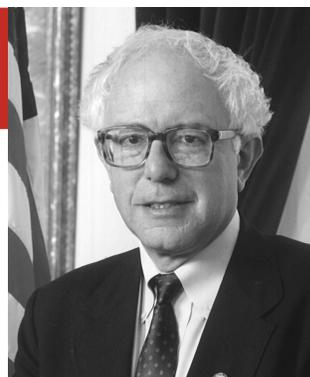




U.S. Representative

Bernie Sanders

A Special Focus on the Health Care Crisis



Spring 2001

Congress of the United States
House of Representatives
Washington, D.C. 20515

Dear Fellow Vermonter,

I am writing to update you on some health care initiatives that I am undertaking in Congress, and to invite you to an important Congressional Town Meeting on the Health Care Crisis. (See page 4 to find out when a Town Meeting is scheduled near you.) It is vitally important that we share ideas to address the crisis in health care that is affecting people all over our state and nation, and move Vermont and the nation forward so that every man, woman and child has quality health care as a right of citizenship.

The United States, today, is the richest country in the history of the world. Yet, the health care situation is getting worse:

Today, 43 million Americans lack any health insurance. Equally important, tens of millions more have inadequate coverage – with high co-payments and deductibles. The result is that many people are unable to go to the doctor when they get sick, while others are forced into bankruptcy because of medical bills they can't pay. The United States remains the only major industrialized country that does not have a national health care program guaranteeing health care to all.

The cost of health care is soaring, and is far higher per capita than any other country. In fact, the United States spends approximately twice per person what any other country is spending (Germany, Canada and France) and almost three times what Great Britain spends. The United States currently spends over \$1.4 trillion each year on health care, 14 percent of our entire economic production. **Health care costs have doubled during the last decade**, and large increases are expected for the foreseeable future. In Vermont, more and more small business owners find they can no longer afford to provide adequate health insurance coverage for their workers or themselves.

Americans pay, by far, the highest prescription drug prices in the world. At a time when more and more people utilize prescription drugs, and when the top ten drug companies made over \$27 billion in profit last year, American consumers are being grossly overcharged by drug companies. On average, for every dollar an American pays for a prescription drug the British pay 65 cents, Canadians pay 64 cents, the French pay 57 cents and Italians pay 51 cents - for the same exact drugs. Further, the United States is alone among major countries in not providing substantial prescription drug coverage to senior citizens.

The quality of health care, for many, is deteriorating. As a result of large cuts in Medicare and Medicaid, seniors in nursing homes and hospitals, and those receiving home health care have seen major reductions in their covered health services. Also, under increasing pressure from insurance companies and HMOs, physicians are often unable to provide the kind of care they believe is appropriate. As for dental care, it is becoming harder and harder for lower-income Americans to find an available dentist, and many suffer from untreated problems.

The United States is a great nation, but we clearly have a lot of work to do to create the universal, cost-effective high quality health care system that Vermonters and all Americans deserve. I look forward to seeing you at one of the Congressional Health Care Town Meetings in the near future so that we can discuss this issue together.

If you have any questions or comments on health care or any other issue, please do not hesitate to write my office, or call us at 1-800-339-9834. We have an excellent staff that has provided help to thousands of Vermonters, and are available to help you or your family. Also, please check out our website at bernie.house.gov for information on a wide variety of issues and to contact my office electronically.

Sincerely yours,

Bernie
Bernard Sanders
U.S. Congressman

Standing Up to the Pharmaceutical Industry

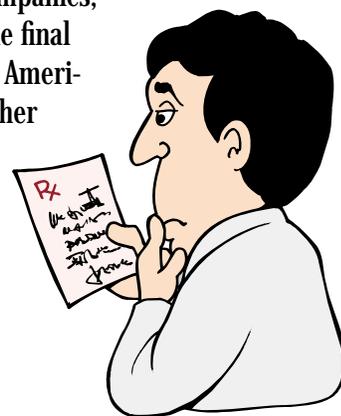
The high cost of prescription drugs and the lack of Medicare coverage for seniors remain two of the “hot-test” issues in Congress. All over this country the American people are rising up in anger and disgust at a pharmaceutical industry which is making huge profits off of human sickness, and they want Congress to act *now*.

