

Thurs, July 21

S-207

between 8:00 am - 9:30 am

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TIMOTHY M. HAAKE

Paul

June 13, 1994

W. J. Dole
my

The Honorable Robert Dole
Minority Leader, U.S. Senate
S-230
U.S. Capitol Building
Washington, D.C. 20510

Dear Senator Dole:

On behalf of my client the American Society of Consultant Pharmacists (ASCP), I am writing to invite you to speak at ASCP's Annual Washington Board Meeting on Thursday, July 21, 1994. Approximately 15 ASCP members are expected to attend the meeting.

ASCP is the national professional society of pharmacists providing pharmacy and consultant services in hospitals and HMOs as well as nursing homes, facilities for the mentally retarded, drug and alcohol abuse centers, home care agencies, hospice, adult day care centers, prisons. ASCP represents more than 5,000 of the leading practitioners in the specialty field of consultant and long term care pharmacy. Long term care and consultant pharmacists work to ensure that patients receive the highest quality, most cost-efficient pharmaceutical services.

The attendees at the ASCP meeting would be pleased to hear your thoughts on the topic of health care reform legislation in the 103rd Congress. ASCP would be very pleased if you could speak on the morning of Thursday, July 21, 1994 for approximately 15 minutes any time between 8:00 and 9:30 a.m. ASCP has reserved the Mike Mansfield Room (S-207) in the U.S. Capitol for the annual board breakfast.

I sincerely hope that your schedule will permit you to accept this invitation. Because ASCP is anxious to finalize an agenda for the July conference, I look forward to hearing from your staff at their earliest possible convenience.

Thank you and I look forward to your reply.

Sincerely,

T.M. Haake

Timothy M. Haake

cc: Mr. Michael Roybal, ASCP Director of Government Affairs
Ms. Yvonne Hopkins, Office of Senator Robert Dole
Mr. Dennis Shea, Office of Senator Robert Dole

6-16

listed

6-16-94 Interim letter

Thurs, July 2

American Society of Consultant Pharmacists 1993-1994 OFFICERS AND DIRECTORS

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414-236-6020 FAX: 414-236-6025

July 20, 1994

TO: Senator Dole

FROM: Vicki

RE: Remarks to the American Society of Consultant Pharmacists

You are scheduled to speak with 15 consultant pharmacists for about 5 minutes at their annual Washington board meeting. They would like to hear your views and predictions on health care reform.

The American Society of Consultant Pharmacists is the national professional society consisting of over 5600 pharmacists. Consultant pharmacists primarily work in nursing homes and other long-term care facilities. The patient population primarily consists of the elderly, but does include other patients such as those with chronic illnesses.

The consultant pharmacists provide hands-on patient care, coordinating the many medications that the elderly tend to be taking. The pharmacist in the nursing home setting, for example, would review the medications a patient is on and eliminate unnecessary drug therapy. The result is reduced prescription cost and higher quality of patient care.

They are primarily interested in hearing an overview from you on the upcoming debate. They do, however, have three specific issues related to health care reform, two of which require creating new entitlements.

- 1, Long-term care benefit. This is a very expensive entitlement -- perhaps as high as \$70 billion over 5 years depending on how the benefit is constructed.
2. Prescription drugs -- they would like to see prescription drugs included in a basic benefit package. This would add another \$70 billion over 5 years, as estimated in the Clinton bill.

The pharmacists would not support an amendment, likely offered by Senator Pryor, that would put price controls on the drug industry. Instead, they believe that drugs should be included in a basic benefit package and covered under Medicare and private insurance.

3. The consultant pharmacists would also like to have their services reimbursed separately through Medicare and private insurance. They believe that their services hold down hospital and pharmaceutical costs and that their professional services should be a separate billable item.

These are all expensive requests. None of them are problems based on health policy. Rather they present fiscal challenges that may not be able to be overcome since no one knows how these entitlements and reimbursement issues will be paid for.

You do, however, agree with them that unitary pricing and price controls would be damaging to the system and are anti-competitive.

You can also cite your long-term care bill, "Secure Choice", which would create a public-private partnership to help individuals afford to purchase private long-term care insurance. That bill was much less expensive (about \$6 billion over 5 years), but still went a long way in preventing individuals and families from having to bankrupt themselves in order to qualify for federal assistance for long-term care services.

Separate billing for reimbursement also presents a high cost issue, particularly for Medicare. Many other groups, i.e. nurse practitioners, have made a similar request for the upcoming health bill. Again, no one disputes the policy issue. It's a matter of how it will be financed.

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