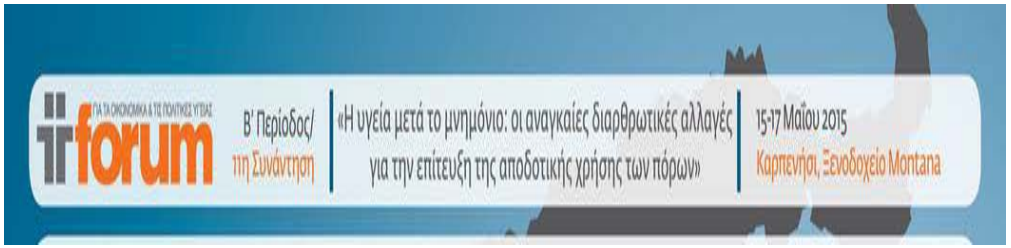


Πέμπτη Συνεδρία
«Εναλλακτικά σχήματα αποζημίωσης των προμηθευτών στην ιατρική περίθαλψη»

Επιπτώσεις στους προϋπολογισμούς από την εισαγωγή της φαρμακευτικής καινοτομίας

Κατερίνα Μυλωνά, LLM, MSc

Νεοπλάσματα: από επάρατη νόσος, χρόνιο νόσημα

Journal of the National Comprehensive Cancer Network

Colon Cancer: The New Chronic Disease

Al B. Benson III, MD

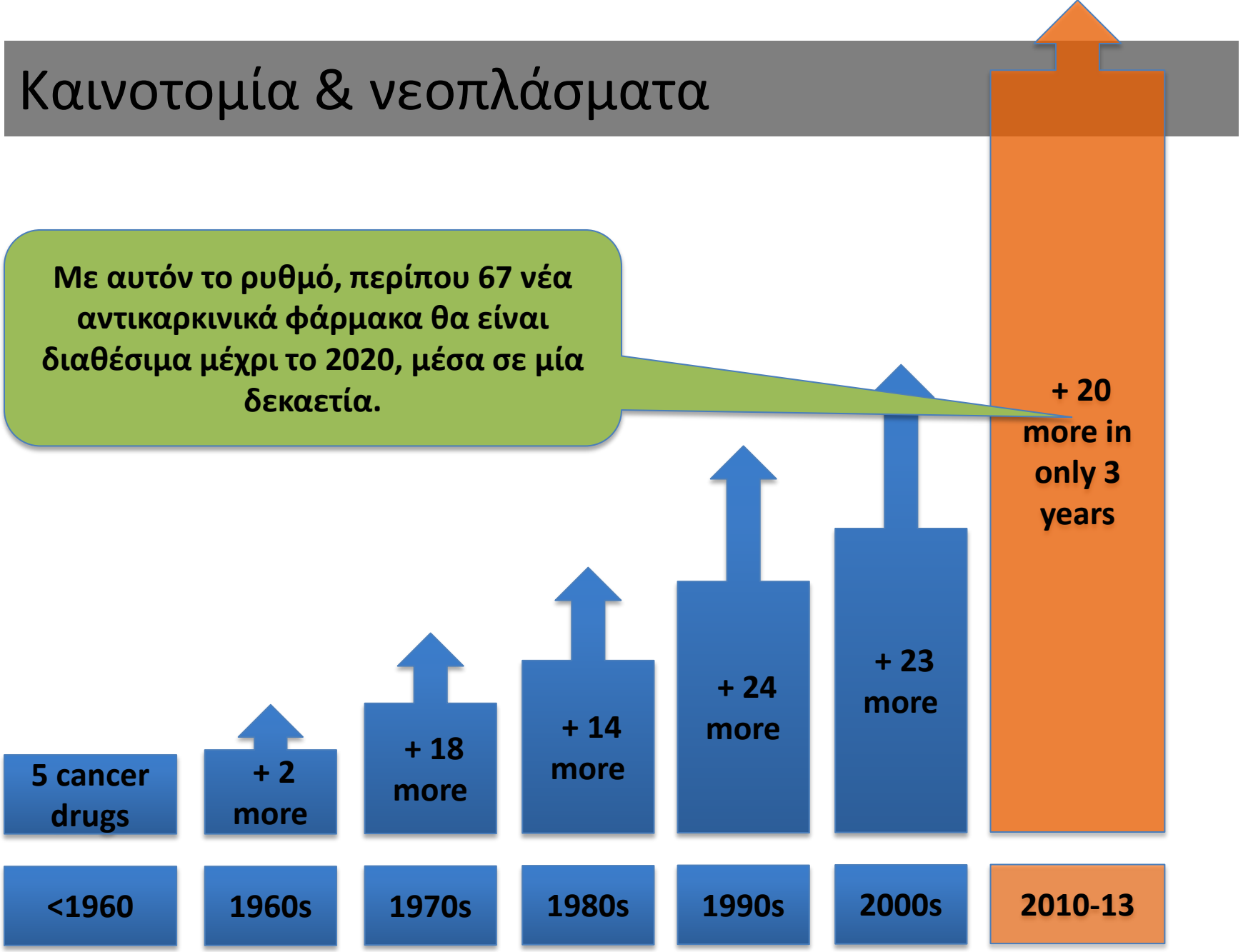
Thirty years ago, there was 5-FU. Period. The projected life span of the patient with metastatic colorectal cancer (CRC) was indeed dismal. Liver resection was certainly not routine.