Unfortunately, most proposals coming from the Congress and the White House are doomed to failure because they fail to address four indisputable points that are the crux of the problem: First, the pharmaceutical industry is, year after year, one of the most lucrative industries in America. Last year, the top ten drug companies pocketed \$27 billion in profits. Second, the American people pay, by far, the highest prices for prescription drugs in the world. Third, the pharmaceutical industry spends more money on campaign contributions, political advertising and lobbying than any other industry and has enormous influence over Congress. Fourth, as a result of the outrageously high prices of medicine, millions of Americans are suffering

and some are even dying because they cannot afford to fill the prescriptions written by their physicians.

To provide a *real* response to the crisis in prescription drugs, my office has introduced new legislation that would provide comprehensive prescription drug coverage to seniors within the Medicare program, and would substantially lower the cost of prescription drugs for *all* Americans. This legislation, called MEDS, includes strong, loophole-free language to allow American pharmacists, wholesalers and distributors to purchase FDA-approved prescription drugs at the lowest price sold abroad. With this strong re-importation language, Americans would see a 30-50% reduction in the price of prescription drugs without any government cost. Further, the MEDS plan includes a provision that would permit Medicare beneficiaries to take advantage of the federal government’s bulk-purchasing power and allow them to buy medicine at the same price Medicaid does- which is significantly less expensive than the price available to the individual consumer.

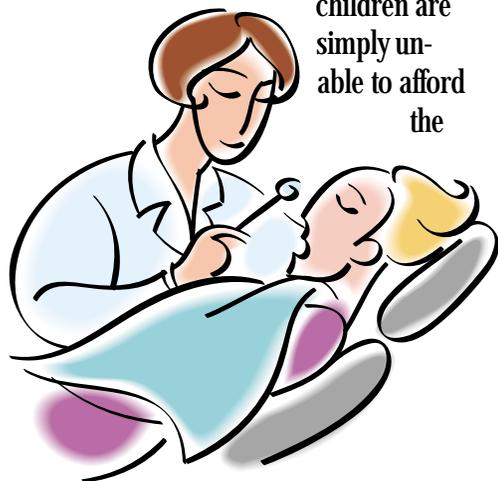
The MEDS plan also ensures that when taxpayers foot the bill for research and development of a prescription drug through the National Institutes of Health, the pharmaceutical industry must offer that drug at a fair and reasonable price. Last year, I authored the “reasonable pricing” amendment that passed the House by a wide majority, only to be stripped out by the pharmaceutical industry in conference committee. A number of important drugs designed to treat cancer, AIDS, high blood pressure and other illnesses have been developed with taxpayer funds. It is unacceptable that these discoveries are simply given over to drug companies, who sell the final product to Americans at higher prices than anywhere else in the world.



Dental Care for All

As Vermont’s Congressman, I travel from one end of the state to the other. No matter where I go, I hear about the serious problem of access to dental care. That is why I held a Town Meeting in Montpelier on this issue, where I heard from dentists, patients, state officials and consumer advocates regarding the severity of the problem.

Sadly, tens of thousands of Vermont adults and children are simply unable to afford the



dental care that they need. As with many other health-related problems, the situation is most acute with low-income families. In Vermont today, 80% of all tooth decay in children is found in the poorest 25% of children. Incredibly, in the year 2001, many children in our state have teeth rotting in their mouths and are unable to find an available dentist. In addition, thousands of adults and senior citizens lack dentures, and many of them are discriminated against in the job market because of severe tooth problems that affect their appearance.

There are a number of causes for the dental crisis in Vermont. Medicaid reimbursement rates for dentists are too low and, as a result, many dentists choose not to treat low-income people or cannot afford to. Also, Medicaid severely limits the extent of care that can be provided, which results in many dental problems going untreated. In addition, in Vermont and across the country, there

is a growing shortage of dentists and hygienists.

One of my goals for this Congress is to push legislation that will make it easier for dentists in rural and low-income areas to maintain a practice. This means higher Medicaid reimbursement rates. It also means substantially expanding a program that provides education debt cancellation for those dentists who are willing to practice in currently under-served areas. With the average debt of a dental school graduate exceeding \$100,000 and with the large costs associated with setting up a new practice, this approach could be helpful in getting dentists to settle in rural areas.

