OF YOU KNOW, PHARMACY IS~~ ^{my business}
Government is also your Business

~~MY DISCIPLINE,~~

~~Inflation - Energy~~ ~~Inflation - Energy~~

IT IS PRECISELY OUT OF THIS BACKGROUND THAT I WANT TO TALK

TO YOU ABOUT THE HEALTH ISSUES THAT ARE SO IMPORTANT TO THE

PEOPLE OF ^{our} ~~THIS~~ COUNTRY TODAY. THERE ARE FEW OTHER SUBJECTS

WHICH SO UNIVERSALLY AFFECT MANKIND.

Insurance - medication
manpower
Research
facilities

NATIONAL HEALTH INSURANCE

^{Just & now} THERE IS AN URGENT NEED ~~TODAY~~ TO ASSURE ALL OUR CITIZENS

quality preventative + curative
~~IMMEDIATE~~ ACCESS TO GOOD HEALTH CARE. ~~AT THE LOWEST POSSIBLE~~

~~COST~~ I AM SURE THAT THIS IS THE GOAL OF THE PHARMACEUTICAL

DISTRIBUTORS INTERNATIONAL AS WELL AS THE REST OF THOSE

SKILLED PERSONNEL WHO COMPRISE WHAT IS COMMONLY KNOWN AS THE

HEALTH PROFESSION.

The question is, how shall this be done?

WE MUST LAUNCH A NATIONAL HEALTH INSURANCE PLAN TO GIVE BETTER COVERAGE TO THOSE WHO ARE PRESENTLY INADEQUATELY SERVED BY THEIR INSURANCE PLAN OR HEALTH PROGRAM. SUCH A PLAN MUST BRING UNDER ITS UMBRELLA THE 30 MILLION AMERICANS WHO TODAY ARE NOT COVERED BY ANY PLAN.

NO ONE WOULD ARGUE WITH THE STATEMENT THAT THE PURSUIT OF ADEQUATE HEALTH CARE OUGHT NOT TO BE LIMITED JUST TO THOSE WHO CAN AFFORD IT. I HAPPEN TO BELIEVE THAT THE PURSUIT OF HEALTH IS AS MUCH AN INALIENABLE RIGHT AS THE PURSUIT OF

HAPPINESS. Therefore - we should have as our objective a comprehensive program of health care and health insurance. Such a program must not only cover those presently covered by health insurance, but also the 30 million Americans who today are not covered by any plan.

UNFORTUNATELY, OVER THE PAST 20 YEARS THE COST OF MEDICAL CARE HAS SOARED TO SUCH HEIGHTS THAT EVEN MANY OF OUR MIDDLE INCOME PEOPLE CANNOT AFFORD THE FULL MEDICAL SERVICES THEY REQUIRE.

✓ In 1950, PERSONAL HEALTH CARE SPENDING WAS \$12 BILLION. BY FISCAL 1972, THE TOTAL BILL WAS \$83.4 BILLION.

IN 1965 -- ONLY NINE YEARS AGO -- A DAY IN THE HOSPITAL COST THE AVERAGE PATIENT ~~\$5.~~ ^{\$45.} TODAY, IT COSTS BETWEEN \$105 AND \$106. ~~THAT'S A 130 PERCENT INCREASE.~~ THE PRICE OF THE AVERAGE HOSPITAL STAY HAS INCREASED ~~100 PERCENT DURING THE~~ PAST 10 YEARS, FROM A LITTLE LESS THAN \$300 TO ABOUT \$800 TODAY. And average admission,

~~MY FRIENDS IN THE PHARMACEUTICAL INDUSTRY, THAT ESCALATING~~
~~COST BURDEN IS UNCONSCIONABLE, IT SIMPLY CANNOT BE ALLOWED~~
~~TO CONTINUE.~~ HEALTH CARE HAS BECOME ONE OF THE MAJOR BUDGET
BURDENS OF THE AVERAGE FAMILY IN AMERICA. THE NEED FOR A *comprehensive*
NATIONAL HEALTH INSURANCE PLAN IS GROWING ~~GREATER~~ WEEK BY
WEEK. AND, A NUMBER OF MAJOR PIECES OF LEGISLATION TO PROVIDE
FOR A NATIONAL PLAN HAVE BEEN INTRODUCED IN CONGRESS.