Eighteen years ago, the first NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines) for Colorectal Cancer appear. Treatment options include 5-FU, leucovorin, and irinotecan, with limited sequential therapy options, and shift median survival to about 1 year.

Ten years ago, oxaliplatin and 5-FU emerge as a standard of care for metastatic CRC, and the era of targeted or biologic therapy begins, solidifying the role of sequential therapy beyond initial treatment.

1990 1995 2000 2005

Καινοτομία & νεοπλάσματα



Cornes P. Pictogram created from data in - Savage P. Development and economic trends in cancer therapeutic drugs: Analysis of modern and historical treatment costs compared to the contemporary GDP per capita. J Clin Oncol 32, 2014 (suppl; abstr e17535)

Στοχευμένες θεραπείες & Ποσοστά επιβίωσης

REVIEWS

Cancer Disease	Old Model	Old Survival	Personalized Model	Personalized Survival
Acute promyelocytic leukemia	Chemotherapy	19 months	All-*trans* retinoic acid	>58 months
Chronic myeloid leukemia	Chemotherapy	6 years	Imatinib	>22 years
Melanoma	Dacarbazine	<10 months	Vemurafenib	16 months
Medullary thyroid cancer	Chemotherapy	36 months	Vandetanib	Not reached
Gastrointestinal stromal tumour	Chemotherapy	12-18 months	Imatinib	Close to 5 years
Relapsed Hodgkin lymphoma	Chemotherapy	1.2 years	Brentuximab vedotin	22.4 months

Η συμβολή της φαρμακευτικής περίθαλψης στην υποκατάσταση άλλων μορφών φροντίδας

Οι μορφές φροντίδας τις οποίες μπορεί να υποκαταστήσει περιλαμβάνουν:

- ✓ εισαγωγές σε νοσηλευτικά ιδρύματα (hospitalizations),
- ✓ επείγουσα φροντίδα (emergency care),
- ✓ νοσηλεία κατ' οίκον (home care) βλ. AIDS,
- ✓ μακροχρόνια νοσηλεία (long-term care) βλ. Alzheimer και
- ✓ υπηρεσίες αποκατάστασης (rehabilitation)