Lastly, school districts and all levels of government should be doing a better job of seeing that oral health education and treatment are expanded into our elementary schools. We can prevent a lot of problems by educating children and parents about the importance of good oral hygiene.

We Need a Health Care System that is Universal and Cost-effective

Why is it that in the United States we spend far more per capita on health care than any other nation, and that our health care costs continue to soar? Meanwhile, despite spending \$1.4 trillion on health care, 43 million Americans have no health insurance, millions more are underinsured and senior citizens, despite Medicare, now pay 25% of their health care costs out-of-pocket.

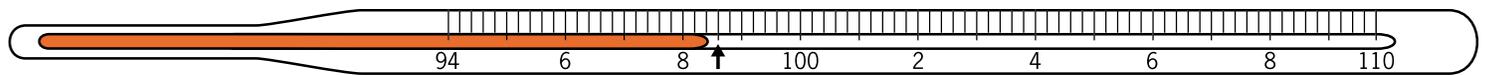
The answers lie in the fact that unlike every other industrialized country, we really don't have a health care "system." Rather, in a highly wasteful and inefficient way, we have an incredible patchwork consisting of public insurance programs, hundreds of private insurance companies – each with different benefit packages, HMOs, self-insurance systems and millions of people who pay for their health care out-of-pocket.

The result of this health care chaos is a massive amount of billing, paperwork and profiteering that is wasting tens of billions of dollars a year. Instead of putting health care dollars into doctors, nurses, hospitals, clinics, disease prevention, prescription drugs and other investments which improve the health of the people, we are wasting huge amounts on insurance and drug company profits and administrative bureaucracy.

Since 1970 there has been a 2,500 percent increase in the number of administrators in health care. During that same time the number of physicians grew by only 159 percent. All across the country, doctors, patients and hospitals are being smothered in paperwork, billing and administrative nightmares. Health care administrators, overhead, paperwork and bureaucracy now consume 24 percent of our healthcare dollars. If the United States could reduce its

administrative costs to that of other major countries who deliver health care through national health care systems, we would have more than enough funds to provide quality health care for every man, woman and child in this country. The truth is that we don't need to spend more money on health care. We simply need a system that makes sense.

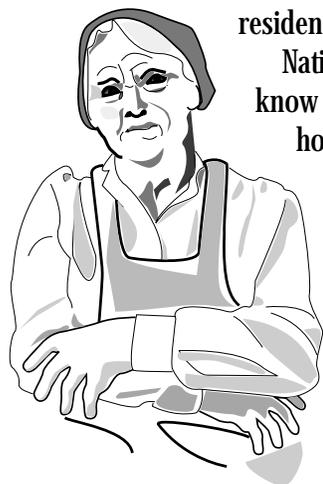
In Congress, I will continue my efforts for a state-administered single payer health care system. Every American, regardless of income, is entitled to high quality health care through a simple, cost-effective approach. As we continue our fight against the well financed insurance and drug companies, who spend tens of millions a year on campaign contributions, lobbying and advertising, it is my hope that Vermont will lead the way on this issue of enormous importance to our state and nation.



Nursing Home Crisis

For the vast majority of us, the quality of nursing home care is an issue that will affect us either directly or through family members or other loved ones. To ensure that nursing home residents receive the best possible care, we need to make sure that we have an appropriate number of qualified and adequately paid nurses and other health care professionals.

Nursing home workers have an extremely difficult job. They provide care for some of the frailest people in our society, and perform their work under great physical and emotional stress. To a significant degree, how we treat these workers is a reflection on how we treat the nursing home residents.



