PATHOLOGY PRACTICE ASSOCIATION
ANNUAL MEETING
LOS ANGELES, CALIFORNIA
DECEMBER 9, 1983

I AM PLEASED TO BE ABLE TO JOIN WITH YOU TODAY AT YOUR ANNUAL MEMBERSHIP MEETING TO SHARE WITH YOU SOME OF MY CONCERNS ABOUT THE BUDGET GENERALLY AND ABOUT HEALTH CARE COSTS SPECIFICALLY. WHILE YOU AND I HAVE HAD SOME DISAGREEMENT IN THE PAST WITH RESPECT TO THE METHOD OF REIMBURSEMENT FOR HOSPITAL BASED PATHOLOGISTS, I BELIEVE WE WOULD ALL AGREE THAT THERE IS A NEED TO SLOW DOWN THE RATE OF INCREASE IN HEALTH CARE COSTS. FAILURE TO DO SO ENCOURAGES THOSE WHO WOULD LIKE TO SEE AN END TO THE PRIVATE PRACTICE OF MEDICINE AND AN INCREASE IN GOVERNMENT REGULATORY ACTIVITIES. BUT BEFORE TALKING SPECIFICALLY ABOUT HEALTH CARE OR ABOUT PHYSICIAN REIMBURSEMENT, I'D LIKE TO SPEND A FEW MOMENTS TALKING WITH YOU ABOUT THE BUDGET DEFICIT.

PROBLEMS WITH THE DEFICIT

A LOT OF US ARE TERRIFIED, WHEN WE SEE HOW HIGH THE BUDGET DEFICITS ARE GOING TO BUILD UP BY THE YEAR 1990. WE NOW HAVE A

NATIONAL DEBT OF $1.3 TRILLION AND WE'RE TALKING ABOUT DOUBLING THAT BETWEEN NOW AND 1990 TO $2.6 TRILLION. THE INTEREST ON THAT DEBT WILL BE ABOUT $220 BILLION PER YEAR. IT DOESN'T TAKE A GENIUS TO UNDERSTAND WE HAVE A PROBLEM. BETWEEN FOUR AND FIVE HUNDRED BILLION DOLLARS GOES THROUGH THE FINANCE COMMITTEE, INCLUDING SOCIAL SECURITY, MEDICARE, MEDICAID, UNEMPLOYMENT, TAX JURISDICTION AND TRADE JURISDICTION. THIS IS AN IMPORTANT RESPONSIBILITY. IF WE DO NOTHING ABOUT THE BUDGET DEFICIT, WE MAY NOT HAVE ANY PROGRAMS.

WE NEED TO HAVE A BIPARTISAN COALITION OF REPUBLICANS AND DEMOCRATS IN THE HOUSE AND THE SENATE WILLING TO DISCUSS WAYS TO SOLVE THE DEFICIT PROBLEM. PRESIDENT REAGAN WANTS TO CUT SPENDING, AND NOT INCREASE OR ADD ANY NEW TAXES. OTHERS WOULD PREFER TO SOLELY RAISE TAXES. I BELIEVE WE CAN LOWER THE DEFICITS THROUGH A MIXTURE OF TAXES AND SPENDING CUTS AND SEND A SIGNAL TO THE FINANCIAL MARKETS IN THIS COUNTRY THAT WE ARE SERIOUS, RESPONSIBLE AND WILLING TO MAKE TOUGH DECISIONS.

ON THE SPENDING SIDE, WHAT ARE WE GOING TO CUT? LET'S START WITH AGRICULTURE. THE COST OF AGRICULTURE HAS GONE FROM ABOUT $4 BILLION WHEN JIMMY CARTER LEFT OFFICE, TO $23 BILLION UNDER CONSERVATIVE RONALD REAGAN. ADD TO THAT A $12 BILLION SO-CALLED PIC PROGRAM, THAT'S $35 BILLION. IT IS A VERY, VERY

EXPENSIVE PROGRAM. THE FARMERS HAVE HAD GREAT DIFFICULTIES, BUT I AM NOT CERTAIN THAT THE ENTIRE SOLUTION IS A FEDERAL RESPONSIBILITY.