Bond et al, 2012

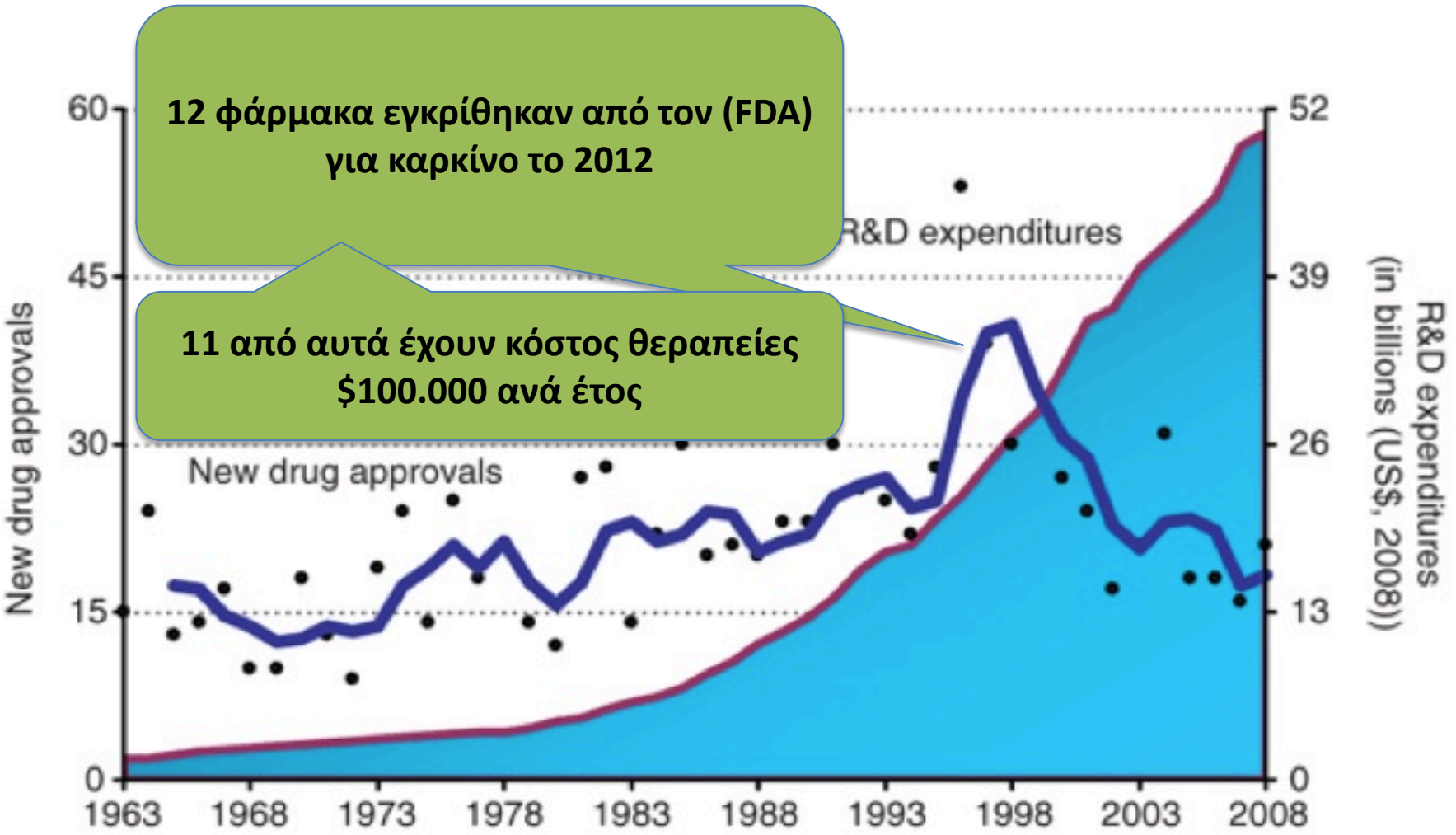
Αλλά με ποιο κόστος;

TABLE. Cost of Selected Drugs Used in Cancer Therapy[a]

Generic drug name (trade name; manufacturer, location)	Cancer	Typical treatment schedule	Cumulative drug cost for 1 y ($)	Comments
Ipilimumab (Yervoy; Bristol-Myers Squibb, New York, NY)	Melanoma	Once every 3 wk for 4 doses	120,000	Duration not well defined; currently, physicians have been going past the 4 doses if patients have achieved a good response
Sipuleucel-T (Provenge; Dendreon Corp, Seattle, WA)	Prostate cancer	Three doses over 1 mo	90,000 for 3 doses	
Bevacizumab (Avastin; Genentech Inc, South San Francisco, CA)	Various cancers, including lung and colon cancer	Once every 3-4 wk	90,000	Can be continued >1 y until disease progression
Paclitaxel, protein-bound (Abraxane; Celgene Corp, Summit, NJ)	Breast cancer	Three times a month	80,000	Continued until disease progression
Lenalidomide (Revlimid; Celgene Corp)	Multiple myeloma	Daily for 3 wk of each month	90,000	In frontline and maintenance, duration of therapy can exceed 3 y; in relapsed disease, duration is approximately 1 y
Bortezomib (Velcade; Millennium Pharmaceuticals, Cambridge, MA)	Multiple myeloma	Once weekly	60,000	Can be continued >1 y until disease progression
Imatinib mesylate (Gleevec; Novartis Pharmaceuticals Corp, East Hanover, NJ)	Chronic myeloid leukemia	Once daily	70,000	Lifelong until progression
Alemtuzumab (Campath; Genzyme Corp, Cambridge, MA)	Chronic leukemias	Three times a week for 3 mo	70,000	Could be used for >1 y
Ofatumumab (Arzerra; GlaxoSmithKline, Philadelphia, PA)	Lymphomas and chronic lymphoid leukemias	Twelve doses over 3-4 mo	120,000	Could be used for >1 y
Brentuximab vedotin (Adcetris; Seattle Genetics Inc, Bothell, WA)	Hodgkin lymphoma	Once every 21 d for 8 cycles	100,000	Approximately 6-8 cycles in a year
Dasatinib (Sprycel; Bristol-Myers Squibb)	Chronic myeloid leukemia	Once daily	110,000	Lifelong until progression

[a] The costs listed are approximate estimates based on average wholesale prices and typical schedules used in practice. Costs are higher when the cost of administration is factored in and when 2 or more drugs are used in combination.

