



## **AN OPEN LETTER REGARDING MEDICARE PART D: TIME TO RETURN TO THE DRAWING BOARD**

Recently, in editorial pages around the nation, the call has gone out for the stumbling Medicare Part D program to be fixed. While we agree that the Medicare prescription drug program has stumbled badly, it's high time to recognize that it can't be "fixed". The real problems lie in the very structure of Part D. It is unfortunate but true that Medicare Part D was designed to move Medicare from a successful, uniform program aimed at providing access to health care for people with Medicare, to a dizzying array of private plans intended to benefit the pharmaceutical, insurance, and managed care industries. Indeed, because of this, part D can hardly be referred to as a "program". That's why Medicare consumers and advocates are overwhelmed and dissatisfied, and the powerful industries benefiting from Part D are still cheerleading, silent, or insisting that all we need is to fix a few glitches.

Medicare prescription drug coverage should be part of the traditional Medicare program. There should be a uniform national plan, available to all who qualify, which can be accessed from anywhere in the country. Experience shows that this is best and that it can be done.

Medicare was enacted in 1965 because private insurance failed to meet the needs of older people. At that time only 50% of people over 65 had health insurance. The Medicare program worked successfully and cost-effectively, providing health insurance for 95% of people over 65, and, beginning in 1972, also for millions of people with significant disabilities. The traditional Medicare program succeeded where private insurance had failed.

More recently, experiments with returning to private insurance for people with Medicare also failed. One need not think too far back to remember Medicare+Choice, and the hundreds of private plans that abandoned Medicare beneficiaries in droves despite the Government's massive subsidies.

Everyone who cares about older people and people with disabilities should insist that we stop wasting time and resources on this poorly conceived Part D plan. It's time for Congress to return to the drawing board to enact a true Medicare drug program that is aimed first and foremost at helping people.

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