



For **GENERATIONS** TO COME



THE UNITED STATES CAN PROTECT MEDICARE
AND GET A BETTER DEAL ON PRESCRIPTION DRUGS.

JULY 2013

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ABOUT THE ALLIANCE

Ensuring equal access to power and opportunity, supporting and defending the rights of all people, and eliminating discrimination and oppression.

The Alliance for a Just Society's mission is to execute regional and national campaigns and build strong state affiliate organizations and partnerships that address economic, racial, and social inequities.

The Alliance (formerly the Northwest Federation of Community Organizations), is a national coalition of 12 community and racial justice organizations including the Applied Research Center, the Connecticut Citizen Action Group, the Center for Intercultural Organizing, Colorado Progressive Coalition, Idaho Community Action Network, Indian People's Action (Montana), Maine People's Alliance, Make the Road New York, Montana Organizing Project, Oregon Action, Progressive Leadership Alliance of Nevada, and Washington Community Action Network.



ALLIANCE
FOR A JUST SOCIETY

Building on the proven community organizing success of the Northwest Federation of Community Organizations (NWFCO), Alliance staff and partners set out not only to replicate on a national level the best of NWFCO's 17 years of praxis, but also to create a progressive infrastructure capable of meeting 21st century challenges to the American dream of liberty and justice for all.

We believe that class, race and gender are the most fundamental divisions in society. We acknowledge that none of these dividing forces can be addressed without working to address all of them simultaneously. The struggle for social justice requires a strong, broad base to defend advances made toward economic justice and, in turn, generate increased power to sustain social change. All of this work depends on developing a core of leaders, educating the public, and building the power for fundamental systemic change.

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Credits & Acknowledgements

This report has been produced by Julie Chinitz, Ben Henry, Darlene Huntress, Breanne Schuster and Sheley Secret of the Alliance for a Just Society.



For **GENERATIONS** TO COME

INTRODUCTION

Medicare was created in 1965 to address the shocking lack of health coverage among seniors, who were in grave jeopardy in their most vulnerable years.

Almost 50 years later, most seniors in our country can count on getting coverage for their regular check-ups, hospital stays, and medications. This has helped seniors and people with disabilities enjoy a better quality of life and increased economic security for them and their families.

This storybook shares the firsthand experiences of seniors and people with disabilities for whom Medicare is a lifeline, as well as the perspectives of small business owners and health care providers who attest to the program's importance.

Despite Medicare's remarkable success and widespread popularity, the program now finds itself at the center of discussion about the deficit, and some lawmakers have proposed cuts that would undermine health care for seniors and people with disabilities. At the same time, relatively little attention has been paid to prescription drug manufacturers, who reap considerable profits from the program.

This storybook shares the firsthand experiences of seniors and people with disabilities for whom Medicare is a lifeline, as well as the perspectives of small business owners and health care providers who attest to the program's importance. These stories show the difference that Medicare is making in the lives of real people across the country. These lives matter.

Fortunately, Congress does not need to cut the health care received by seniors and people with disabilities. Instead, lawmakers can protect them while negotiating more reasonable prices from drug manufacturers. By taking such a step, Congress will be acting on the principle that everyone counts in the United States.

THE DIFFERENCE THAT MEDICARE MAKES

Before Medicare's creation, approximately half of seniors in the United States had no hospital insurance, precisely at an age they would need such coverage the most.¹ This shocking uninsured rate placed seniors among those least likely to have health coverage.² As a result, it was estimated in the mid-1960s that more than one in four seniors had foregone medical care due to cost.³

Today, approximately 50 million people — including 8 million with disabilities — count on Medicare for their health coverage.⁴ Thanks to Medicare, seniors now represent those most likely to have health coverage in the U.S., reversing the alarming uninsured rates that prompted the program's creation.⁵ Although some Medicare beneficiaries choose a private plan for their coverage, the vast majority (73 percent) are enrolled in "traditional Medicare,"⁶ which is administered by the federal government.

Medicare makes a difference in the health of its beneficiaries, particularly those who previously had no insurance and, now covered, can finally obtain treatment for cardiovascular disease, diabetes, and other illnesses.⁷ Such treatment includes not only doctor's visits and exams, but also the medications that so many seniors need to live healthy lives.

As invaluable as these advances are, Medicare offers more than physical health to its beneficiaries — it also provides considerable financial protection. Before Medicare, seniors were spending nearly 25 percent of the average Social Security check on health care. By 1975, just one decade after the program's enactment, that figure had dropped to 17 percent.⁸ Although seniors have the support of Social Security and Medicare, many continue to live on very limited budgets. In fact, half of Medicare enrollees claimed incomes of less than \$22,500 in 2012.⁹ They cannot afford to pay more for health care, and, without Medicare, they might not be able to obtain any health care at all.