Κόστος αντικαρκινικών φαρμάκων



Kaitlin KI. Deconstructing the drug development process: the new face of innovation. Clin Pharmacol & Therapeutics. 2013.
Doctors say cancer drug costs are too high. http://medicalxpress.com/news/2013-04-doctors-cancer-drug-high.html. Cited 21/06/2013

Η καινοτομία κοστίζει

No.	Author(s)	Country	Factors affecting the increase in pharmaceutical expenditures
1	Anderson and Kerluke, 1996 [13]	Canada	Number of medicines received by patients(drug exposures); aging; therapeutic drug categories
2	Cavalié, 2003 [14]	France	Prices; quantities ; new drugs
3	Chernew et al., 2001 [15]	USA	Price changes; quantity changes (number of prescriptions& mix of prescriptions)
4	Darbà, 2003 [16]	Spain	Average price index; average population growth rate; average prescription per person growth rate, average residual.
5	Dubois et al., 2000 [17]	USA	Average increase in volume existing drugs & new drugs; days per prescription; average increase in price factors inflation, new therapies; change in therapeutic mix
6	Gerdtham and Lundin, 2004 [18]	Sweden	The real price of drugs; the quantity (number of DDDs) and the residual increased (due to new drugs).
7	Gerdtham et al., 1998 [19]	Sweden	The relative retail price index of drugs; the quantity of drugs (measured in DDDs) and residual (due to new drugs).
8	Hanley and Morgan, 2009 [20]	Canada	Ageing ; gender: socio-economic status (in terms of income); health status (morbidity profiles)
9	Hoffman et al., 2010 [21]	USA	Trend of increases in expenditures for specialized medications; biological biosimilars (and potential for biosimilar legislation), drugs in development, diffusion of new drugs, generic drugs, increased availability and use of generic equivalents of the blockbuster. Health care reform may exert greater influence on drug expenditures, drug safety concerns, and comparative effectiveness research
10	Hoffman et al., 2008 [22]	USA	Price; utilization and mix; new drugs
11	Hsieh and Sloan,2008 [23]	Taiwan	Quantity (due to the introduction of new drugs) ; the mix effect (due to treatment substitution) and pure price effects
12	Kildemoes et al., 2010 [24]	Denmark	Increasing population-wide treatment prevalence; population aging trends in incidence mortality and health care system (guidelines).
13	Lambrelli and Donnell, 2010 [25]	Greece	The relative price of pharmaceuticals; the product-mix residual (this is mainly attributable to a switch to more innovative, but more expensive pharmaceuticals; the volume of drugs prescribed).
14	Morgan, 2004a [26]	Canada	Utilisation factor; drug exposure ; therapeutic choices (narrow mix classes, broad mix), price –readied
15	Morgan, 2002[27]	Canada	Price index; therapeutic categories; drug mix and generic drugs.
16	Morgan, 2005 [28]	Canada	Population aging; overall exposure; poly-therapy; drug class mix; drug mix; generic use, price changes.
17	Morgan et al., 2004b [29]	Canada	Volume effects (prescription volume, prescription size), therapeutic choices (therapeutic mix drug mix price effects (price changes, generic use).
18	Morgan, 2006[30]	Canada	Changes in the age-specific mix of drugs prescribed per prescription; the age-adjusted number of prescriptions filled per patient per therapeutic category increased population-wide per capita expenditures ; Age/sex-specific average numbers of categories used per 'exposed' patient caused per capita expenditures ;.drug price inflation (for existing products).
19	Mueller et al., 1997 [31]	USA	Disease category factor; aging ; therapeutic classes
20	Mullins et al., 2001 [32]	USA	Price gains in existing drugs, the use of existing drugs and product shift; use of newer drugs.
21	Sherman, 1999 [33]	USA	Direct-to-consumer advertising of new branded drugs; generic drugs; average prices per prescription; introduction and widespread use of new drugs.
22	Steinberg et al., 2000 [34]	USA	Age; sex ; disease category
23	Suh et al.,1999 [35]	USA	General inflation; prescription prices; population growth; growth in prescription drug use (the number of prescriptions) and growth in intensity per prescription.
24	Van Tielen et al., 1998 [36]	Belgium	Population aging
25	Vandegrift and Datta, 2006 [37]	USA	Obesity, population aging; new drug approval; real incomes.

Awad MM, Akmal SA, Izham MIM, Systematic review of factors affecting pharmaceutical expenditures, *Health Policy* (2014), http://dx.doi.org/10.1016/j.healthpol.2014.03.010

Κλειστός Προϋπολογισμός Δημόσιας Φαρμακευτικής Περίθαλψης

Φαρμακευτική δαπάνη αποτελεί συνάρτηση των μεταβλητών:

- ✓ της τιμής (P),
- ✓ του όγκου (V) και
- ✓ του υπολειμματικού παράγοντα (r) ο οποίος εκφράζει την εισαγωγή και διάχυση της καινοτομίας.