STARTING WITH THE A'S...AND AGRICULTURE, AND CONTINUING THROUGH THE ALPHABET, YOU GET INTO DEFENSE AND A LOT OF OTHER PROGRAMS WHERE I THINK WE CAN STILL MAKE SUBSTANTIAL SAVINGS. I AM VERY OPTIMISTIC ABOUT A LOT OF THINGS THAT HAVE HAPPENED. INTEREST RATES ARE CUT IN HALF BUT THEY ARE STILL TOO HIGH. THEY ARE STILL TOO HIGH BECAUSE OF THE HIGH DEFICIT, AND THE DOLLAR IS TOO STRONG. WE CAN'T EXPORT AS MUCH BECAUSE OF HIGH INTEREST RATES.

MEMBERS OF CONGRESS SAY, "OH, IT'S THE FEDERAL RESERVE'S FAULT. WE OUGHT TO PUT MORE MONEY INTO THE SYSTEM AND THEN THE INTEREST RATES WOULD DROP AND PROBABLY INFLATION WOULD GO UP." MY VIEW IS THAT IF WE DO AS WELL ON THE FISCAL SIDE IN CONGRESS AS PAUL VOLCKER, CHAIRMAN OF THE FEDERAL RESERVE BOARD, DOES ON THE MONETARY SIDE, WE MIGHT HAVE A BETTER PICTURE RIGHT NOW.

TREASURY SECRETARY DON REGAN HAS A STUDY EXPLAINING THAT DEFICITS DON'T HAVE ANY IMPACT ON INTEREST RATES. I TOLD HIM TO SEND ME A LOT OF THOSE BECAUSE PEOPLE IN MY STATE THINK THEY DO

HAVE AN IMPACT. MOST PEOPLE BELIEVE WHEN YOU'RE IN DEBT YOU'VE GOT A PROBLEM.

IN THE LAST WEEKS OF THIS PAST SESSION I PUT FORWARD A DEFICIT REDUCTION PACKAGE THAT SPREAD THE REDUCTIONS ACROSS ALL PROGRAMS AND RECIPIENTS, EVEN SOCIAL SECURITY BENEFICIARIES. I THINK SUCH A BROAD SCALE EFFORT IS CRITICAL IF WE ARE TO EXCEED. WHILE NOT AGREEING ON ALL THE SPECIFICS THE COMMITTEE AGREED IN PRINCIPLE TO THE APPROACH AND DIRECTED THE STAFF TO DRAFT A BILL FOR THEIR CONSIDERATION.

HEARINGS ON THE PACKAGE ARE SCHEDULED FOR THE WEEK OF DECEMBER 12. WITNESSES WILL HOPEFULLY PROVIDE US WITH THEIR VIEWS OF THE PROPOSAL AND, IF THEY DISAGREE, SOME ALTERNATIVES THAT WE MIGHT CONSIDER.

I AM CONFIDENT THAT WHEN WE RETURN FROM THE CHRISTMAS RECESS WE WILL MAKE SOME DECISIONS, AND WE WILL FINALLY MAKE SOME PROGRESS IN ADDRESSING THE VERY REAL THREAT THE DEFICIT POSES.

MEDICARE COSTS

RECENT ESTIMATES SHOW THE MEDICARE HOSPITAL TRUST FUND AS BEING DEPLETED AS EARLY AS 1990. THIS FINANCING PROBLEM IS MORE THAN ANYTHING ELSE, THE RESULT OF RAPIDLY GROWING HOSPITAL COSTS. SUCH COSTS ARE EXPECTED TO INCREASE AT AN AVERAGE ANNUAL RATE OF 10.5 PERCENT FROM NOW UNTIL 1995, WHILE THE TAX BASE FOR THE TRUST FUND IS EXPECTED TO GROW AT AN ANNUAL RATE OF ONLY 7.0 PERCENT.

THE HIGH COST OF HEALTH CARE IN THIS NATION, NOT JUST THE COST OF MEDICARE, IS A REAL PROBLEM. A PROBLEM FOR WHICH EVERYBODY HAS SOMEONE, TO BLAME. WE HAVE HEARD THAT IT'S THE HOSPITALS, THE GROWING NUMBER OF ELDERLY, IMPROVED TECHNOLOGY, THE PHYSICIANS, THIRD PARTY COVERAGE, GOVERNMENT REGULATIONS, ETC. CLEARLY IT'S A PROBLEM IN WHICH ALL THESE THINGS SHARE SOME BLAME. BUT IT'S ALSO, MORE THAN ANYTHING ELSE, A PHYSICIAN PROBLEM.

