



Care about health

Maybe we'll wake up one morning with a brand-new health care system in the United States that covers everyone, like virtually every other developed country has already achieved. It's a goal worth pursuing. But make no mistake; the health insurance industry and the pharmaceutical companies aren't going to let go of their lucrative profits without an epic battle.

In the meantime, people continually try to make our ludicrous system work, including state governments who are responsible for the cost of prescriptions for their employees. Back in 2005, Speaker Barbara Buckley intensely lobbied Nevada Governor Kenny Guinn on her Canadian drug importation plan, and he finally acquiesced. Although some individuals did travel to Canada for cheaper prescription drugs, the program was cumbersome and the travel difficult—and the concept did not develop into a major resource.

Fast forward to 2020 and Utah's new "Rx Tourism" program, which pays certain state employees \$500 to travel to

Tijuana to purchase their drug supply at 40 to 60 percent of the cost of the drugs in the United States. The state also picks up the plane tickets to San Diego for the employee and a companion, contracts with a Mexican company to facilitate travel across the border to a specialty pharmacy and gets their employee back on the plane home the same day. Some participants travel every 90 days and build in a weekend in San Diego as a mini vacation. According to reporting by the Salt Lake Tribune, the \$500 incentive from the state combined with the avoidance of a large co-pay leaves some patients \$1,000 richer every time they travel.

Utah has thoroughly vetted the province of the drugs from manufacturing to the boutique pharmacy used by its employees. The state is now considering extending its "Rx Tourism" program to Vancouver, Canada, where a pharmacy is located inside the airport, making it even easier for their employees to buy drugs at half-price.

Utah's program concentrates on the most expensive prescriptions to maximize savings. A Congressional study last year determined Americans "pay on average nearly four times more for drugs than other countries—in some cases, 67 times more for the same drug." Researchers point out that other wealthy governments negotiate directly with drug companies to get a good price, while the U.S. system relies on for-profit pharmacy benefit managers to demand "rebates" that supposedly lower the price for everyone. Obviously, that system keeps prices high.

California is taking a novel approach to the problem with Governor Gavin Newsom's current proposal to have the state sell generic drugs under its own label. Anyone could purchase the generic drugs, thus creating more competition among manufacturers to keep their prices low.

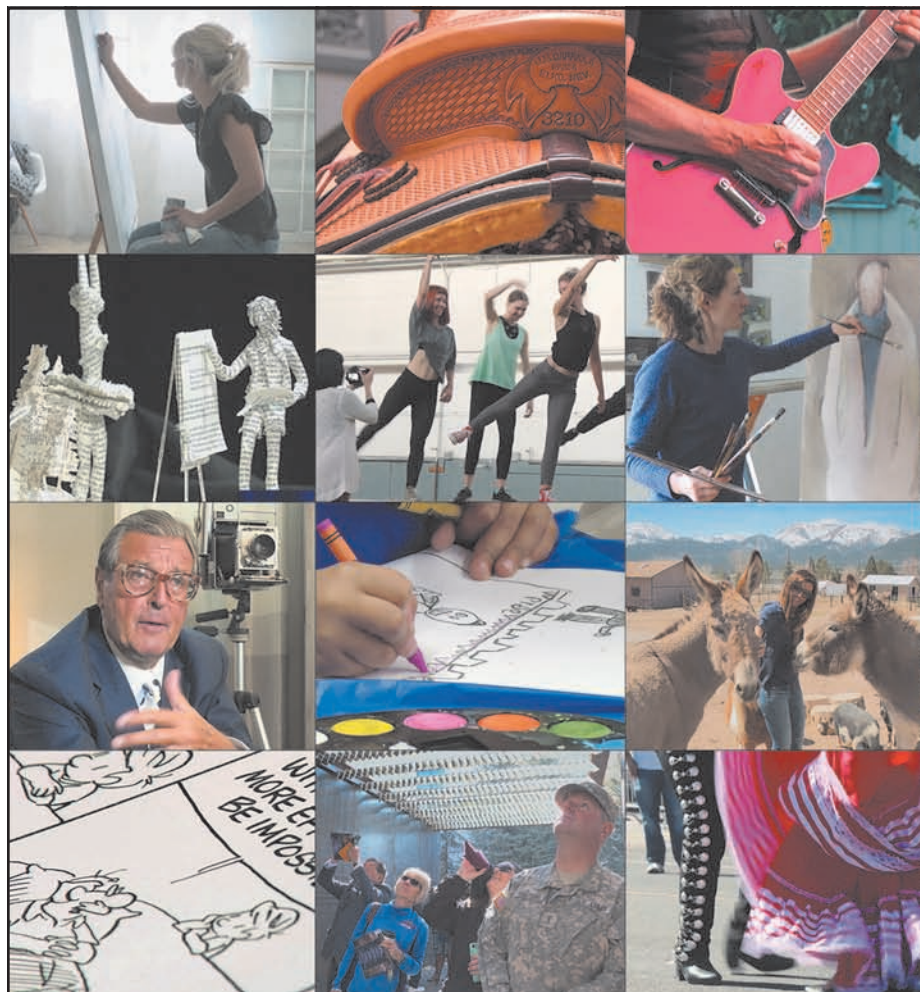
Predictably, pharmaceutical companies criticized the conceptual proposal as too vague or unworkable. But Newsom blasted back, saying, "A trip to the doctor's office,

pharmacy or hospital shouldn't cost a month's pay. The cost of health care is just too damn high."

Drug companies insist they need the higher prices in the U.S. to fund their research and development costs; otherwise, many new drugs would never even reach the market. But why should U.S. patients bear that cost for the world? And what about the U.S. patients who can't access those same life-saving drugs due to exorbitant prices?

Democrats in the House recently passed a bill to allow the federal government to directly negotiate with pharmaceutical companies for 250 drugs covered by Medicare, with those negotiated prices then made available to private insurers to presumably lower costs for everyone. President Trump quickly announced he would veto the bill should it ever reach his desk, leaving us in the drug companies' stranglehold.

We are allowing ourselves to be fleeced. Don't tell me your vote doesn't matter. □



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