Budget Process

Συνεκτίμηση:

- ➢ Στόχοι πολιτικής υγείας της χώρας.
- ➢ Πληθυσμός υπό κάλυψη, δεδομένης της εισαγωγής μηχανισμού κάλυψης της φαρμακευτικής περίθαλψης των ανασφάλιστων πολιτών, άμεσων και έμμεσων μελών.
- ➢ Επιδημιολογικά στοιχεία πληθυσμού κάλυψης.
- ➢ Ρυθμός αύξησης (k) (growth) κατανάλωσης αποζημιούμενων φαρμάκων, λόγω της δημογραφικής γήρανσης και της αύξησης των χρόνιων και εκφυλιστικών νοσημάτων.
- ➢ Ρυθμός εισαγωγής και διάχυσης νέων θεραπευτικών σχημάτων.
- ➢ Αναμενόμενη λήξη διπλωμάτων ευρεσιτεχνίας συγκεκριμένων σκευασμάτων και είσοδο στην αγορά γενοσήμων.

Mossialos E and F Mrazek. Data needs for developing and monitoring policies.

Κλειστός Προϋπολογισμός Δημόσιας Φαρμακευτικής Περίθαλψης

CLAWBACK

Η απουσία προβλεψιμότητας αναφορικά με το ύψος της υπέρβασης.
Η ζήτηση προσδιορίζεται από τον γιατρό, ο οποίος δεν συμμετέχει στην επιστροφή της υπέρβασης.
Καθεστώς συμψηφισμών.
Διαφάνεια διαδικασιών υπολογισμού.

CLAWBACK

Επίτευξη στόχου, στασιμότητα και αναβλητικότητα στην υλοποίηση, εφαρμογή και αξιολόγηση των διαρθρωτικών αλλαγών οι οποίες θα διασφαλίσουν τον εξορθολογισμό της δαπάνης, μέσω του ελέγχου της διακίνησης των φαρμάκων σε όλα τα επίπεδα, της συνταγογράφησής τους και της πρόσβασης των ασθενών.

Προοπτική ανίχνευση νέων τεχνολογιών- Horizon Scanning

Αποσκοπεί:

στον εντοπισμό, προσδιορισμό και προ[illegible]τοίηση των επικείμενων, αναδυόμενων νέων τε[illegible]ων, με σκοπό να αξιολογήσουν και να εκτιμήσουν[illegible]ανές συνέπειες από την εισαγωγή των νέων τεχνολογι[illegible]φορικά με:

1) την υγεία, 2) το κόστος, 3) την αναμόρφωση των διαδικασιών στο σύστημα υγείας (επιβαλλόμενη αλλαγή τρόπου διαχείρισης νοσήματος, επιβάρυνση υπαρχουσών μονάδων φροντίδας, υποκατάσταση μονάδων φροντίδας) και 4) την κλινική πρακτική και να παρέχουν έγκαιρη και έγκαιρη πληροφόρηση στους φορείς λήψης των αποφάσεων.

Καινοτομία ανατρέπει status quo

Simpson S, [illegible]ez-Ibarluzea I, et al. A toolkit for the identification and assessment of new and emerging health technologies. [illegible]am: EuroScan; 2009 Jun. 32, www.euroscan.org.uk/methods.

Wild C, Simpson S, Douw K, Geiger-Gritsch S, Mathis S, Langer T. Information service on new and emerging health technologies: identification and prioritization processes for a European union-wide newsletter. Int J Technol Assess Health Care. 2009 Dec;25 Suppl 2:48-55.