I FEEL IT IS MY DUTY TO TELL ANY OF YOU WHO MIGHT HAVE
DOUBTS THAT CONGRESS IS GOING TO PASS A NATIONAL HEALTH CARE
PLAN. IT IS MY STRONG HOPE THAT THE LEGISLATION ENACTED BY
CONGRESS WILL DEAL WITH THE PROBLEM OF ASSURING HEALTH
SECURITY IN A RESPONSIBLE MANNER, MEETING THE PROBLEM HEAD-ON.

AS WITH ANY COMPREHENSIVE PIECE OF LEGISLATION, THERE

undoubtedly

~~PROBABLY~~ ARE PORTIONS WHICH ~~WOULD~~ LEND THEMSELVES TO TECHNICAL

IMPROVEMENTS. / BUT I AM ALLIED WITH THOSE SENATORS WHO WILL

NOT BUDGE AN INCH FROM THE BASIC COMMITMENT THAT EVERY

AMERICAN MUST BE TREATED EQUALLY IN HAVING ACCESS TO QUALITY

HEALTH CARE; THAT COMPREHENSIVE SERVICES MUST BE READILY

commensurate with good medicine.

AVAILABLE AT THE LOWEST POSSIBLE COST, AND THAT GOVERNMENT HAS

A DIRECT RESPONSIBILITY IN SEEING TO IT THAT THESE SERVICES

THESE

WILL BE PROVIDED AND ~~THESE~~ COSTS WILL BE MET.

~~BUT~~ THE OPPORTUNITY FOR ~~TECHNICAL~~ IMPROVEMENTS IN LEGIS-

proposed

LATION OPENS THE DOOR FOR YOUR ORGANIZATION TO PROVIDE

RESPONSIBLE INPUTS TO THE SHAPE OF A HEALTH CARE PLAN AND

TO SHOW ALL AMERICANS THAT THE PHARMACEUTICAL INDUSTRY CAN
RESPOND TO THE NEEDS OF THIS COUNTRY. THIS WILL BE A CHALLENGE.

BUT I URGE YOU ~~TODAY~~ ^{now for} TO BEGIN WORKING ~~FOR THE TOTAL REFORM~~

IN THE PROVISION OF HEALTH CARE IN THE UNITED STATES. WE DO

NOT WANT A PATCHWORK JOB. WE MUST GET AT THE ROOTS OF THE

CRISIS. *Health care is more than Hospitals.
We have no real Health Insurance - we have
Sickness Insurance*

THE MERITS AND WEAKNESSES OF THE SEVERAL HEALTH INSURANCE
LEGISLATIVE PROPOSALS WILL BE STUDIED AND DELIBERATED IN

DEPTH BY CONGRESS. BUT I BELIEVE A MAJORITY IN THE CONGRESS

AT THIS TIME WOULD BE OPPOSED TO THE SO-CALLED "COMPREHENSIVE
HEALTH INSURANCE ACT" PROPOSED BY THE NIXON ADMINISTRATION.

① Health Care is Social Environment
it is good nutrition
it is clean air + water
it is Preventive Medicine
it is creative

THIS PLAN WOULD PROVIDE LITTLE CHANGE FROM THE PRESENT
MEDICARE PROGRAM. THE ELDERLY WOULD END UP HAVING TO PAY
MORE OUT OF THEIR OWN POCKETS FOR SHORT-TERM HOSPITAL STAYS.

MEDICAL RESEARCH MUST BE SUSTAINED

~~TO BE~~ AN ABSOLUTELY ESSENTIAL COMPONENT OF A NATIONAL
POLICY TO ASSURE HEALTH SECURITY FOR ALL AMERICAN CITIZENS
MUST BE A SUSTAINED EMPHASIS ON BIOMEDICAL RESEARCH, THE
UNPARALLELED BENEFITS OF MEDICAL RESEARCH, IN THE DISCOVERY
OF CURES FOR MAJOR DISEASES AND IN THE DEVELOPMENT OF

IMPROVED MEDICAL TREATMENT, DEMAND THAT THE FEDERAL GOVERN-
MENT MAINTAIN AND IMPROVE FINANCIAL ASSISTANCE IN THIS VITAL

AREA.

~~Private Universities~~
Cooperation of
Science. Business - university
research -

But the Nixon Administration has failed to make this
COMMITMENT.

