Larson decries Medicare drug act

By DANIEL REMIN, Staff Writer

NEWINGTON -- Calling the Medicare Act of 2003 an attempt to privatize the federally funded program, U.S. Rep. John Larson, D-1st District, described many of the law’s problems to a group of 40 at the Senior and Disabled Center Thursday.

He also cited studies that reveal the law, which is designed to reduce the cost of prescription drugs for senior citizens, does not do this, and that one can get a better deal using an alternative method such as Reader’s Digest or drugstore.com.

"We’ve conducted a number of studies in the First Congressional District around the whole issue of prescription drugs and prescription drug relief," Larson said. "I voted against this bill because this is nothing more than the privatization of Medicare masquerading as a prescription drug benefit. It does nothing for our seniors."

The bill doesn’t take effect until 2006. This past June, Medicare discount cards became available. Larson pointed out that there are 33 different cards one can choose from and figuring out which one is best can be confusing and difficult.

"What’s immoral about this bill is that it specifically forbids the Health and Human Services Secretary (Tommy Thompson) from negotiating directly on behalf of the more than 40 million Medicare recipients with the pharmaceutical industry," Larson said. "The pharmaceutical industry said that would be price fixing. Yet every other organization negotiates directly with the pharmaceutical companies. Why? Because they use the leverage and the buying power of that group to drop the cost. That’s what every other Western industrialized nation in the world does on behalf of its citizens. The only country that does not is the United States of America."

Larson proposed an amendment that would have allowed Thompson to negotiate with pharmaceutical companies but was denied by the House Rules Committee.
"We’ve turned the elderly in our country into refugees from their own health care system so they have to travel to Canada in order to get the kind of prescription drugs that they need," Larson said.

He added that, of the millions of transactions between Canada and the U.S., there hasn’t been one problem.

After speaking, Larson took questions from the crowd. One person asked what can be done to make changes, and Larson responded by invoking Frederick Douglass: "Agitate, agitate, agitate," Larson said. "You can call, write (to) the leadership, the president of the United States, everybody. You have that great opportunity, come November to cast your vote."

Pamela Meliso of the Center for Medicare Advocacy also spoke, telling everyone that under the current law, a "doughnut hole" causes people to have to pay thousands of dollars for drugs.

"What the benefit will do is give limited assistance," Meliso said. "It doesn’t pay for all of a person’s drug needs. The benefit is going to be provided through private plans. It’s not part of Medicare."

However, users will have at least two choices for all plans. If only one option exists, the government will provide a fallback plan. The benefit is that people pay a $250 deductible and the plan would then cover 75 percent of the next $2,000 worth of drugs, according to Meliso.

"There’s an initial $2,250 drug limit," Meliso said. "Of that the beneficiary will have spent $750 and the plan will have paid $1,500. At that point, there’s no more benefit until a beneficiary spends another $2,850 out of their own pocket, and that’s what’s called the ‘doughnut hole.’"

"Such a deal," Larson sarcastically said.

If one exceeds the "doughnut hole," in spending, the plan would cover much more, 95 percent of one’s drug costs, according to Meliso. But she said that studies show that most people fall in the "doughnut hole" and would never get to the 95 percent coverage level.

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