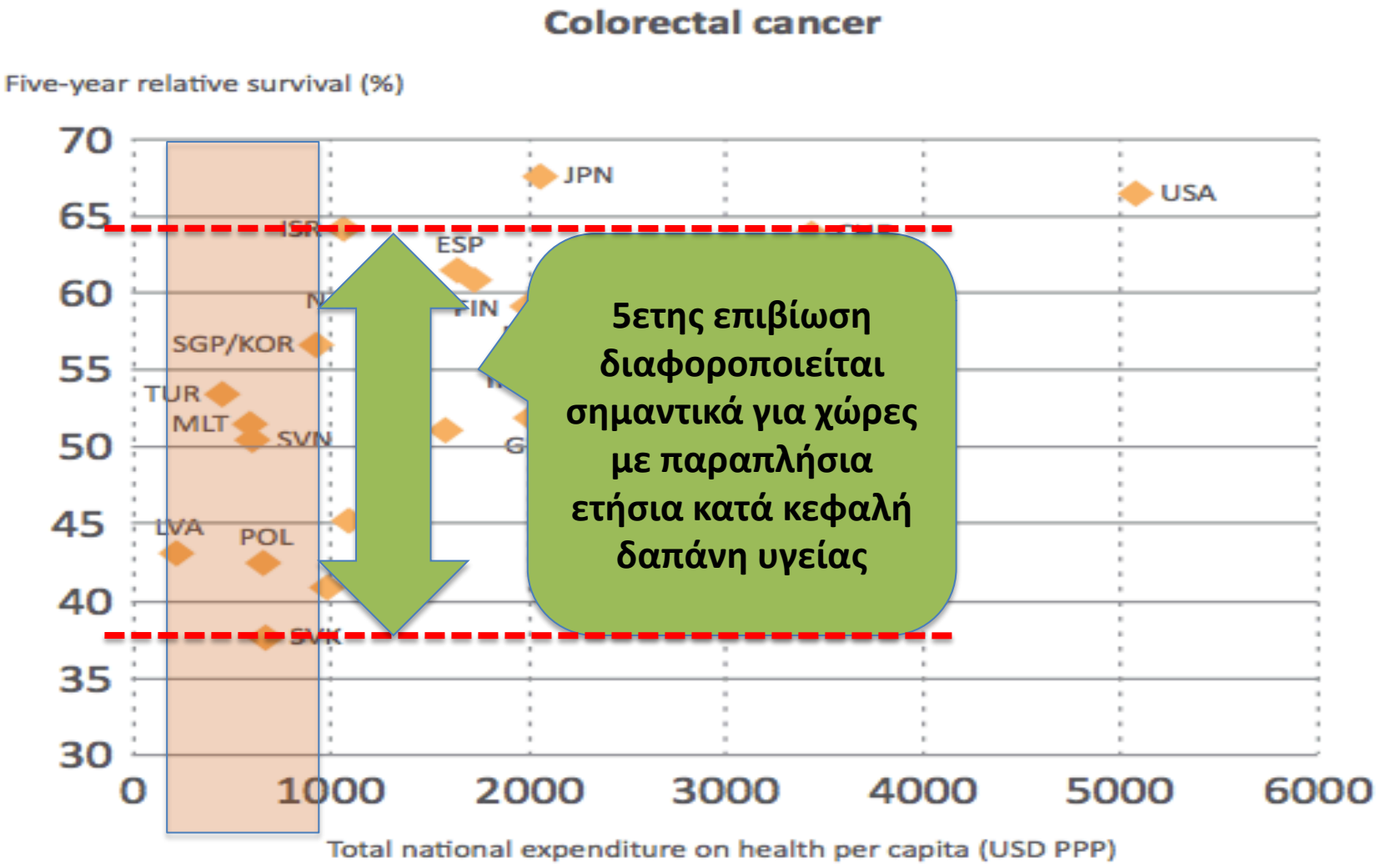
Φορείς ανίχνευσης

- Canadian Agency for Drugs and Technologies in Health (CADTH)
- Agency for Healthcare Research and Quality (AHRQ)
- Joint product by HIV i-Base and the Treatment Action Group (TAG) / 2012 Pipeline Report: HIV, Hepatitis C Virus (HCV) and Tuberculosis (TB) Drugs, Diagnostics, Vaccines and Preventive Technologies in Development
- Walgreens Pipeline Reports
- The National Institute of Health Research (NIHR) Horizon Scanning Centre
- Pharmaceutical Research and Manufacturers of America (PhRMA)
- EuroScan International Network
- Health Policy Advisory Committee on Technology (HealthPACT)
- National Horizon Scanning Centre (UK)
- SigmaScan (UK)
- Euroscan
- AHRQ Healthcare Horizon Scanning System (US)
- Regional Drug & Therapeutics Centre (UK)
- New Media Consortium Horizon Reports
- Pharmacy Practice journal
- The Oxford Centre for Monitoring and Diagnosis in Primary Care (MaDOx)

Budget Impact Analysis

A BIA is a means of synthesizing available knowledge at the time of a coverage or formulary listing decision to estimate the likely financial consequences of that decision for a health care system.

Αύξηση προϋπολογισμού ή καλύτερη διαχείριση;



Hofmarcher, T., Jönsson, B., Wilking, N., Access to high-quality oncology care across Europe. IHE Report. 2014:2, IHE: Lund.
OECD, *Cancer Care: Assuring Quality to Improve Survival. OECD Health Policy Studies. 2013: OECD Publishing*

Τεκμηριώνεται η σχέση αύξησης των δαπανών και καλύτερης υγείας;

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1 January 2013, Vol 158, No. 1>

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Reviews | 1 January 2013

The Association Between Health Care Quality and Cost: A Systematic Review

Peter S. Hussey, PhD; Samuel Wertheimer, MPH; and Ateev Mehrotra, MD, MPH

[+] Article and Author Information

Ann Intern Med. 1 January 2013;158(1):27-34

Text Size: A A A

Article | Figures | Tables | References | Comments

Background: Although there is broad policy consensus that both cost containment and quality improvement are critical, the association between costs and quality is poorly understood.