It IS ALL WELL AND GOOD FOR THE ADMINISTRATION TO PROPOSE
INCREASED FUNDING IN THE FISCAL 1975 BUDGET FOR RESEARCH ON

CANCER AND ON HEART DISEASE. *But not at the expense*
of other research activities — and

~~BUT THE ADMINISTRATION HAS PROPOSED THIS NEEDED INCREASE~~
regrettably this is what is
(OTHER)
~~AT THE EXPENSE OF HER VITAL RESEARCH PROGRAMS, SPONSORED BY,~~
proposed.
~~THE NATIONAL INSTITUTES OF HEALTH, FOR EXAMPLE, THE~~

~~ADMINISTRATION WANTS TO CUT BACK THE BUDGET FOR THE NIH~~

~~DIVISION OF RESEARCH RESOURCES BY \$44 MILLION.~~

~~IN ITS STAFFING ALLOCATIONS,~~ DUE TO GENERAL BUDGET

CUTBACKS, THE NIH HAS SUFFERED AN OUTRIGHT LOSS OF APPROXIMATELY

600 PERMANENT STAFF POSITIONS OVER THE PAST SEVERAL YEARS.

TO MAKE MATTERS WORSE, ~~THE ADMINISTRATION HAS TRANSFERRED~~

have been transferred
MORE THAN 350 OF THE REMAINING POSITIONS FROM ~~THE~~ OTHER

INSTITUTES OF THE NIH TO ~~STAFF~~ THE CANCER AND THE HEART

INSTITUTES. *L* THE NET RESULT IS A LOSS OF APPROXIMATELY 950

STAFF POSITIONS FROM THE OTHER INSTITUTES OF THE NIH, A LOSS

WHICH HAS SERIOUSLY IMPAIRED THE ABILITY OF ~~THE~~ *the* NIH ~~STAFF~~ TO

EFFECTIVELY ADMINISTER THE PROGRAMS UNDER ITS DIRECTION.

L THE ADMINISTRATION'S ATTEMPTS TO INCREASE RESOURCES FOR

CANCER AND HEART PROGRAMS HAVE RESULTED IN TOTAL PROGRAM

IMBALANCE AND IN MAJOR LOST OPPORTUNITIES IN OTHER AREAS OF

BIOSCIENCE.

*This is not to say that Cancer
& Heart research need less - on the
contrary they need more - it
is simply to say that advanced*

L ~~ADVANCED~~ INVESTIGATIONS INTO ARTHRITIS, ORGAN

TRANSPLANTATION, SPINAL CORD INJURY, INFLUENZA AND BIRTH

DEFECTS HAVE BEEN IMPAIRED SERIOUSLY DUE TO INSUFFICIENT

FUNDING AND STAFFING. STUDIES IN TRAUMA, MENTAL RETARDATION,

GLAUCOMA AND THE DEBILITATING EFFECTS OF DIABETES HAVE BEEN

IMPEDED. ~~STAFFING.~~

L HOWEVER, THERE HAVE BEEN ~~SOME~~ POSITIVE ACHIEVEMENTS.

Great breakthroughs.
Despite the ADMINISTRATION POLICY

L IN 1973, FOR EXAMPLE, NIH SCIENTISTS WORKING WITH THE

MAYO CLINIC AND THE CIBA PHARMACEUTICAL COMPANY WERE

SUCCESSFUL IN IDENTIFYING FOR THE FIRST TIME THE CHEMICAL

STRUCTURE OF THE BIOLOGICALLY ACTIVE PORTION OF THE HUMAN

PARATHYROID GLAND.

THEIR RESEARCH HAS MADE IT POSSIBLE TO ~~SYNTHESIZE~~^N THE
HORMONE'S ACTIVE COMPONENT IN ORDER TO STUDY ITS ROLE IN
METABOLIC BONE DISEASES AND ~~FOR INVESTIGATION~~^{TO INVESTIGATE} OF ITS USE
AS A POTENTIAL THERAPEUTIC AGENT.