Given the economic vulnerability of many seniors and people with disabilities, a considerable share of Medicare enrollees is eligible for additional health coverage, such as that provided through Medicaid. These Medicare-Medicaid "dual eligibles" represent approximately one-fifth of Medicare enrollees.¹⁰ They tend to be frailer, less healthy, and more functionally impaired than Medicare beneficiaries generally, and they turn to Medicaid for services not covered under Medicare, such as dental treatment and long-term care.¹¹ Medicaid also helps them with the costs of Medicare premiums and cost-sharing.¹²

As important as Medicare is, it could do even more. In 2006, Congress expanded Medicare to create much-needed prescription drug coverage. However, this expansion still left many seniors unable to fill prescriptions because of the "donut hole" gap in coverage. With the donut hole, an enrollee must pay the full price of medications when his or her drug spending reaches a specified threshold. The gap in coverage continues until the enrollee meets the next spending threshold, at which point coverage picks up again. Although the Affordable Care Act begins to close the donut hole — and has already delivered savings to seniors — this change will be phased in over several years.¹³ Consequently, as will be evident in the stories in this publication, some seniors and people with disabilities continue to struggle with the cost of prescription drugs.

As important as Medicare is, it could do even more. In 2006, Congress expanded Medicare to create much-needed prescription drug coverage. However, this expansion still left many seniors unable to fill prescriptions because of the "donut hole" gap in coverage.

In the United States generally, individuals pay nearly twice as much for prescription drugs than do residents of comparable countries. The governments of these countries are able to keep prescription drug costs down by negotiating prices with manufacturers. In the U.S., by contrast, the federal government grants manufacturers monopoly protections in the form of patents but does not negotiate prices with the manufacturers that benefit from those monopolies.

BUDGET DEBATES PLACE MEDICARE IN JEOPARDY

Medicare has found itself at the center of difficult budget discussions in D.C., with some elected officials and others calling for cuts to benefits in the name of deficit reduction. In March, the House of Representatives passed a budget that would convert Medicare into a premium support program, in which enrollees would purchase private health insurance rather than receive coverage through traditional Medicare. The value of these vouchers would decrease over time,¹⁴ creating a scenario in which already economically vulnerable seniors “may have to pay considerably more in medical care than they do under current law.”¹⁵ The President’s budget proposal would raise premiums for wealthy beneficiaries¹⁶ and, in a few years, increase out-of-pocket costs for others.¹⁷

So far, Medicare has survived attempts to radically alter the program by raising the eligibility age or significantly increasing costs for beneficiaries. Since passage of health care reform, Medicare per-capita spending growth has slowed at historic rates, and the Congressional Budget Office (CBO) and Centers for Medicare and Medicaid Services expect the trend of slow growth to continue.¹⁸ Additionally, in recent months, the deficit has fallen at a rate greater than the CBO had expected.¹⁹ These trends cast doubt on claims that fiscal responsibility requires the country to roll back health care for seniors and people with disabilities. However, as the country moves into the next phase of budget negotiations, it is expected that Medicare will again find itself at the center of the debate.

PROTECT MEDICARE AND GET A BETTER DEAL FROM PHARMACEUTICAL MANUFACTURERS

As the budget debate continues, the country’s large pharmaceutical manufacturers reap considerable profits from Medicare. Drug manufacturers’ revenues rose with implementation of the Medicare prescription benefit,²⁰ and the industry is highly profitable. One study conducted shortly after Medicare began covering drugs found that manufacturers were charging Medicare plans twice as much or more for some drugs as they were charging the U.S. Department of Veterans Affairs.²¹

In the United States generally, individuals pay nearly twice as much for prescription drugs than do residents of comparable countries.²² The governments of these countries are able to keep prescription drug costs down by negotiating prices with manufacturers. In the U.S., by contrast, the federal government grants manufacturers monopoly protections in the form of patents but does not negotiate prices with the manufacturers that benefit from those monopolies.²³ In fact, the legislation that created the Medicare prescription drug benefit also prevents the federal government from negotiating with manufacturers.²⁴

Amid debates over the federal budget and the future of Medicare, some lawmakers have called for removing this restriction as an alternative to forcing seniors and people with disabilities to bear the burden of spending cuts. Allowing the federal government to negotiate drug prices in Medicare would yield considerable savings for the government and enrollees. The Center for Economic and Policy Research has estimated that, over the next decade, such

a change could deliver savings between \$230 billion and \$541 billion for the federal government and between \$48 billion and \$112 billion for enrollees.²⁵

In the pages that follow, Medicare enrollees, small business owners, and health care providers share their experiences with the program. Their voices provide important perspectives on the importance of protecting our country's investment in the health of its seniors and people with disabilities.

