government experts. After 20 months of studies covering several broad fields of health and health related activities it submitted a report to the Secretary of HEW on February 7, 1969.

In transmitting the report to the Secretary, the Chairman of the task force, Dr. Philip Randolph Lee, former Assistant Secretary for Health and Scientific Affairs, identified the two most significant findings and recommendations as:

> The finding that a drug insurance program under Medicare is needed by the elderly, and would be both economically and medically feasible, and the recommendation that such a program be instituted.
>
> The finding that the once-confusing matter of clinical equivalency is far less complex than had been anticipated, and that as a result of current laboratory and clinical studies—initiated in large part in response to requests by the Task Force—the problem is well on its way to solution.

I am sure you are aware that the present administration is developing health insurance recommendations. These are to be submitted to the Congress at a later date. I am not in a position to discuss details of the recommendations at this time.

With regard to clinical equivalency of drugs, there also has been much work. Food and Drug Commissioner Charles C. Edwards discussed this when he testified here last month.

There are many other recommendations in the report of the task force on prescription drugs that we have found to be worthwhile, and I will speak to a number of them shortly.

First, however, I would like to mention a serious problem that this administration has encountered. The Nation lacked a carefully planned national policy on health. This has severely hampered the exercise of effective Federal leadership in health. Such national health policy as we found seemed to be the end product of bargaining processes covering a period of many years in which ongoing programs were treated as essentially inflexible commitments, and any change or leadership which occurred resulted from the addition of increments to existing programs, or the inauguration of new programs.

We have found it necessary to restudy the role of the Federal Government in the entire health area. Actions with respect to prescription drugs must be considered in the light of all the other health options available to the Federal Government. Decisions about prescription drugs must not be reached in isolation from other health matters such as prevention of illness, health research, and health insurance. Rather, the Government's health program must be considered as a whole, when its separate elements are under review. Out of this process will come a well-organized national approach to health.

Since this review process is still underway, I am sure you will understand why it is not possible for me to make final comment today on every recommendation of the task force. However, I am in a position to outline the significant progress that has occurred.

The task force on prescription drugs made 25 recommendations.

Responsibility for conducting a continuing study of drug costs, average prescription prices, and drug use as suggested in the first and 22d recommendations, was assigned to the Social Security Ad-