THE NIH SUPPORTS A VARIETY OF MECHANISMS TO TRAIN YOUNG
INVESTIGATORS IN THE LATEST AND MOST SOPHISTICATED RESEARCH
METHODS. / AN ADEQUATE SUPPLY OF THESE HIGHLY SKILLED RESEARCH
SCIENTISTS -- WHO BRING NEW IDEAS INTO MEDICAL RESEARCH --

IS ABSOLUTELY ESSENTIAL FOR THE CONTINUED IMPROVEMENT OF THE

HEALTH OF OUR CITIZENS. / THE ADMINISTRATION HAS PROPOSED

SERIOUS CUTBACKS IN THESE TRAINING PROGRAMS -- CUTBACKS

WHICH MAY WELL RESULT IN A CRITICAL SHORTAGE OF MEDICAL

RESEARCH SCIENTISTS IN THE 1980's. - False Economy!

Need the Research Scientists

WE IN THE CONGRESS HAVE REJECTED ~~THE~~ ^{these} ADMINISTRATION'S

^{maker} ATTEMPTS TO ~~DESTROY~~ THESE MERITORIOUS TRAINING PROGRAMS.

BOTH THE HOUSE AND THE SENATE HAVE PASSED LEGISLATION
TO CONTINUE THESE PROGRAMS OF RESEARCH TRAINING AND TO
CONTINUE THE NATION'S FIGHT AGAINST DREAD DISEASE AND
SUFFERING.

~~IN ADDITION TO ITS MEAGRE BUDGET REQUESTS FOR MOST OF THE~~

(X) ~~These are two other health~~
~~NH PROGRAMS, AND IN ADDITION TO ITS ATTEMPTS TO CUT BACK~~
~~related programs that have~~
~~VITAL RESEARCH TRAINING PROGRAMS, THE NIXON ADMINISTRATION~~
~~been the victims of the Budget act~~
~~HAS LEVELED AN ATTACK AGAINST TWO MAJOR FEDERAL HEALTH~~

~~ACTIVITIES.~~

~~THE ADMINISTRATION HAS PROPOSED THE ELIMINATION~~

+ neighborhood clinics

~~OF FEDERAL SUPPORT FOR MAJOR HOSPITAL CONSTRUCTION, AND IT~~

the proposal for

~~HAS PROPOSED THE PHASING OUT OF THE COMMUNITY MENTAL HEALTH~~

~~CENTERS PROGRAM.~~

*① Hospitals need modernizing!
but both of these actions
would hurt*

~~WE IN THE CONGRESS DO NOT INTEND TO STAND IDLY BY AND LET~~

~~THIS ADMINISTRATION CONTINUE ITS COURSE OF NEGLIGENT ABANDON-~~

② Indeed, we need to constantly reevaluate

~~MENT OF THE NATIONAL INSTITUTES OF HEALTH AND OTHER~~

the work of NIH, Reevaluation -

~~ESSENTIAL HEALTH PROGRAMS. LEGISLATION HAS BEEN INTRODUCED~~

IN BOTH HOUSES OF CONGRESS WHICH WOULD ESTABLISH A SPECIAL

PRESIDENTIAL BIOMEDICAL RESEARCH PANEL TO ADVISE BOTH THE

PRESIDENT AND THE CONGRESS OF THE PROGRESS AND THE NEEDS

OF THE NATIONAL INSTITUTES OF HEALTH.

This Panel Can help make ^{the} NIH

~~ONLY THROUGH THE WORK OF SUCH A PANEL CAN THE NIH BE~~

~~a powerful and effective resources~~
~~ENCOURAGED AND SUPPORTED IN A MANNER THAT YOU AND I~~

~~and for new advances in~~
~~BOTH WANT TO REMAIN THE BEST SOURCE OF BIOMEDICAL RESEARCH~~

(X) ~~Other components of Health care:~~
~~IN THE WORLD.~~

~~Health Manpower~~
~~Health Facilities~~

THE PHARMACIST AS EDUCATOR

Doctors
nurses
Technicians
Paramedics

UP UNTIL NOW, I HAVE BEEN TALKING ABOUT BIG, SOPHISTICATED

UNDERTAKINGS BY THE GOVERNMENT IN THE FIELD OF HEALTH CARE

ASSISTANCE. ALL OF THESE PROGRAMS AFFECT THE PHARMACEUTICAL

INDUSTRY EITHER DIRECTLY OR INDIRECTLY.

BUT NOW, I WOULD LIKE TO DISCUSS SOMETHING THAT HAS

NOTHING TO DO WITH A GOVERNMENT PROGRAM IT WOULD BE ALMOST

IMPOSSIBLE TO PUT A PRICE TAG ON IT.