CONCLUSION

In 1965, people across the United States came together and decided to invest in the health and wellbeing of the country's elderly. Medicare is an expression of this commitment, and it has made a difference in the lives of millions of seniors and people with disabilities. The people represented in this storybook can speak firsthand of this difference. Thanks to Medicare, they have been able to visit the doctor, receive exams and tests, and take their medications.

Congress does not need to limit the health care of seniors and people with disabilities in order to reduce spending in Medicare. Our elected officials can protect its investment in Medicare — one of our country's greatest policy achievements — while requiring drug manufacturers to participate in the program's continued success.

The Center for Economic and Policy Research has estimated that, over the next decade, such a change could deliver savings between \$230 billion and \$541 billion for the federal government and between \$48 billion and \$112 billion for enrollees.

PERSPECTIVES

FORMER TEACHER AND VETERAN: 'WHY AREN'T WE ALREADY NEGOTIATING DRUG PRICES?'

SHERRI GOULET

OLYMPIA, WASH.

My husband and I are among the lucky ones. Don is a 20-year veteran of the Air Force, I am a retired teacher, and we both receive retirement benefits from our respective careers. We both qualify for Medicare, and we use Don's Tricare for Life Insurance, which is provided to us because of his 20 years of military service.

When I turned 65, I qualified for Medicare. On average, the program covers half of all medical expenses. For my husband and me, whatever is not covered through the Medicare program is processed through our supplemental insurance under Tricare. Between both programs, we have very little to no out-of-pocket expenses. It works out great.

When I was recently diagnosed with metastasized breast cancer, I learned first-hand the benefit I receive in taking part in the Medicare program.

My oncologist prescribed a monthly shot of the bone strengthening drug, Denosumab, which costs an astronomical \$5,000 per shot! The other drug prescribed for me was the estrogen prevention drug, Exemestane, which costs \$337 for a 90-day supply. Without Medicare and Tricare, I would be paying \$61,348 per year just for medications!

Without Medicare, I could not afford the treatment that I so desperately need. I asked my doctor how anyone could pay such high drug costs without insurance. He agreed that those who cannot afford the price do not get treatment.

Why aren't we already negotiating drug prices in Medicare? After all, it is an obvious solution to reducing costs within the program. I, like other middle-income Americans across this state, have worked hard all of my life. I put in the effort and made financial sacrifices because I believe that everyone must play a role in moving this country forward.

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'These Benefits Saved My Life'



JUANITA AND FRANK JAMES

YOUNGSTOWN, OHIO

My husband worked at a steel company here in the Mahoning Valley for 36 years, and we were looking forward to retirement. But that all ended when his company went bankrupt and closed down. The retirement benefits we were counting on were gone, and we even lost our medical coverage.

The worst part was watching him worry about how he was going to care for me — my health was failing fast, the bills were piling up, and there was virtually no hope in sight. For years, we went without insurance at all, which was terrifying because I am oxygen-dependent and bound to a wheelchair. Each day was met with fear that my medical condition could land me in the doctor's office with mounting medical debt.

Then, relief finally came — I got my Medicare card in the mail. These benefits saved my life.

'The Costs of Medication Are Too High to Afford on My Own'

SONJA HANSEN

BANGOR, MAINE

I am a breast cancer survivor who has had a double mastectomy and major back surgery due to the cancer metastasis. In 2009, I moved back to Maine from South Carolina and became one the many Mainers who were insured by MaineCare.

The program works, and needs to be strengthened to help more in need and not cut, leaving those who need it the most without alternatives.

In the past three and a half years, my back pain has increased to the point that I can no longer



perform daily household chores. I can't wash dishes nor do laundry. Pushing a vacuum and sweeping a floor have become impossible, and sleep eludes me as I spend all night long dealing with pain.

With the help of MaineCare, I was able to take narcotics to help alleviate the pain and allow me to have some semblance of a life, where I was able to care for my home and my 16-year-old son.

The costs of medication are too high to afford on my own. Without this valuable program, I am left to deal with the health needs alone. It shouldn't be this way for anyone. Our elected leaders should make health are a priority.

Healthcare Costs to Save a Former Nurse's Life Amount to \$1.75 Million

MELANIE HARRISON

GREAT FALLS, MONT.

Six years ago, I was a perfectly healthy, active mother of four working full-time as a nurse at the Great Falls Clinic. Within days of taking a prescription drug, I couldn't walk, and within five days I was at death's door with life-altering neurological damage. I was hospitalized for four months because the drug prescribed triggered an autoimmune response which destroyed my nervous system. Now, at the age of 41, I walk with a brace on one foot and leg, and the support of at least one colorful cane, sometimes two.