Nationally, we know that nursing home care quality issues, and particularly those related to inadequate staffing levels, are

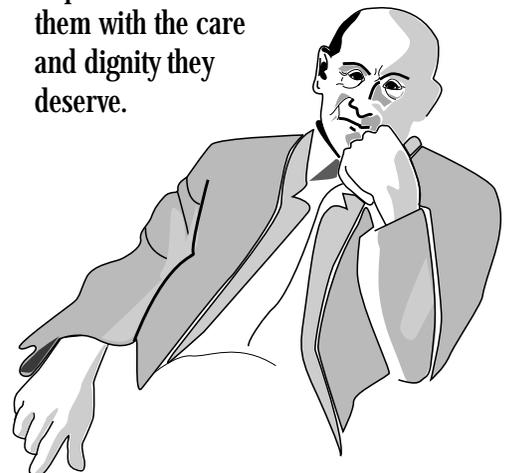
serious and widespread. A Federal government report last year found a strong relationship between staffing levels and quality of care, indicating that 54 % of nursing homes subject residents to harm due to inadequate staffing. A study released this year by the Institutes of Medicine of the National Academy of Sciences also confirmed the need for more nurses in nursing homes, calling for the government to require 24-hour registered nurse coverage and to establish minimum staffing levels for licensed nurses and nursing assistants.

Last month, I held a Congressional Town Meeting at the Statehouse in Montpelier on the issue of nursing home care. At that meeting, the problems with nursing home care, as they exist in Vermont, were made abundantly clear by the testimony of dozens of nursing home workers and others. Some of the problems discussed were: low wage and benefits for nursing home employees, inadequate Federal reimbursement to nursing homes due to the disastrous Balance Budget Act of 1997, high staff-turnover and inadequate staffing levels.

This is not a new issue. Congress has been hearing about low staffing in nurs-

ing homes, and other serious problems, since the 1960s. Unfortunately, there has been little effective Congressional action to improve the situation. As a result, the National Citizens Coalition for Nursing Home Reform has proposed a national minimum number of required nursing hours per resident per day. I strongly support Federal legislation setting national standards for nursing home care and staffing. I also support the effort of the Vermont Commissioner of Aging and Disabilities to set minimum standards for Vermont, as 37 other states have already done.

Nursing home residents are some of the most vulnerable of our citizens. It is imperative that we treat them with the care and dignity they deserve.



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If you receive more than one copy of this newsletter, we apologize. Please feel free to pass the extra copy along to an interested friend.

This mailing was prepared, published, and mailed at taxpayer expense.

**Come Join Congressman Sanders at a
Congressional Town Meeting
on the Health Care Crisis**

April 17	Montpelier	Vermont State House
April 23	Brattleboro	Union High School 131 Fairground Road
April 30	Richford	Junior/Senior High School 1 Corliss Heights
May 14	Bennington	Mt Anthony Union Middle School 640 Main Street

All meetings at 7:30 p.m.

**Federally Qualified
Community Health
Centers**

I am working very hard to support and expand the Federally Qualified Health Center (FQHC) concept in Vermont. I believe that the creation of



new FQHCs, similar to those that now exist in Burlington, Danville, Island Pond, Concord and Hardwick, can provide cost-effective and high-quality health and dental care access to every region of our state.

Federally Qualified Health Centers receive a substantial grant from the Federal government, as well as higher reimbursement rates for Medicaid and Medicare patients. In addition, patients there are eligible to receive their prescription drugs at substantially reduced prices. In Vermont and across the country, these health centers are providing high-quality care not only to lower income people but to people in the community of all income ranges.

My office recently secured a \$300,000 federal grant for a dental clinic annex to the Burlington Health Center (FQHC), as well as funding for the North Counties FQHC, which has health centers in Hardwick, Danville, Concord and Island Pond. In the coming months we will attempt to secure more funding for the existing clinics, as well as financial support to create new ones.

Alternative Health Care

In Vermont, many thousands of people utilize such "alternative" health care approaches as chiropractic care, acupuncture, massage therapy, naturopathy, homeopathy, nutrition therapy, and midwifery. Unfortunately, many of these productive approaches to health care are not adequately covered by most health insurance policies. For that reason I introduced H.R. 2360, which I plan to reintroduce this session, that would provide comprehensive insurance coverage

for these procedures within the Federal Employee Health Benefit Plan (FEHBP) so long as these services are provided by qualified and licensed practitioners. Since the FEHBP serves as a model for many private insurers, the passage of this legislation would be a major step forward in providing alternative health insurance for all

Americans. I am also a co-sponsor of legislation that would ensure patient choice regarding selection of alternative health care practitioners as primary care health care providers.