IT IS THE PHYSICIAN WHO DRIVES THE HEALTH CARE SYSTEM. HE OR SHE ORDERS THE TESTS, ADMITS THE PATIENT, PERFORMS THE SURGERY, AND PRESCRIBES THE DRUGS. PERHAPS MORE IMPORTANTLY IT IS WHAT HE OR SHE DOES NOT DO THAT SIGNIFICANTLY CONTRIBUTES TO

THE PROBLEM. HE OR SHE DOES NOT, IN THE OPINION OF MANY, CONSIDER WHAT IT COSTS TO PROVIDE THE SERVICES HE PRESCRIBES.

HOSPITALS HAVE ALSO BEEN IN THIS SITUATION WITH RESPECT TO MEDICARE. COST REIMBURSEMENT PROVIDED HOSPITALS WITH FINANCIAL INCENTIVES TO PROVIDE MORE SERVICES, EXTEND LENGTHS OF STAY, AND ADOPT NEW TECHNOLOGIES, WHETHER COST-EFFECTIVE OR NOT. THOSE DAYS ARE OVER. PROSPECTIVE PAYMENT WAS ADOPTED AS A WAY OF CHANGING INCENTIVES, REWARDING EFFICIENCY, AND CURBING COST GROWTH. BUT HOSPITAL PROSPECTIVE PAYMENT IS NOT THE ENTIRE SOLUTION.

THERE ARE THOSE WHO HAVE ALREADY BEGUN TO PRESS FOR THE ESTABLISHMENT OF A NEW PRESIDENTIAL COMMISSION TO ADDRESS THESE ISSUES. I WOULD ARGUE THAT FIRST WE OUGHT TO ALLOW THE CONGRESS AN OPPORTUNITY TO DO WHAT IT IS HERE TO DO. IN MY VIEW, WE SHOULD REVIVE THE BIPARTISAN SPIRIT THAT MARKED THE SUCCESS OF THE SOCIAL SECURITY RESCUE PLAN.

THE CUMULATIVE PROJECTED DEFICIT IN THE HI TRUST FUND IS SO LARGE-- $300 TO $400 BILLION BY 1995--THAT TO MAINTAIN SOLVENCY WILL REQUIRE SUBSTANTIAL POLICY CHANGES. TO BRING THE HOSPITAL INSURANCE PROGRAM INTO CLOSE ACTUARIAL BALANCE, EITHER OUTLAYS

WILL HAVE TO BE REDUCED BY 30 PERCENT OR INCOME INCREASED BY 43 PERCENT.

INCREASED BENEFICIARY COST SHARING, COST REDUCTIONS, AND HIGHER PAYROLL TAX RATES ARE BUT THREE OPTIONS LIKELY TO BE CONSIDERED BY THE CONGRESS TO CLOSE THE GAP BETWEEN REVENUES AND EXPENSES.

PHYSICIAN REIMBURSEMENT REFORM

HOSPITAL ADMINISTRATORS HAVE COME BEFORE OUR COMMITTEE AND SAID, "WELL, I DON'T PUT PEOPLE IN THE HOSPITAL. I DON'T ORDER ALL THESE TESTS. PHYSICIANS DO ALL THAT."

WE EXPECT A LOT FROM PHYSICIANS. I DON'T SUGGEST THAT A PHYSICIANWENT TO MEDICAL SCHOOL TO BECOME A PAPER SHUFFLER OR TO FILL OUT FORMS ALL DAY LONG. BUT WE MUST HAVE SOME HELP. WE DON'T HAVE THE ANSWERS. FOR EXAMPLE, WE'RE NOT CERTAIN WHETHER WE'RE GOING TO HAVE DRG'S APPLY TO PHYSICIANS. WE HAVE SOME STUDIES GOING ON: HHS IS DOING A STUDY AND OTHERS ARE DOING STUDIES. PERSONALLY, I'D LIKE TO KNOW FIRST IF THE DRG SYSTEM IS GOING TO WORK FOR HOSPITALS.