My family has suffered with me as a cascade of events were set in motion that changed everything. Through endless medical appointments, physical rehabilitation, a full year without income while I awaited Social Security benefits, a divorce, and the sale of our home, I was thankful to have a steady stream of community concern in Great Falls, my home since I was a small child.

I desperately needed health care to gain function and mobility. Whatever money we had from the sale of our home was used to keep up with the COBRA co-payments to allow me to access health care. However, those costs amounted to \$1.75 million within 2½ years, an expensive accident by all accounts. Now, I am covered by Medicare.

I do not hold anyone to blame. I use what state and federal services are available to me. But since the first of the year, I have been unable to afford the prescription medicines that keep me from backsliding into greater disability. Though I suffer from chronic pain, I prefer not to take narcotics.

Prior to the Affordable Care Act, I was eligible for government premium support to pay the \$105 premium for Part D Medicare. With this covered, I could afford to pay the small \$2 to \$6 co-payment for the many prescriptions I need to keep me well and functional. With these co-payments, however, I need to come up with \$60 a month and, with a small income of about \$700 a month, it just doesn't add up.

Business Owner Says Government Assistance Programs Saved His Business

FRED BARR

ORLANDO, FLA.

I am a Communications Consultant and own Barr Creative Services, a small business that specializes in marketing, advertising, and graphic design. My years of experience in this field have allowed me to see first-hand how significantly health care policies affect both businesses and communities.

Medicare, Medicaid, and Social Security are good things, and businesses depend on these types of programs for their success. Everyone would benefit from a feeling of economic stability that results from an ability to afford health care. Even corporations with incredible financial resources are unwilling to do anything without certainty.

I work with people who are creating their own businesses. These programs, as well as ObamaCare, have allowed the businesses I work with to grow and expand, which, in turn, really saved my business. One of the businesses I work with, which provides essential health services to the public, would not even exist without the passage of the Affordable Care Act.

Small businesses are such important assets. They offer services that help the community and, with greater economic security and more money in their pockets, they can hire individuals. Similarly, consumers feel more comfortable spending in stable economies.

It is an organic process. It all fits together.

We are more successful with strong Medicare, Medicaid, and Social Security programs. Government programs have a certain predictability; they are more robust, and they certainly help.



‘Everyone would benefit from a feeling of economic stability that results from an ability to afford health care.’



Mom Faces Impossible Choices

GINA OWENS

SEATTLE, WASH.

I've been on Medicare for nearly 10 years now. Over the years, I've been able to see how it helps people in my situation, as well as identify areas where it could be strengthened to become even better. One of those areas that needs improvement comes in the form of affordable prescription costs.

Lately, I've found it difficult to keep up with prescription drug pricing. It's very hard keeping up with out-of-pocket costs, which can be as high as \$100 a month. While this may not seem like much to the general world, it is significant when you're talking about raising three grandkids and paying all of your bills with an income of less than \$1,500 a month.

At times I've had to turn to others for help in paying my medication. Other times, I've had to cut my food budget, or pay half of a bill to afford them.



I am disabled. I shouldn't have to choose between taking medicine and paying to keep a roof over my family's head. It's a horrible position to be in.

If prescription drugs were negotiated to an affordable cost, then life would be better for me and my grandkids.

'I shouldn't have to choose between taking medicine and paying to keep a roof over my family's head.'

Clinical Professional Counselor: Affordable Pharmaceuticals a Matter of Life and Death

MELODY RICE

BUTTE, MONT.

I am a licensed clinical professional counselor and registered and board-certified art therapist. My practice provides counseling services to adults and children. I specialize in trauma and grief counseling and I often use art therapy to help facilitate the healing process.

I treat a number of patients who depend on Medicaid for their health coverage. I'd estimate that about half of my clients take part and benefit from the program. For them, Medicaid funding is a serious difference between life and death.

As a mental health professional, I frequently see patients who are suffering deeply and suicidal. There are absolutely devastating consequences if these patients are not seen; yet, so many are slipping through the cracks because they are not eligible for insurance.

Many of my clients are forced to choose between getting anti-depressants or anti-psychotics and paying for food. That is not OK; it is unconscionable. No one should have to decide between paying for medicine that is helping them

with life struggles or eating.

When prescription costs become too much of a hardship to afford, some of my patients have abruptly stopped taking their medication. This creates a serious challenge to keeping them mentally stable. When a client has stopped medications, it adversely affects my ability to treat their mental illness. The treatment focus has to shift from dealing with the trauma or grief to regaining stabilities — a highly difficult task if medicine is not on board.