Purpose: To systematically review evidence of the association between health care quality and cost.

Data Sources: Electronic literature search of PubMed, EconLit, and EMBASE databases for U.S.-based studies published between 1990 and 2012.

Study Selection: Title, abstract, and full-text review to identify relevant studies.

ΟΧΙ ΚΑΝΟΝΑΣ

Hussey PS et al. The Association Between Health Care Quality and Cost: A. Ann Intern Med. 1 January 2013;158(1):27-34

Αύξηση προϋπολογισμού ή καλύτερη διαχείριση;

DrugWatch

No-name heroes can save Europe billions

Anna Wagstaff

"billions of euros are wasted, say researchers, because doctors prescribe branded drugs when a generic equivalent is just as good"

WHO, 2010

Table 4.1. Ten lea

Source of inefficiency		
1. Medicines: underuse of generics and higher than necessary prices for medicines		
alth workers: ropriate or costly mix, unmotivated ers	Conformity with pre-determined human resource policies and procedures; resistance by medical profession; fixed/inflexible contracts; inadequate salaries; recruitment based on favouritism.	Undertake needs-based assessment and training; revise remuneration policies; introduce flexible contracts and/or performance-related pay; implement task-shifting and other ways of matching skills to needs.
6. Health-care services: inappropriate hospital admissions and length of stay	Lack of alternative care arrangements; insufficient incentives to discharge; limited knowledge of best practice.	Provide alternative care (e.g. day care); alter incentives to hospital providers; raise knowledge about efficient admission practice.
7. Health-care services: inappropriate hospital size (low use of infrastructure)	Inappropriate level of managerial resources for coordination and control; too many hospitals and inpatient beds in some areas, not enough in others. Often this reflects a lack of planning for health service infrastructure development.	Incorporate inputs and output estimation into hospital planning; match managerial capacity to size; reduce excess capacity to raise occupancy rate to 80–90% (while controlling length of stay).
8. Health-care services: medical errors and suboptimal quality of care	Insufficient knowledge or application of clinical-care standards and protocols; lack of guidelines; inadequate supervision.	Improve hygiene standards in hospitals; provide more continuity of care; undertake more clinical audits; monitor hospital performance.
9. Health system leakages: waste, corruption and fraud	Unclear resource allocation guidance; lack of transparency; poor accountability and governance mechanisms; low salaries.	Improve regulation/governance, including strong sanction mechanisms; assess transparency/ vulnerability to corruption; undertake public spending tracking surveys; promote codes of conduct.
10. Health interventions: inefficient mix/ inappropriate level of strategies	Funding high-cost, low-effect interventions when low-cost, high-impact options are unfunded. Inappropriate balance between levels of care, and/or between prevention, promotion and treatment.	Regular evaluation and incorporation into policy of evidence on the costs and impact of interventions, technologies, medicines, and policy options.

Source (6).

Αύξηση προϋπολογισμού ή καλύτερη διαχείριση;

