

Dr. ENGLISH. There has been some concern on the part of many of the drugstores in the areas where the centers start that they will suffer some loss of services because of the pharmacies that are set up in the communities where neighborhood health centers are beginning. It is for these reasons that we urge the neighborhood health people who are a part of the plan as well as the physicians to consult with the local pharmacist to deal with that problem and consider how they can best contribute to the program starting in the community.

Mr. QUIE. If all the residents of the area where 80 percent or more qualified can receive free drugs from the neighborhood center, what is there left for the drugstore to do after that?

Under title 19, I understand they can secure their drugs from a private vendor, and they would be reimbursed for those, as long as—

Chairman PERKINS. Would the gentleman yield for a point of information?

Mr. QUIE. Yes.

Chairman PERKINS. It is my understanding that under title 19 of the Social Security Act that there is a partnership between the State and the Federal Government, bearing on the ability of the resources of the State. For instance in my area, the State of Kentucky, then is may be on a 75/25 basis. In the areas where you have the Neighborhood Centers, and furnish drugs, is the State participating and paying their share of the cost along with the Federal Government where you are furnishing the drugs?

Dr. ENGLISH. Yes, sir; as soon as the State has implemented the program in the way you have discussed, they would reimburse the Center for the services given, and that would include a State share of the cost.

Mr. QUIE. That only occurs for those who qualify for title 19 benefits. The State does not participate in any way in the payment of services for any of the other figures: Is that right?

Dr. ENGLISH. That is correct, sir; because in many States of the country they have great difficulty in even providing the 25 percent that was mentioned by the chairman, and so this is a gradual implementation of title 19, and it is very different, for example, in New York City as compared to Kentucky, Alabama, Mississippi, or other States of the Union where it is more difficult to get the local share that the State provides.

Mr. QUIE. As you expand these neighborhood health centers, could we say, then, that the private drugstore owners—that it is very likely their business is going to be reduced substantially in the future, and it will undoubtedly endanger the future of quite of number of them?

Dr. ENGLISH. Well, sir, that issue, you see—the guidelines that we distribute to a community that is thinking about doing this talks about comprehensive care and reducing the barriers. It is comprehensive care.

One of the things that our doctors tell us is that it is very important at the time they see a patient to be sure the drugs are available to that patient at the time the doctor writes the prescription. So the drugs are there for the patients to take with them, and they can be instructed on how to use the drugs, et cetera.

Any way a local community wishes to set it up so that that kind of