Affordable prescription costs profoundly affect whether or not individual counseling is effective. Scientific studies have shown that the use of psychopharmaceutical therapy coupled with psychotherapy produces the most successful outcomes for individuals with severe mental health illnesses, including major depressive and bi-polar disorders.

At 22 per 100,000, Montana's rate of suicide is twice that of the National average. I can't help but think that if more Montanans had access to affordable health care and affordable prescription drugs, our rate of suicide would decrease dramatically. Our elected leaders should invest in health programs at all levels.



'I can't help but think that if more Montanans had access to affordable health care and affordable prescription drugs, our rate of suicide would decrease dramatically. Our elected leaders should invest in health programs at all levels.'

Utilities Shut Off because Medication Prices Too High

CATHERINE FITZGERALD

DANVILLE, VA.

I've sat alone in the darkness of my home because I couldn't afford to pay my utility bill. My medical expenses eat away at my income, and leave very little for anything else. I'm on disability and get by on a very limited budget. It's more than just finding your way through the darkness when services are disconnected — it's staying warm, heating up your water to draw a bath, or finding ways to keep the food in the freezer from going bad that becomes the ultimate challenge.

It was a horrible experience; but, unfortunately, if I had to choose between paying my bills and paying for my medication, I would have no choice but to sit in the dark again. If medication were more affordable, I wouldn't have to make such choices.

I rely upon prescription drugs to treat my severe depression and fibromyalgia. My first year on disability was without any medical insurance at all, and I paid out-of-pocket. I suffer from severe panic attacks and was placed on anti-depressants to alleviate the symptoms. You can't just stop taking the medicine without severe side effects. So, despite the high costs, I am forced to pay it.

I'm now on Medicare, and the program helps me out a lot. I pay for prescriptions, which cost me up to \$60 each month. I'm on a fixed income and, with the way prices are rising now, I have just enough money left to get groceries and medicine. A lot of people live just like me on limited resources. It's hard to finagle all those things.

Before we cut programs that help us get by, drug companies should be asked to make their prices more affordable for the rest of us.



'It's more than just finding your way through the darkness when services are disconnected — it's staying warm, heating up your water to draw a bath, or finding ways to keep the food in the freezer from going bad that becomes the ultimate challenge.'

Mother of Twins Faces Death Without Access to MaineCare

MARIE PINEO

BANGOR, MAINE

Ten years ago, I was working for Anthem Blue Cross/Blue Shield when I was diagnosed with a life-threatening heart condition and was forced to stop working for close to nine months. The insurance company only held my job for me for six months; when I was well enough to return to work, my job was gone, and so was my health insurance.

Shortly after that, my home was foreclosed on and I was forced to move myself and my three boys into public housing. Today, my condition does not allow me to work full-time hours, which means I cannot go out and get health care coverage for my family on my own. Last year, I made just \$7,000 working my seasonal part-time job, not nearly enough to cover our basic needs and health insurance.

Due to the cuts made to MaineCare, my family is losing very much-needed services and medical care.

I have never before been in the position where I am faced with choosing between gas in my car to get us where we need to go in this rural state and paying medical and utility bills. Last week, I received a notice from the U.S. Department of Health and Human Services stating I am no longer eligible for MaineCare services. I am scared I will not be able to afford my heart medication, and my 16-year-old twin boys will be without their mother.

If I can have my MaineCare coverage the way it should be, I won't have to choose when I can be treated for the pain or illness I so often suffer, and when I must languish because there is no MaineCare coverage for me and my children. This is what happens when health programs are cut — people have to make choices no one should have to make.



'I Get By on the Bare Minimum'

ROXY CARR

TWIN FALLS, IDAHO

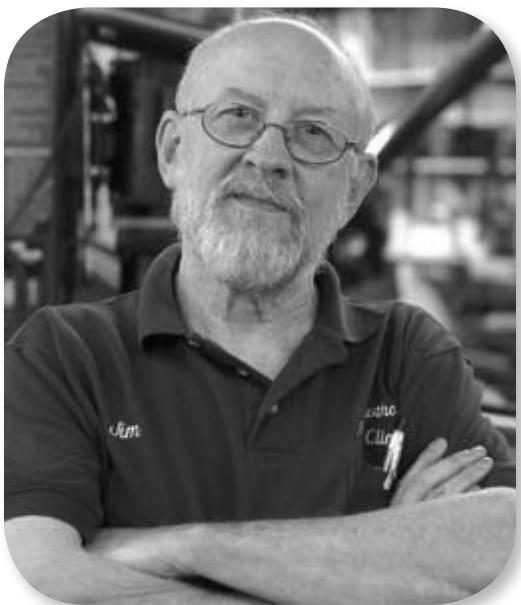
I've been on Medicare since 2005. My supplemental insurance, which runs me about \$36 a month, covers costs not paid by Medicare. It's really helpful for me on my limited income — I take home roughly \$12,000 yearly from my disability check.

