

Analysis: Medicare drug delay risky

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WASHINGTON, April 29 (UPI) -- Congress has returned to the Medicare prescription drug coverage debate after a hiatus since Sept. 11, but even as Republicans and Democrats work to close a \$100 billion gap in proposed spending plans each day of delay is politically risky.

The risk is at best losing out to a niche bill covering less than the comprehensive umbrella Medicare prescription drug benefit both parties espouse. The worst-case scenario is losing out entirely, passing nothing while the marketplace and the states do a drug coverage end-run around Capitol Hill, creating embarrassment for lawmakers who then would be viewed as not fulfilling promises because of partisan bickering.

Either way, seniors end up with the short end of the stick, a worry to senior groups carefully watching the Hill this spring.

"It would be just be a shame and a betrayal of promises if we miss the opportunity to cover all Medicare beneficiaries," said Rep. Janice Schakowsky, D-Ill.

There is an analogy to be made with the much-debated Patients' Bill of Rights, still not passed, which was proposed by President Clinton in 1996 and first introduced as legislation in 1997.

Both sides agreed it was must-pass legislation -- several years in a row -- but the key dividing issue was and remains a patient's right to sue a health plan.

As the argument drones on, some states have considered legislation allowing patient suits in state courts while other key parts of the legislation are being addressed by an industry cognizant of consumer criticism and demand.

Many insurance plans now allow women open access to a gynecologist, it is rare anymore to hear about so-called drive-thru mastectomies, access to emergency care has been opened up and most strict gatekeeper rules that prevented patients from seeing specialists have been relaxed or removed.

Problems still exist in access to and quality of health care that comprehensive legislation might have addressed, but the industry has moved a long way toward answering the public's criticism of managed care, in the process making Congress appear ineffective.

The Medicare prescription drug debate is similar. While lawmakers have argued the appropriate generosity of such a benefit -- including coverage limits and deductibles -- states have worked through Medicaid programs and other agencies to provide help to low-income seniors who cannot afford prescription drugs. Pharmaceutical companies offer drug discount plans rivaling and in some cases even more generous than the one proposed by the Bush administration.

Within the next month, the Senate Finance Committee also is expected to take up a bill that could further fracture the comprehensive drug benefit movement. It would require Medicare to cover only oral cancer drugs. Medicare already covers cancer drugs given by intravenously or by injection in a physician's office but not the powerful oral medications, such as Gleevec.

Representatives from both political parties and senior groups told United Press International they still want a comprehensive Medicare drug benefit and Medicare reform, so there is a waiting and watching game afoot on Capitol Hill. Few are willing to predict what will happen by

fall. If the Patients Bill of Rights is any example, however, nothing will happen and lawmakers will head into fall campaigning with little to show for the rhetoric.

The GOP-controlled House says it will have a comprehensive bill voted out by Memorial Day; the Democratic-controlled Senate is looking longer into the summer. There are numerous spending proposals, but House Republicans have proposed around \$350 billion over 10 years while Senate Democrats want \$450 billion to \$500 billion.

The question, say Republicans, is how to persuade the Democrats to move closer to their side -- allowing higher deductibles and lower spending caps and more restrictions. There is talk the GOP may move to offer some type of 80/20 plan in which Medicare would pay 80 percent of prescription costs, Schakowsky told UPI.

"Then we'd take the funding from within Medicare, reducing payments to hospitals and adding a co-pay for home care -- just cannibalizing the Medicare program itself," she said.

Democrats stand firm on getting the full Medicare proposal through and the Senate Democratic caucus is ready to work up its own proposal. "It's a top priority for Democrats," a Democratic staffer told UPI.

Some expect the GOP-controlled House to approve a Republican proposal down party lines, which then will run into stiff opposition when Senate Democrats come up with what may be a negotiating key. Or, just as likely, nothing may happen.

The office of Sen. Olympia Snow, R-Maine, who introduced the "Access to Cancer Therapies Act," is optimistic the bill will pass -- it is just a question of how. If there is no chance for a comprehensive Medicare bill, then there apparently is enough bipartisan support to pass Snow's bill on its own. If the comprehensive format makes it through this session, it is a moot point.

A representative of a major senior group, however, told UPI the idea that passing something in Medicare drug coverage is better than nothing is not necessarily true and the goal still is a full prescription drug benefit.

Bills like Snow's cancer drug proposal put such groups in an awkward position with their constituency. "It doesn't propose a solution ... it perpetuates the problem," the representative said, noting it is very difficult to tell a senior with a heart condition who cannot afford prescription medication he or she is "not lucky enough to have cancer."

Schakowsky has not ruled out a comprehensive Medicare drug benefit. "We can do anything we want to this year and that is a point that has to be made to the public. We could have it, if it were viewed as a priority. There is no question in my mind," she said.