RECENTLY, WE HAD BREAKFAST WITH THE AMERICAN MEDICAL ASSOCIATION BOARD OF TRUSTEES. DURING THE COURSE OF THE BREAKFAST, A PHYSICIAN FROM HOUSTON SAID, "I'LL JUST GIVE YOU A COUPLE OF EXAMPLES OF THE PROBLEMS WE FACE. TWENTY YEARS AGO, THE KIDS USED TO CALL AND SAY WHEN CAN WE TAKE MOMMY HOME? NOW THEY CALL AND SAY HOW LONG CAN MOMMY STAY? WE'LL PICK HER UP AFTER WE GO TO THE LAKE FOR THE WEEKEND. IF NOBODY PAYS FOR IT, WHAT'S THE DIFFERENCE? LEAVE HER IN THE HOSPITAL."

HE ALSO SAID THAT MORNING, AND MAYBE YOU WOULD DISAGREE, THAT IN THE 22 MONTHS PRIOR TO COMING TO THAT BREAKFAST, NOT A SINGLE PATIENT HAD ASKED HIM THE COST OF AN OPERATION. I'M NOT TALKING ABOUT EMERGENCY BUT ELECTIVE SURGERY.

COST INCREASES

BETWEEN 1975 AND 1981 THE PHYSICIAN FEE COMPONENT OF THE CPI INCREASED AT AN AVERAGE RATE OF 10.6 PERCENT; MEANWHILE RECOGNIZED CHARGES PER ENROLLEE INCREASED AT AN AVERAGE RATE OF 13.4 PECENT AS A RESULT OF INCREASED PHYSICIAN VISITS PER ENROLLEE, THE INCREASED USE OF SPECIALISTS, AND THE USE OF MORE EXPENSIVE TECHNIQUES. RECENTLY THE SUPPLEMENTARY MEDICAL

INSURANCE (SMI) TRUST FUND ACTUARIES HAVE ESTIMATED THAT DOUBLE DIGIT RATES WILL CONTINUE FOR THE NEXT COUPLE OF YEARS.

IN FISCAL YEAR 1984, THE SMI TRUST FUND WILL SPEND $21.3 BILLION TO PROVIDE PHYSICIAN'S SERVICES AND OTHER HEALTH SERVICES NOT COVERED UNDER THE HOSPITAL INSURANCE PLAN.

THE SMI TRUST-FUND IS CONSIDERED TO BE ACTUARILY SOUND, BUT ONLY BECAUSE MOST OF ITS COSTS ARE MET WITH INCOME PROVIDED DIRECTLY BY THE U.S. TREASURY. IN FISCAL YEAR 1984 THE TREASURY WILL CONTRIBUTE $16.8 BILLION TO THE TRUST FUND TO KEEP IT SOLVENT--ABOUT $3.40 FOR EACH PREMIUM DOLLAR RECEIVED FROM ENROLLEES.

IN LIGHT OF CURRENT AND PROJECTED BUDGET DEFICITS THERE IS A PROBLEM. KEEPING THE SMI TRUST FUND SOLVENT PLACES AND INCREASING STRESS ON THE U.S. TREASURY, AND CONTRIBUTES TO GREATER DEFICITS.

SECTION 108 CHANGES

THE INTEREST IN REFORM OF THE REIMBURSEMENT SYSTEM FOR PHYSICIANS IS NOT NEW TO THE FINANCE COMMITTEE, AS YOU ALL WELL KNOW. AS FAR BACK AS 1972, WE BEGAN TO MAKE CHANGES IN DIFFERENT

ASPECTS OF THE PROGRAM, PARTICULARLY THOSE RELATING TO TEACHING PHYSICIANS AND TEACHING HOSPITALS.

LATE IN THE 1960'S WE BEGAN TO REVIEW THE REIMBURSEMENT METHODOLOGY USED FOR HOSPITAL BASED PHYSICIANS. THERE WAS A GREAT DEAL OF CONTROVERSY THEN AS THERE IS STILL TODAY, OVER HOW BEST TO REIMBURSE PHYSICIANS SUCH AS YOURSELVES.

AT THE OUTSET, LET ME MAKE IT QUITE CLEAR THAT THERE WAS NEVER ANY INTENTION TO PENALIZE ANY ONE GROUP OF PHYSICIANS, INCLUDING PATHOLOGISTS. OUR INTENTION WAS TO MAKE CHANGES IN THE SYSTEM THAT WOULD RESULT IN MEDICARE BEING A WISE PURCHASER OF SERVICES WHILE PAYING PROVIDERS FAIRLY FOR THE SERVICES THEY PROVIDED.