I have severe health issues, such that without Medicare, I wouldn't be able to pay for the costs on my own. I am a diabetic and need insulin shots three times a day; I also have fibromyalgia, which

requires multiple prescriptions to treat the symptoms associated with it. I'd say I take an average of 10 different medications each month.

If I didn't have Medicare, I'd have to pay out of pocket. There's no way I could afford that. Not on my income.

As it stands now, I'm barely getting by on disability. I can't afford to buy groceries the way I know I should because it costs too much to eat right. I get by on the bare minimum. Cutting the program in any way is only going to bring more hardships to those who needed it most.



‘Taking away the financial resources from those already hit with financial burdens will not increase spending and thereby will further stifle the economy. From a business perspective, it is absurd to ignore the obvious financial federal savings that could be reached by merely cutting the price of prescription drugs for these programs.’

Business Owner: Negotiating Prices Are Good Business, Not to Mention Good for the Economy

JIM HOUSER

PORTLAND, ORE.

I’ve been a successful business owner of Hawthorne Auto Clinic for more than 30 years. When my business thrives, not only do consumers receive a valuable service, I am able to pay taxes and hire employees. My employees then have an income of their own to pay taxes and spend money, which further generates profit for another business that pays taxes, hires its own employees, and continues the income-generating cycle.

It’s just one of the many ways businesses and the enterprise market has worked in moving this country forward.

I’ve seen a lot in my 66 years: I’ve watched the economy rise and fall; seen businesses succeed and fail; and witnessed viable job markets that come and go. I’ve come to find that when done right, businesses serve to revive broken financial systems;

but, done wrong, can be the death of them.

Understanding the growth that business can provide to our distressed economy, I’ve been drawn to the recent discussions in Congress. Some propose that cuts to Social Security, Medicaid, and Medicare are needed to decrease the federal deficit. But taking away the financial resources from those already hit with financial burdens will not increase spending and thereby will further stifle the economy.

From a business perspective, it is absurd to ignore the obvious financial federal savings that could be reached by merely cutting the price of prescription drugs for these programs.

Typically, businesses like mine have always had to compete with others in similar markets. Allowing consumers to choose where they spend their dollars serves to keep prices low. The pharmaceutical industry has been able to avoid competing in the market by paying Congress to create laws that make the prices of their products non-negotiable.

Surgeon: Negotiating Drugs Prices Essential to Good Health

DR. DAVID MCLANAHAN

SEATTLE, WASH.

I am Pacific Medical Centers Surgeon Emeritus, Associate Professor Emeritus at the University of Washington School of Medicine, and co-founder of the Washington Chapter of the Physicians for a National Health Program.

I was a surgeon for 38 years and treated a whole lot of Medicaid and Medicare patients while on staff at Pacific Medical Clinics and was a 25-year volunteer in two Seattle community clinics. These programs can definitely be improved — they only cover about 80 percent of expenses; out-of-pocket health care costs can still be devastating to seniors and those with low incomes; there are serious problems with the so-called “donut hole”; and prescription costs are artificially high because Congress can’t negotiate drug prices. But, these programs have saved a lot of people from disaster. Patients who have to pay out of their pockets are mostly unable to get the recommended treatment, while patients on Medicare and Medicaid, in comparison, are more likely to be able to get and follow the recommended treatment.

Many patients suffer from chronic diseases. Pharmaceuticals are needed to make them feel better and extend their lives.

Unfortunately, I’ve seen Medicare recipients who

were unable to afford the prescriptions that their course of treatment required. Another example of the importance of prescription medication is with patients who have kidney disease and are on dialysis. Many have problems with high calcium levels, and one drug, Sensipar, which helps to control these high levels, is not included in the “bundle” of drugs and services that Medicare pays dialysis centers.

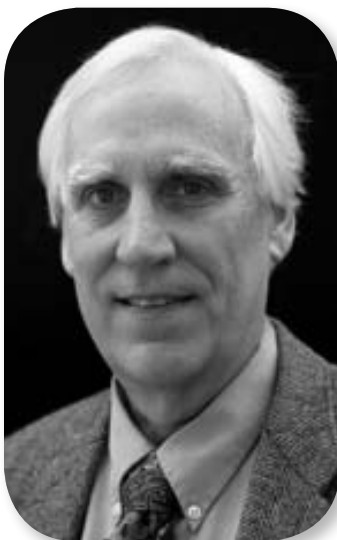
If it were included in medications and services

for Medicare patients, it would help save patients and families tons of money, and save lives. But because pharmaceutical companies were able to keep it out of the medical bundle, patients and families have to spend an additional \$120 to \$150 out of their pockets a month on co-pays. Despite the huge effect this decision has on patients and their families, it was passed in the middle of the night in January; the public has no awareness that this is going on.

