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## Prescriptions

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sions and the Senate Committee on Aging, he pointed out that these skipped medications were prescribed to reduce the need for in-patient treatment of diseases and mental illness, and allow people to continue to live independent and productive lives.

He said there is a need for fundamental reform when rising costs threaten access to health care, which the Catholic Church believes is a right "flowing from the sanctity of human life and the dignity that belongs to all human persons."

While the cost of health care continues to rise, he noted, 3.1 million New Yorkers — 17.3 percent of the population — were not covered by health insurance in 1998.

"When the health-care system devolved into a commodity," he stated, "there was an implicit decision that health care shall not be given to all."

It doesn't matter how effectively a medication works to cure or treat a person if the patient cannot afford to buy it, he said.

Recent surveys at Holy Ghost Church in Gates and St. John the Evangelist in Spencerport showed that 19 percent and 20 percent of parishioners, respectively, were having trouble paying for their medications.

Sister Janice Nadeau, SSND, of Holy Ghost said drug costs are rising at 10 percent a year, and are projected to go up 15 percent a year for the next five years.

She and others at the church have done their homework because it's an obvious issue of concern to parishioners, she said.

"We are the only industrialized country with no controls on drug prices," said Sister Nadeau, an organizer for Interfaith Action, a collaborative of area parishes.

"Companies hold patents for 17 years and can set any price they want during those 17 years. They spend more on advertising than research and development — about 29 percent on advertising.

Some parishioners get their medications for only a \$2 co-payment, she noted. Others pay 50 percent of the full cost, and still others pay full price. If the average person could get the same price as the federal government, however, it would lower that person's costs perhaps 40 percent, she said.

She and other concerned parishioners have spoken to legislators, and been asked in return what would happen if prices were reduced and profits for the companies — and their stockholders — were to drop.

"Our answer is, when are people going to stop being so greedy? When do morals step in?" she said.

### Senior's burden

Although the rise in prescription costs crosses all age categories, senior citizens bear the brunt. The average cost per prescription for an elderly person went up from \$28.50 in 1992 to \$42.30 in 2000, according to a July report by Families USA, a national advocacy group. And the average senior citizen takes 28.5 prescription drugs,

it claims. Average spending for medications per senior increased from \$559 in 1992 to \$1,205 in 2000.

Sue and Donald Anderson of Holy Ghost have partial prescription coverage through a plan from Eastman Kodak Co., from which Donald is retired.

"However, we were spending so much money that my husband has gone to the VA and is able to get some of his drugs through the VA now," Sue Anderson said. "So that lessened it. But they don't carry everything he is on. And I can't get any drugs through the VA."

She documented one increase in the generic drug indomethacin, which her husband takes for pain from neuropathy. About two years ago, the cost of a 90-day supply rose during a six-month period from \$10.57 to \$38.84. But that's nothing, she said. Adalat costs them \$163 per prescription. That's a heart medication both Andersons take in different doses.

"I called Wegmans, and they blamed (the price increase) on the HMO," Anderson said. "The HMO said no, it wasn't them, it was a pharmaceutical increase. So I called (U.S. Rep.) Louise Slaughter's office and they told me to get in touch with (U.S. Rep. John) LaFalce's office because he's in my area. LaFalce was going to look into it. I have been writing different letters, I heard LaFalce speak and I brought this up. Everybody would toss the cookie back and forth."

She never found out why her costs rose so much.

"I talked with people who it doesn't affect them — they have only a \$2 co-pay. Somebody who's worked for General Motors has a fabulous plan. Xerox also has a pretty good plan for retirees. But somebody is paying for these pills," Anderson said.

"I pointed out to them not everybody is as fortunate. I watch some people pull out their monthly Social Security check to pay for these pills," she continued. "You go to meetings and they advise splitting pills in half. But some people have difficulty controlling their hands. And you don't get it perfect. I have split them."

### Drug company costs

In an effort to explain their pricing, drug companies say that of every 5,000 medicines tested, only five advance to clinical trials and only one is approved by the federal Food and Drug Administration. They say the average cost of bringing a new medicine to market is \$500 million over 12-15 years of testing and other procedures. On average, only three of every 10 prescription drugs available generates enough revenue to cover its research and development costs.

These statistics are posted on the Web site of Pharmaceutical Research and Manufacturers of America, a lobbying group of 100 pharmaceutical companies. People are using more medicines today, it notes, asking, "Who wouldn't rather take a pill than have his or her chest cut open?"

Comprehensive reform of Medicare is needed to help seniors pay for medications, the PRMA Web site states, in part. Reform of Medicare, which does not cover pre-

scription costs outside of hospitals, has become a key concern in this year's election.

### Some recourse

When the Diocese of Rochester's newest health-care contracts went into effect this year, priests began calling the Pastoral Center and saying "Something is wrong."

"All of a sudden they go to the drugstore, show their card, and the same medication they've been using for years has doubled and tripled from what they're used to paying," said Sandy Grocki, diocesan coordinator of clergy services.

Pat Hosking, benefits administrator for the diocese, noted that almost every plan has gone to a three-tier drug program. Co-pays range in general from \$2-10 for a generic drug, \$12-25 for a preferred drug, and \$30-40 for the third tier, she said.

She advises employees to talk with their physicians about whether they can save money by taking generic drugs instead of higher-tier drugs.

"We educate our people that they always have a choice," she said.

In addition, Hosking urges employees to use flexible-spending accounts from which they are reimbursed for prescriptions and other medical costs as they occur. If a person sets aside \$1,500 in such an account — deducted on a pre-tax basis from paychecks little-by-little over the course of the year — the funds would go farther because they would not be taxed.

In June the Mercy Center with the Aging sent out to member parishes an alert about the costs of prescription drugs. It advised contacting legislators about the effects on parishioners and advised senior citizens about EPIC (Elderly Pharmaceutical Insurance Coverage) assistance through New York state. The state recently increased the income-eligibility limit for seniors 65 and older to \$35,000 for individuals and \$50,000 for couples. An annual fee or deductible is paid for the program's assistance, which involves

co-pays ranging from \$3 to \$20.

Applications may be obtained beginning in October by calling the state EPIC office at 1-800-332-3742 or such regional offices as Eldersource, 716-325-2800, and Bath Office for the Aging, 607-776-7813.

Dr. Antonio Belda of Belleville, Canada, runs what he says is one of two Canadian services to provide inexpensive medicines to customers outside the country. Patients can call his toll-free number at 877-966-0567 for information. By mail or fax they must send a letter from their physician as well as a personal letter affirming the drugs are for their own use. Orders of any size are shipped for the price of the drugs plus a \$15 shipping and handling fee.

Dr. Belda, a pediatrician and allergies specialist, told the *Catholic Courier* he works with a group of pharmacies to get the best prices possible. Noting that price controls and competition help keep prices down in Canada, he said, "You don't go bankrupt if you get sick here."

But in the United States, he said, "This is a political thing. It is something your U.S. citizens are going to have to resolve."

### Interfaith Action

On Oct. 5 Interfaith Action will sponsor what the group calls a public action, a meeting from 7 to 8 p.m., at Holy Ghost Church, 220 Coldwater Road, Gates. Ten legislators are expected to attend.

"We're hoping to get people from all over the city, to show them there are people who are concerned, that it is a big problem," Anderson said.

Organizers will ask them to seek legislation to lower the cost of prescription drugs. They also will ask them to work together to do so, and to set up meetings for citizens to meet with the state's leaders.

"It is very difficult to get past the profit and the big money," Sister Nadeau said. "But we think we can do it."

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