COMPETITIVE PROBLEMS IN THE DRUG INDUSTRY 11999

I CAN SAY PERSONALLY, THAT IN MY ENTIRE PROFESSIONAL EXPERIENCE,
I HAVE NEVER WITNESSED A MORE INTENSIFIED PROPAGANDA CAMPAIGN
THAN THAT WHICH HAS BEEN AND IS STILL BEING CONDUCTED BY DRUG
INDUSTRY OPPONENTS OF THE MAC PROGRAM.

AT APHA WE MAKE A SINCERE EFFORT TO SEPARATE FACT FROM FICTION. OUR UNDERSTANDING OF THE FACTS, HAS, AS I HAVE INDICATED, LED US TO CONCLUDE THAT THE BASIC MAC POLICY IS STILL WORTHY OF SUPPORT, WHILE THE REGULATIONS PROPOSED TO IMPLEMENT THAT POLICY ARE WORTHY OF SUBSTANTIAL CRITICISM. AND, WE HAVE NOT HESITATED TO CRITICIZE IN AN EFFORT TO HELP GET THIS PROGRAM ON THE RIGHT TRACK.

SENATOR NELSON, OUR FRUSTRATION OVER THE DELAY IN IMPLEMENTING THE MAC PROGRAM IS COMPOUNDED BY OUR SINCERE BELIEF THAT THIS PROGRAM CAN BE SIMPLY AND EFFECTIVELY IMPLEMENTED WITHOUT ECONOMIC DISASTER OR DISRUPTION OF PROFESSIONAL PRACTICE JUDGMENTS IF HEW WILL ONLY FACE UP TO A FEW BASIC PRINCIPLES. IT IS TO THESE PRINCIPLES THAT I WILL NOW ADDRESS MYSELF.

PHARMACISTS, BOTH AS HEALTH CARE PROVIDERS AND AS TAXPAYERS, WANT A PHARMACEUTICAL SERVICE BENEFIT IN FEDERALLY SUPPORTED HEALTH CARE PROGRAMS THAT WILL MAXIMIZE BENEFITS TO THE PUBLIC AND MINIMIZE PROGRAM COSTS, CONSISTENT WITH HIGH QUALITY CARE AND FAIR TREATMENT OF BOTH THE DRUG INDUSTRY AND THE PHARMACY PROFESSION. WE DO NOT WANT EITHER THE QUALITY OR QUANTITY OF MEDICAL CARE REDUCED.

IT IS CLEAR TO APHA THAT TO MINIMIZE TOTAL PROGRAM COSTS, ADMINISTRATIVE COSTS OF THE PROGRAMS THEMSELVES MUST BE