If Congress were to negotiate lower drug prices within the Medicare program, likely up to 50 percent less, out-of-pocket expenses would be much lower. If you look at the VA, large

insurance companies, and other organizations that are able to negotiate, they do a lot better. Other countries with national health programs that can negotiate prices also get the same medicines, but for a whole lot cheaper.

Negotiating high prescription costs under Medicare is one step in the right direction to a system that works for patients.



‘If you look at the VA and other organizations that are able to negotiate, they do a lot better. Other countries that negotiate prices also get the same medicines, but for a whole lot cheaper.’



Veteran: Prescriptions More Affordable through the VA

LAWRENCE BLACK

HAVRE, MONT.

I was drafted into the military, served my time, and began a career as a carpenter building everything from houses to large commercial buildings. I've worked from the bottom to the top. I was good at and made a decent living from the trade until an unfortunate disability slowed me down.

Now, I live only on Social Security benefits that I've paid into and earned over my long career. With the medical insurance I receive through the Veterans

Administration, I am able to make ends meet and get by OK. The drug prices are affordable, and allow me to live off of Social Security without much hardship.

The monthly co-pays are merely \$35, and I enjoy the ease of filling out my prescriptions. I just get on the phone, punch in the phone number of my prescriptions, and they show up in the mail.

I believe prescription drugs under Medicare Part D should be negotiated the same way the Veterans Administration is allowed to do so for us. It is a great way to keep costs down and make them more affordable.

'I Shudder to Think of What I'd Do Without the Medicare Program'

GENE DESOTELL

BEVERLY HILLS, FLA.

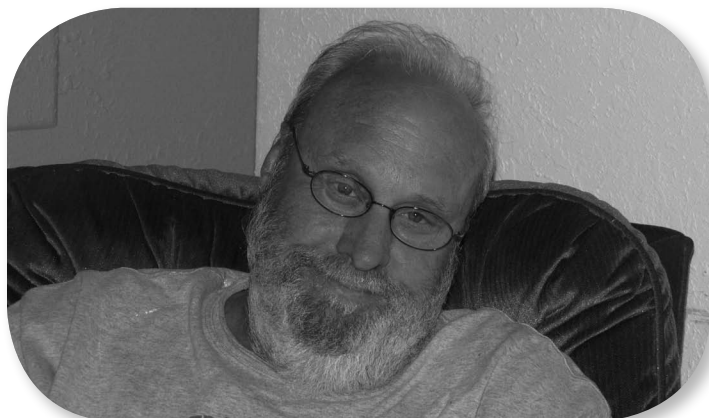
I am a retired police officer living on a fixed income. At my age, health isn't what it once was and costs for care have begun to rise. Currently, my wife depends on 10 different medications. And the costs for prescription drugs are outrageous.

One brand name drug alone costs \$1,200 — a month. Whenever possible, I buy the generic brands; but even those leave me struggling. One generic brand prescription costs \$400; the other generic brands still run me up to \$200 each month.

Although Medicare Part D coverage helps, I still shell out more than \$800 each month in prescription medication. I shudder to think of what I'd do without the Medicare program.

The high expense of drug costs caused me to take desperate measures when I was forced to take an equity line of credit on my home just to meet my prescription care needs.

Prescription drugs need to be affordable for me and seniors who rely on them for our basic health needs.



'The high expense of drug costs caused me to take desperate measures when I was forced to take an equity line of credit on my home just to meet my prescription care needs.'

MEDICARE IS MATTER OF SURVIVAL

GLORIA HOBBS

YOUNGSTOWN, OHIO

My husband and I chose to raise our family here in Youngstown. He worked hard and I stayed at home with our children. But, when he passed away, I lost my financial stability. I never worked outside the home much, so I never paid into Social Security.

Thankfully, I am eligible to receive

his benefits. I know that, without Medicare and Social Security, I would definitely be homeless. My story isn't unique; so many seniors rely on these important benefits. We must protect what we have and defend what we need.

These programs are not a matter of entitlement; they are a matter of survival for our seniors. Any sweeping changes will overwhelm an already distressed population.





Retired Artist: I Would Not Be Alive Without Medicare

TRISH SMITH

GREELY, COLO.

I have had Medicare since 1992. Without it, there's no way I would even be alive. Medicare made it possible to get very extensive spinal surgery so I could get out of bed and walk. It covered me when I had some very serious illnesses, and it covered me when I had cancer.