BUT IT IS SOMETHING THAT I BELIEVE CAN DO MORE GOOD FOR

THE PHARMACEUTICAL INDUSTRY THAN A HOST OF FORMAL PROGRAMS.

I AM TALKING ABOUT THE INCREASING IMPORTANCE OF THE
PHARMACIST AS A MEDICATION CONSULTANT -- AN EDUCATOR -- IN
THE COMMUNITY.

PHARMACISTS ARE INTENSIVELY EDUCATED IN THE COMPOSITION

AND USE OF DRUGS AND THEIR EFFECTS ON THE HUMAN BODY. WITH

THE INCREASING SOPHISTICATION OF NON-PRESCRIPTION DRUGS,

IT IS NECESSARY FOR PHARMACISTS TO TAKE THE RESPONSIBILITY

TO INFORM CONSUMERS OF THE EFFECTS AND POTENTIAL INTERACTION

OF THESE DRUGS.

h THERE'S A NEW PROGRAM WHICH A SISTER ORGANIZATION OF
YOURS, THE AMERICAN PHARMACEUTICAL ASSOCIATION, SHOULD BE
COMMEDED FOR LAUNCHING. It's THE EFFORT TO EDUCATE PEOPLE
ON THE USE OF NON-PRESCRIPTION DRUGS. THIS PROGRAM COULD GO
A LONG WAY TOWARD CUTTING DOWN ON UNNECESSARY, IMPROPER
AND EVEN DANGEROUS SELF-MEDICATION. The PHARMACIST IS A
HEALTH PROFESSIONAL. He IS THE ONE WHO SHOULD INFORM HIS
CUSTOMERS THAT CERTAIN ANTACIDS, FOR INSTANCE, CAN BLOCK THE
ACTION OF CERTAIN ANTIBIOTICS AND SERIOUSLY REDUCE THEIR
EFFECTIVENESS IN FIGHTING INFECTION.

✓ THERE ARE MANY OTHER OVER-THE-COUNTER DRUGS WHICH ARE
HARMLESS BY THEMSELVES, BUT WHICH SHOULDN'T BE MIXED WITH
PRESCRIPTION DRUGS. ✓ THE EDUCATION PROGRAM IS A GOOD ONE,
AND I COMMEND THE INDUSTRY FOR IT.

THE COSTS AND QUALITY OF DRUGS

I WANT TO TOUCH UPON ONE OTHER SUBJECT IN WHICH YOU
HAVE A DIRECT INTEREST.

✓ I'M SURE ALL OF YOU KNOW THAT THE TIME IS NEARING WHEN
GOVERNMENT AND THE PHARMACEUTICAL INDUSTRY ARE GOING TO HAVE
TO EXAMINE THE ISSUE OF GENERIC VERSUS BRAND-NAME DRUGS
WHEN THEY ARE PRESCRIBED FOR PERSONS WHOSE HEALTH CARE
EXPENSES ARE REIMBURSED UNDER FEDERAL PROGRAMS.

YOU, THE SKILLED BUSINESSMEN AND WOMEN WHO HAVE PUT TOGETHER
AN EFFICIENT DISTRIBUTION SYSTEM OF ETHICAL DRUG PRODUCTS,
WILL BE DIRECTLY AFFECTED BY ANY POLICY CHANGE.

THE ARGUMENT THAT COST SAVINGS CAN BE ACHIEVED IN THE
USE OF GENERIC DRUGS MUST BE DISCUSSED HONESTLY AND FORTH-

RIGHTLY. *However, cost is only one of the issues to be considered - there are many others.*
But IT IS A FACT THAT OUR CITIZENS OVER AGE 65 MUST SPEND

TWICE AS MUCH ON HEALTH CARE AS DO YOUNGER PERSONS.

IT IS A FACT THAT PRESCRIPTION DRUGS REPRESENT THE LARGEST
SINGLE PERSONAL HEALTH EXPENDITURE THAT THE AGED MUST MEET

ALMOST ENTIRELY FROM THEIR OWN RESOURCES.

(I happen to support Prescription Drugs under Medicare with a minimum payment by the Patient/Customer of \$1.00, the balance to be paid out of 50% Sec. Medicare funds.)

