



LOCAL

John Baer | To your health - and your wallet's

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THIS MIGHT be the most significant thing I write in 2006 because it could result in helping someone get or stay healthy.

There's a private-industry program, Together Rx Access, providing free cards for discounted prescription drugs to folks without health insurance who don't qualify for Medicare.

It's for the working poor and the working not-all-that-poor; a family of five making \$70,000 is eligible.

It covers more than 275 commonly prescribed brand-name drugs with savings of 25 percent to 40 percent. It covers generics, too. There is no fee, not now, not ever, to use the card.

There's nothing else like it. Yet it's not well-known.

A dozen pharmaceutical firms, including local big gun GlaxoSmithKline, are sponsors. I don't care why - whether to push product, get tax breaks or buy goodwill - doesn't matter to me.

What matters is somebody is offering working families something other than talk on the issue of health care.

What's needed to get a card? Be a legal U.S. citizen with no prescription-drug coverage who's not eligible for Medicare.

Income levels are \$30,000 for a single person, \$40,000 for a family of two, \$50,000 for a family of three, \$60,000 for a family of four, up to \$70,000 for a family of five.

In a state where the average worker's annual pay is \$36,995, I gotta think it's worth looking at.

The application form is five lines and can be filled out online at togetherrxaccess.com or over the phone at 1-800-444-4106.

The program's a year old but fewer than 400,000 people nationwide are enrolled - unclear how many in Pennsylvania. Executive Director Roba Whiteley tells me maybe 500,000 Pennsylvanians are eligible.

Now I know every drug manufacturer offers patient assistance - some even offer free drugs. But most require long forms, detailed data, a doctor's signature, written proof of income eligibility, call-

backs seeking the source of one's income - in other words an aggravating, labor-intensive process.

Community health professionals familiar with such programs say it's easy to understand why many who might qualify don't ever apply.

"Typically these programs are underutilized," says Health Federation of Philadelphia director Natalie Levkovich, "because drug companies, not surprisingly, don't make it easy."

Except, it seems, in the case of Together Rx Access.

(Horrible name; should be something like "Rx Help" or "Cheaper Drugs" - though, granted, the latter draws a different clientele. But it appears to be a simple, easy program.)

So what's the catch?

"There's nothing wrong with it," says Tom Snedden, Pennsylvania's veteran and widely respected prescription-drug czar, director of the state's PACE/PACENET program, the drug-assistance program for the elderly.

"It's commendable," he says, "I just think people aren't aware of it."

The only knock I can find is discounts aren't deep enough to be of much help to those with multiple prescriptions.

"If you need five meds costing \$500 you can't afford, it's likely you can't afford \$300 either," says one health professional.

Others say many who might qualify won't apply because they don't trust drug companies, don't see doctors or don't get prescriptions filled.

And while I agree discounts could be deeper, it seems to me some members of working families can benefit from this, and every working family without drug coverage should at least be aware it's available.

Gov. Rendell last May promoted it with a one-day statewide fly-around, including stops in Philly and Pittsburgh.

But the state Department of Health isn't pushing it (though the state Department of Aging refers those who don't qualify for PACE) and neither is Philadelphia's Department of Public Health.

Rendell deserves credit for expanding drug assistance for the elderly, but he, the state and the city can better push programs aimed at working families, too.

I've ranted in past columns about the continued failure of politicians - who, of course, get top-drawer comprehensive taxpayer-funded health insurance - to do anything meaningful about health-care costs. Doesn't impact them. And drug companies, along with doctors, insurance companies and lawyers - all of whom benefit from what's wrong with health care - feed political campaigns.

Drug companies historically rank among top givers, more than \$125 million to federal campaigns since 1990, according to the Washington-based Center for Responsive Politics, which calls the industry one of "tremendous influence."

This doesn't count spending in states, such as the reported \$83.6 million spent to defeat California's Proposition 79 (an effort to force some drug-price controls) last year; nor the \$408,000 spent on Pennsylvania campaigns in 2004, the last year tracked by the Institute on Money in State Politics, based in Helena, Mont.

Point is, drug companies pay to play. Always have. Part of the problem.

So 45.8 million Americans don't have health insurance - 1.4 million in Pennsylvania - or better access to medicine. It's the special-interests culture at its worst, and it's sickening.

And, look, this program doesn't fix what's wrong with health care, but it's a step in the right direction - less paperwork, lower prices.

Politicians at every level ought to use every means to promote it. If they won't do anything meaningful on health care, they at least should push efforts by others to do something on health care.

Send e-mail to baerj@phillynews.com

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