THE 1982 TAX EQUITY BILL CONTAINED AN AMENDMENT DIRECTING THE SECRETARY TO DEVISE REGULATIONS WHICH WILL DISTINGUISH BETWEEN (1) PROFESSIONAL MEDICAL SERVICES PERSONALLY RENDERED TO AN INDIVIDUAL PATIENT UNDER PART B; AND (2) PROFESSIONAL SERVICES WHICH ARE OF BENEFIT TO PATIENTS GENERALLY AND WHICH CAN BE REIMBURSED ONLY ON A REASONABLE COST BASIS. THIS WAS NOT A NEW CONCEPT, IN FACT, AS FAR BACK AS 1967, ATTEMPTS HAVE BEEN MADE TO CLARIFY THE DISTINCTION BETWEEN SERVICES UNDER PART A OF THE PROGRAM AND THOSE UNDER PART B. SOME PHYSICIANS HAVE DISAGREED

WITH THIS POLICY IN THAT THEY BELIEVE THAT ALL PROFESSIONAL ACTIVITIES OF PHYSICIANS SHOULD BE REIMBURSED ON A REASONABLE CHARGE BASIS WHETHER OR NOT THEY ARE SPECIFIC SERVICES TO INDIVIDUAL PATIENTS.

IN LARGE PART, PROCEDURES FOR DETERMINING PAYMENT HAVE NOT BEEN EFFECTIVE BECAUSE OF THE RELATIVE LACK OF SPECIFICITY IN THE CRITERIA, AND THE CONTINUING DISPUTE OVER THE POLICY.

THE TEFRA CHANGE WAS AGAIN AN ATTEMPT TO MAKE CLEAR THE INTENTION OF THE CONGRESS THAT THE DISTINCTIONS BE MADE BETWEEN PART A AND B. WORK ON THE IMPLEMENTING REGULATION, OF COURSE, HAS BEEN GOING ON FOR SOME TIME AS WE TRY TO ASSIST YOU IN GETTING THE ADMINISTRATION TO REFLECT MORE FAIRLY THE REALITIES OF PRACTICE; FOR EXAMPLE, THE ACTUAL NATURE OF CONSULTING REQUESTS. THE ORIGINAL REGULATIONS CERTAINLY, IN MY VIEW, EXCEEDED THE STATUTORY INTENT. CHANGES HAVE BEEN MADE, AND I BELIEVE THE FINAL PRODUCT IS EQUITABLE. I KNOW THE DEPARTMENT OF HHS IS CURRENTLY REVIEWING SUGGESTED CHANGES IN THE INTERMEDIARY AND CARRIER INSTRUCTIONS SO THE REGULATIONS ARE CORRECTLY INTERPRETED AND IMPLEMENTED. YOUR VERY ABLE WASHINGTON BASED STAFF HAVE BEEN VERY INVOLVED IN WORKING OUT MANY OF THE PROBLEMS, AND HAVE BEEN OF A GREAT DEAL OF ASSISTANCE TO US.

FURTHER REIMBURSEMENT REFORM

RECENT DISCUSSIONS OF PHYSICIAN REIMBURSEMENT UNDER MEDICARE HAVE FOCUSED ON THREE MAIN ISSUES--THE IMPACT OF THE CURRENT PAYMENT METHOD ON BENEFICIARIES, THE APPROPRIATENESS OF REASONABLE CHARGE METHODOLOGY, AND PROGRAM COST INCREASES. IN RESPONSE TO THESE CONCERNS THERE IS INTEREST IN A NUMBER OF PROPOSALS.