I am very grateful for Medicare and access to medicine. I wish everyone had access to Medicare E (Medicare across the board). But, unfortunately, the influences of the insurance and pharmaceutical industries are preventing everyone from accessing health care. If Congress were able to at least pay for Medicare D, it would make accessibility to health care so much more doable.

That said, without Medicaid, I wouldn't be able

to afford the price of prescriptions. I am a retired small business owner, living on Social Security. My check does not go far enough to cover everything. And something needs to be done to address the inconsistencies among the Medicare D providers; it's cumbersome and terribly confusing. When it comes to over-the-counter medications, they are often quite expensive, so, in efforts of making the dollar stretch, I take things in half strengths to get by.

When it comes to pharmaceuticals, I know that when people have access to appropriate medications to whatever ails them, it can often be a proactive measure to prevent them from developing something much worse. Without them, the problem might not be treatable by the time it advances, or the treatment will cost exorbitantly much more than preventative treatment. Everyone deserves accessible and consistent health care.

‘What often occurred was the burden of begging for treatment. When I was unable to pay the out-of-pocket expenses for my care, I tried to make payment arrangements for remaining costs; however, when I couldn’t keep up with the payments, they wouldn’t allow me to come back for treatment. It’s humiliating having to plead with someone to care for your illness; but it’s too painful to go without, so you learn to put your pride behind you.’

Retiree Forced to Beg for Services

SUE STAUFFER

SEATTLE, WASH.

Seniors like me depend on Social Security and Medicare programs to help meet our day-to-day expenses for housing, food, and, most importantly, our health care.

At age 70, my health isn’t as strong as it used to be. I’ve been diagnosed with asthma, peripheral blood disease, and acid reflux. I’ve had cataract surgery in both eyes, and recently learned that I have an early stage, pre-cancer condition in my esophagus (Barrett Syndrome). Increased medical costs are the price of growing old.

I am not ashamed of turning to existing programs to help meet the costs of my living expenses. I have worked hard all of my adult life. As a full-time receptionist of over 40 years, I have paid my share of taxes that went into the programs, which now are in place to care for me. Instead, what I am ashamed of are the discussions in Congress that threaten the existence of services seniors so desperately need.

Medicare programs need to be strengthened, not further impaired. When I would go in for treatment, my insurance would only pay for 80 percent of the costs. I was responsible for the rest. My monthly income is only \$1,034; I cannot afford care all on my own.

When I can’t afford treatment services, my doctors would sometimes write off the costs; but those favors were afforded few and far between.

What often occurred was the burden of begging for treatment. When I was unable to pay the out-of-pocket expenses for my care, I tried to make payment arrangements for remaining costs; however, when I couldn’t keep up with the payments, they wouldn’t allow me to come back for treatment. It’s humiliating having to plead with someone to care for your illness; but it’s too painful to go without, so you learn to put your pride behind you.

The costs of drug prices are abnormally high. If health care costs need to be lowered, then an obvious place to start is with the pharmaceutical industry. Reducing drug prices in Medicare just makes common sense.

NURSE DEMANDS BETTER TREATMENT OF OUR SENIORS

TIM CONMEE

ORRINGTON, MAINE

Among a couple other jobs, I work as a nurse. About 70 percent of the patients I see are on Medicare, Medicaid, MaineCare, or some other type of assistant program.

The health care system should not be an industry. You look at all of these other countries and communities that are able to provide health care for all of their citizens and it is really shameful what is happening here. A lot of things should be changed, but negotiating prescription drug prices would help tremendously.

We have so many seniors on 13 to 20 medications — sometimes as many as 70. They're on Social Security and can't afford to eat well or heat their homes in the winter; they're barely keeping up with anything. So they often don't get their prescriptions filled or only take half doses of their

medications. They try to treat the pain or condition that is bothering them more that day.

Some people just don't understand the full ramifications of these prescription drugs. Without proper medication, things can really escalate. Patients may suffer a life-changing stroke because their blood pressure is out of control. And you can't just stop taking a beta-blocker; you will die. We see this all the time.

How come, as a society, we can't take care of our elderly? These are people who were fighting in Pearl Harbor, and now we just abandon them. It is just so sad.

When it comes down to it, it doesn't cost us that much to care for these people. And when you're admitted to the hospital, it costs everyone a heck of a lot more. If Congress negotiated for lower prescription drug costs, it would cut down on so many of the costs we incur.

This is such an issue and this country needs to take better care of its citizens.

'How come, as a society, we can't take care of our elderly? These are people who were fighting in Pearl Harbor, and now we just abandon them. It is just so sad.'

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