Letter to the Editor

MEDICARE PART D: ACCESS, EFFICIENCY, AND COSTS

The Medicare Part D program was the Bush administration's response to rising health costs—employing archetypal conservative policy (i.e., privatization of prescription drug provision by Medicare Part D health management organizations). Medicare Part D was intended to lower costs, increase efficiency, and increase access to prescription medications for seniors and the disabled. However, Medicare recipients became the unintended targets of prescription drug reform that most of them did not need and that generally cost them more under the new drug program. Furthermore, the changes brought about by Medicare Part D have impacted financially strapped populations with cost hikes for prescriptions, including much higher copayments for brand-name and specialty drugs, large coverage gaps ("donut holes"), a capitation-style monthly premium, and shifting drug formularies.

One of the main goals of the Medicare Part D program was to replace financially faltering public hospital drug provision programs. For most low-income patients, transportation costs and typically long waits in crowded hospital pharmacy waiting rooms were eliminated. The exodus of recipients to neighborhood pharmacies following the implementation of Medicare Part D averted a looming fiscal crisis at public hospitals (i.e., requiring a significant local sales tax increase for support). Subsequently, these public hospitals could continue to offer outpatient and inpatient pharmacy services on a sliding scale according to the patient's ability to pay—holding the line on costs but operating at a much-reduced volume.

With some exceptions, Medicare Part D generally has increased the costs of prescription medications for middle- and upper-class senior citizens as compared with previous insurance coverage (i.e., employee, government, or private insurance). However, low-income patients made significant gains in costs and access to medications. With the available Social Security subsidy, eligible people with low incomes and assets have lower prescription costs, no coverage gaps, and no deductibles.

With a new administration coming soon to Washington, let's root for the gross amending or repeal of Medicare Part D. Moreover, such a return to previous conditions of affordable prescription drugs is warranted—with no coverage gaps, no capitation, expanded generics, and subsidies for lower-income patients.

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