TO INCREASE PHYSICIAN ASSIGNMENT WE MIGHT CONSIDER THE "PARTICIPATING PHYSICIAN" CONCEPT, UNDER WHICH A PHYSICIAN WOULD VOLUNTARILY AND FORMALLY AGREE TO ACCEPT THE MEDICARE-DETERMINED CHARGE AS PAYMENT IN FULL FOR ALL COVERED SERVICES RENDERED TO HIS PATIENTS. THE ADVANTAGE OF SUCH AN ARRANGEMENT IS THAT BENEFICIARIES KNOW IN ADVANCE THAT A PHYSICIAN TAKES ASSIGNMENT AND THEY WOULD THEREFORE NOT BE LIABLE FOR CHARGES IN EXCESS OF THOSE PAID BY THE PROGRAM. TO MAKE THE CONCEPT ATTRACTIVE TO PHYSICIANS A NUMBER OF INCENTIVES HAVE BEEN SUGGESTED INCLUDING SIMPLIFIED BILLINGS, PAYMENT FOR ADMINISTRATIVE COSTS, COLLECTION OF COST SHARING BY THE PROGRAM INSTEAD OF THE PHYSICIAN, AND CREDITS FOR CONTINUING PROFESSIONAL EDUCATION.

SUGGESTED CHANGES IN THE REASONABLE CHARGE METHODOLOGY INCLUDE THE LIBERALIZATION OF REASONABLE CHARGES TO INCREASE VOLUNTARY ASSIGNMENT AND ELIMINATE DIFFERENTIALS, AND ADOPTION OF STATEWIDE OR NATIONAL PREVAILING CHARGE SCREENS.

ALTERNATIVE PAYMENT METHODOLOGIES HAVE BEEN SUGGESTED TO STEM INCREASES IN FEDERAL OUTLAYS. PROSPECTIVE PAYMENT IS ONE SUGGESTED ALTERNATIVE.

EARLIER THIS YEAR, THE SECRETARY OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES WAS REQUIRED BY THE CONGRESS TO BEGIN THE COLLECTION OF DATA NECESSARY TO COMPUTE BY DIAGNOSIS RELATED GROUPS (DRGS) THE AMOUNT A PHYSICIAN CHARGES FOR SERVICES FURNISHED TO HOSPITAL INPATIENTS. IN 1985 THE SECRETARY IS REQUIRED TO MAKE RECOMMENDATIONS TO THE CONGRESS ON THE ADVISABILITY AND FEASIBILITY OF PROVIDING FOR A DRG TYPE PAYMENT SYSTEM FOR PHYSICIAN SERVICES.

NEGOTIATED FIXED FEE SCHEDULES HAVE ALSO BEEN SUGGESTED. THEY ARE EASY TO UNDERSTAND AND ADMINISTER BUT, LIKE A PROSPECTIVE PAYMENT SYSTEM BASED ON DRGS, A MECHANISM WOULD HAVE TO BE DEVELOPED TO ACCURATELY REFLECT THE VALUE OF THE SERVICES PROVIDED.

THE FINANCE COMMITTEE HAS MADE AVAILABLE A COMMITTEE PRINT WHICH PROVIDES AN OVERVIEW OF PHYSICIAN REIMBURSEMENT PATTERNS UNDER MEDICARE. BESIDES PROVIDING DETAILS OF REASONABLE CHARGE DETERMINATIONS AND THEIR EFFECTS ON BOTH PHYSICIAN AND PATIENT, IT REVIEWS THE PAYMENT OPTIONS WHICH ARE CURRENTLY UNDER DISCUSSION. THE COMMITTEE WILL MOVE FORWARD WITH HEARINGS TO MORE FULLY EXPLORE THE PROBLEM AND THE SOLUTIONS.

I WOULD LIKE TO EXAMINE WHAT WE CAN DO TO REFORM THE PHYSICIAN REIMBURSEMENT SYSTEM IN WAYS THAT MAKE SENSE, ENSURE THE AVAILABILITY OF QUALITY CARE, AND PROVIDE POSITIVE RATHER THAN NEGATIVE INCENTIVES. I WOULD LIKE TO KNOW WHETHER PROSPECTIVE PAYMENT FOR PHYSICIAN SERVICES IS THE ONLY MECHANISM AVAILABLE WITH A REASONABLE CHANCE OF SUCCESS.

PHYSICIANS, I BELIEVE, RECOGNIZE THE PROBLEM WE ARE FACING. I HAVE HEARD FROM VARIOUS PHYSICIAN GROUPS WHO ARE WILLING TO SPEND THE TIME AND EFFORT NECESSARY TO COME UP WITH WORKABLE SOLUTIONS. CERTAINLY THESE ORGANIZATIONS SHOULD BE INVOLVED IN THAT EFFORT. REFORM IS NEEDED NOW, NOT SOMETIME DOWN THE ROAD WHEN IT IS TOO LATE.