A REMEDY FOR RUNAWAY DRUG PRICES

By Juan Figueroa

For those of us born in Ciales, Puerto Rico, those TV commercials touting the newest male impotence drug, Cialis, often elicit amusement. Cialenos "are ready" with raised eyebrows, curt remarks and myriad jokes. However, for those who need this drug or other increasingly expensive prescription medications, it is not a laughing matter.

Our country’s dysfunctional and increasingly inaccessible prescription drug system desperately needs price controls. Connecticut should look at West Virginia, where lawmakers are preparing to push for price controls and take on the powerful pharmaceutical lobby.

"There is no other way [than price controls] to slow the growth in spending and cover everyone," Dr. Alan Sager, professor of health services at Boston University’s School of Public Health, told me recently in a phone conversation. He is an an expert who has testified before Congress and the West Virginia legislature. "Pharmaceutical companies are anxious to keep prices high enough to bring in a few more rich harvests. They know price controls are coming, it's not a matter of whether but when," he adds.

If successful, the Mountain State will point the way for other states struggling to get a grip on exorbitant drug prices. Skyrocketing drug costs leave policy-makers little choice. Lawmakers there are expected to review recommendations by a state-created council this month in a special session of the legislature. A measure could be passed as early as October.

The options being considered include consolidating state agencies’ purchasing power, negotiating drug prices with pharmaceutical companies and requiring drug companies to disclose dollars they spend on advertising. The advertising budgets of American drug companies are rightly coming under scrutiny as citizens here pay the highest drug prices in the world. The costs of running all those Cialis "Are You Ready?" commercials during the Super Bowl, "Meet the Press" and a host of other prime-time shows add up.

Manufacturers claim that prices are set by medical advances and a free market. But lawsuits such as one recently filed by a group of California drugstores suggest that other factors, such as greed, are at play. The drugstores accuse 14 major drug companies, including Pfizer, of using...
anti-competitive tactics to inflate drug prices and keep lower-priced drugs from Canada out of the U.S. market.

In a separate suit filed by the attorney general in Ohio, major drug companies are accused of lying about drug costs to increase their profits. The merits of these cases will be determined in a court of law. Meanwhile, like West Virginia, more states are taking steps to make drugs available to residents - and rightly so. According the state Office of Health Care Access, 1 million people in Connecticut did not have any kind of prescription medicine coverage in 2002.

People who cannot pay for medication are our neighbors. They attend our churches and work for our small businesses. Many have insurance policies that don't cover medicine. Many are older people whose physicians have prescribed multiple medications that exceed what their benefits will cover.

Consequently, people skimp on their doses, a practice that Beverly Kidder, director of the Aging Resource Center at the South Central Agency on Aging in New Haven, says is distressingly common in Connecticut.

"People are not taking their proper doses. It's an outrage," Kidder said. She and others in communities across the state are shepherding seniors through the maze of the new Medicare-approved discount cards - some 70 cards in all. Seniors are finding the system - which requires surfing the internet, comparing prices and figuring out which card is best - intimidating and ineffective. This is no way to make prescription drugs more accessible.

Ultimately, any state efforts to make prescription drugs more accessible to consumers will need to include more controls over drug companies. And considering that Connecticut residents paid drug manufacturers more than $1.3 billion for brand-name prescription drugs in 2000 alone, it's time for us to insist on a new, workable and affordable prescription drug law - a state law that includes price controls.

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