*Research costs
Laboratory etc*

L BUT IT IS ALSO A FACT THAT THOSE WHO SERVE IN THE
PHARMACEUTICAL DISTRIBUTION AND RETAIL SYSTEM PROVIDE A
VARIETY OF SIGNIFICANT SERVICES. AND THESE SERVICES EXPLAIN,
IN PART, THE ADDITIONAL COSTS OF SO-CALLED BRAND-NAME DRUGS.

L THERE SHOULD BE A FRANK DISCUSSION OF THE COSTS OF THESE
SERVICES, WHICH INCLUDE MAINTAINING INVENTORIES OF A BROAD
RANGE OF PHARMACEUTICALS, PROCESSING ORDERS, AND PROVIDING
INFORMATION ON DRUGS TO RETAILERS.

ANOTHER ISSUE IN THE GENERIC VERSUS BRAND NAME CONTROVERSY
IS THE QUESTION OF BIOAVAILABILITY OR BIOEQUIVALENCY.

FOR EXAMPLE, ~~I'M SURE YOU ALL KNOW THAT~~ IN A FEW INSTANCES IT
HAS BEEN SHOWN THAT TWO CHEMICALLY EQUIVALENT DRUGS WHICH
MEET ALL THE OFFICIAL STANDARDS CAN PRODUCE QUITE DIFFERENT
AMOUNTS OF THE DRUG IN THE BLOOD WHEN THEY ARE ADMINISTERED
TO A HUMAN PATIENT. - *Different Reactions* -

PERSONALLY, IF THERE IS ANY DOUBT THAT A DRUG IS GOING TO
PERFORM DIFFERENTLY ~~BEHIND~~ THAN ONE OF THE GOOD TRIED AND
TRUE TYPES, THEN ~~I'LL BE~~ PURCHASE THE BRAND-NAME DRUG
~~WILLINGLY, THE SURE THING, TO DO SO~~

h HOWEVER, WE DO NEED A THOROUGH SCIENTIFIC ANALYSIS OF THIS
ISSUE, PRIOR TO FURTHER CONGRESSIONAL DELIBERATIONS.

FINALLY, I WANT TO SUGGEST TO YOU THAT THE ENERGY CRISIS
IN THIS COUNTRY MAY HAVE SERVED A GOOD PURPOSE. IT HAS FORCED
A LOT OF BUSINESSES TO REEVALUATE THEIR WAY OF LIVING AND
OPERATING. Cost consciousness.

L BELTS HAVE HAD TO BE TIGHTENED. ~~YOU KNOW, BELT TIGHTENING~~
~~CAN BE GOOD IF YOU DON'T HAVE TO DO IT IN THE EXTREME. IN THE~~
~~EXTREME, OF COURSE, IT CAN MEAN YOU'RE STARVING TO DEATH.~~

LIKewise, THE PHARMACEUTICAL INDUSTRY MAY FIND IT IN ITS
OWN BEST INTERESTS TO DO A LITTLE BELT TIGHTENING. NOT TO
THAT DRASTIC EXTREME THAT SIGNALS STARVATION, BUT SIMPLY
~~TO THAT NOTCH THAT SIGNALS FIGHTING TRIM.~~

WE NEED TO ACHIEVE THE BEST POSSIBLE EFFICIENCY IN THE
PHARMACEUTICAL INDUSTRY TO CONTROL COSTS AND ASSURE THAT
DRUGS CONTINUE TO BE AVAILABLE TO CONSUMERS AT REASONABLE
PRICES.

THIS IS ONE PART OF THE VITALLY IMPORTANT TASK THAT MUST
BE UNDERTAKEN BY AMERICA'S HEALTH CARE DELIVERY SYSTEM --
TO PROVIDE THE BEST POSSIBLE CARE TO ALL OUR PEOPLE

~~LOWEST POSSIBLE COST.~~

WE MUST END THE BURDEN OF DESPAIR AND ANXIETY BORNE BY
MILLIONS OF OUR CITIZENS UNABLE TO AFFORD THE PRICE OF
ATTAINING QUALITY HEALTH CARE.

REMEMBER THE PROVERB:

"HE WHO HAS HEALTH, HAS HOPE.
HE WHO HAS HOPE, HAS EVERYTHING."

~~Health~~ ^①
Inflation, Energy,
Food, Campaign
financing, ~~unemployment~~
"Preamble"



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