ONKOLOGIE

Clinical Information · Klinische Information

Onkologie 2005;28:441–445
DOI: 10.1159/000086395

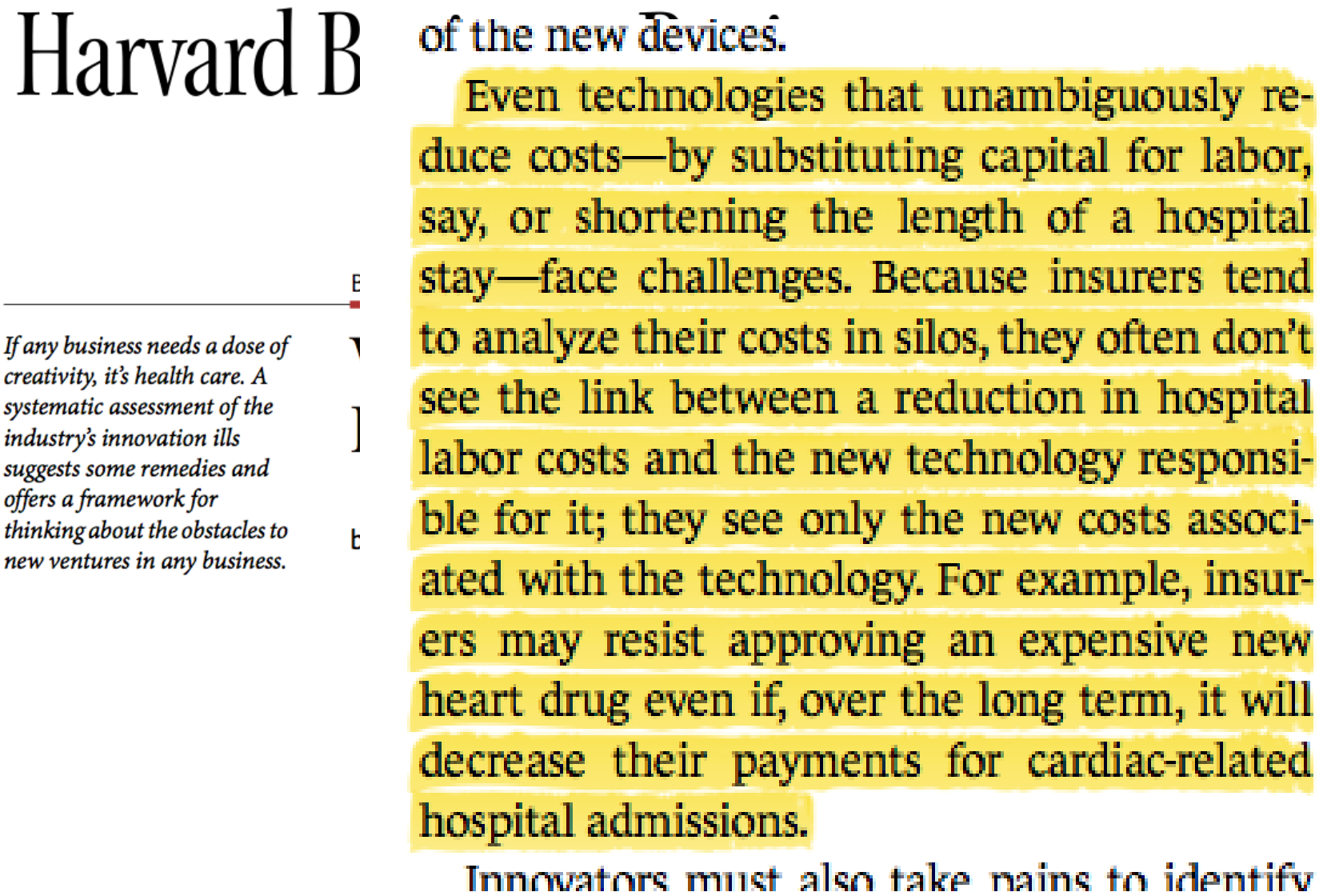
Published online: June 27, 2005

Physician-Based Active Cost Management of Oncological Therapies Reducing Pharmaceutical Costs by 83.4% in Two Years without Leaving Standard of Care

Volker R. Jacobs[a] Jutta Thoedtmann[b] Uta Euler[a] Stefan Paepke[a] Thorsten Fischer[a]
Nadia Harbeck[a] Marion Kiechle[a]

[a] Frauenklinik,
[b] Klinikumsapotheke, Klinikum rechts der Isar, Technische Universität, München, Germany

Budget Silo Mentality



Harvard B

If any business needs a dose of creativity, it's health care. A systematic assessment of the industry's innovation ills suggests some remedies and offers a framework for thinking about the obstacles to new ventures in any business.

of the new devices.

Even technologies that unambiguously reduce costs—by substituting capital for labor, say, or shortening the length of a hospital stay—face challenges. Because insurers tend to analyze their costs in silos, they often don't see the link between a reduction in hospital labor costs and the new technology responsible for it; they see only the new costs associated with the technology. For example, insurers may resist approving an expensive new heart drug even if, over the long term, it will decrease their payments for cardiac-related hospital admissions.

Innovators must also take pains to identify

ΝΟΣΟΚΟΜΕΙΑΚΗ

Νοσοκομειακά Φάρμακα (εντός και εκτός ΚΕΝ), από ΟΤΣ έως 3816 1A & 1B

535 εκ

Όχι clawback
Υπάρχει ωστόσο κλειστός προϋπολογισμός ανά νοσοκομείο. (αδυναμία προμήθειας φαρμάκων λόγω εξάντλησης budget)

Φάρμακα μέσω ΙΦΕΤ/νοσοκομειακή παραγγελία/πληρώνει νοσοκομείο τον ΙΦΕΤ

Διαδικασία Στερείται, Κατηγορία 1Α, δίνονται από Φαρμακεία ΕΟΠΥΥ/
Εγγράφονται στη νοσοκομειακή δαπάνη
≈ 200 εκ αποζημιώνονται όπως τα υπόλοιπα νοσήλια / λογικά θα συμψηφισθούν όπως συμβαίνει κάθε ~4 χρόνια

ΔΗΜΟΣΙΑ ΕΞΩΝΟΣΟΚΟΜΕΙΑΚΗ

Φάρμακα, Φαρμακεία ΕΟΠΥΥ Κατηγορία 1Β

Φάρμακα ιδιωτικά φαρμακεία

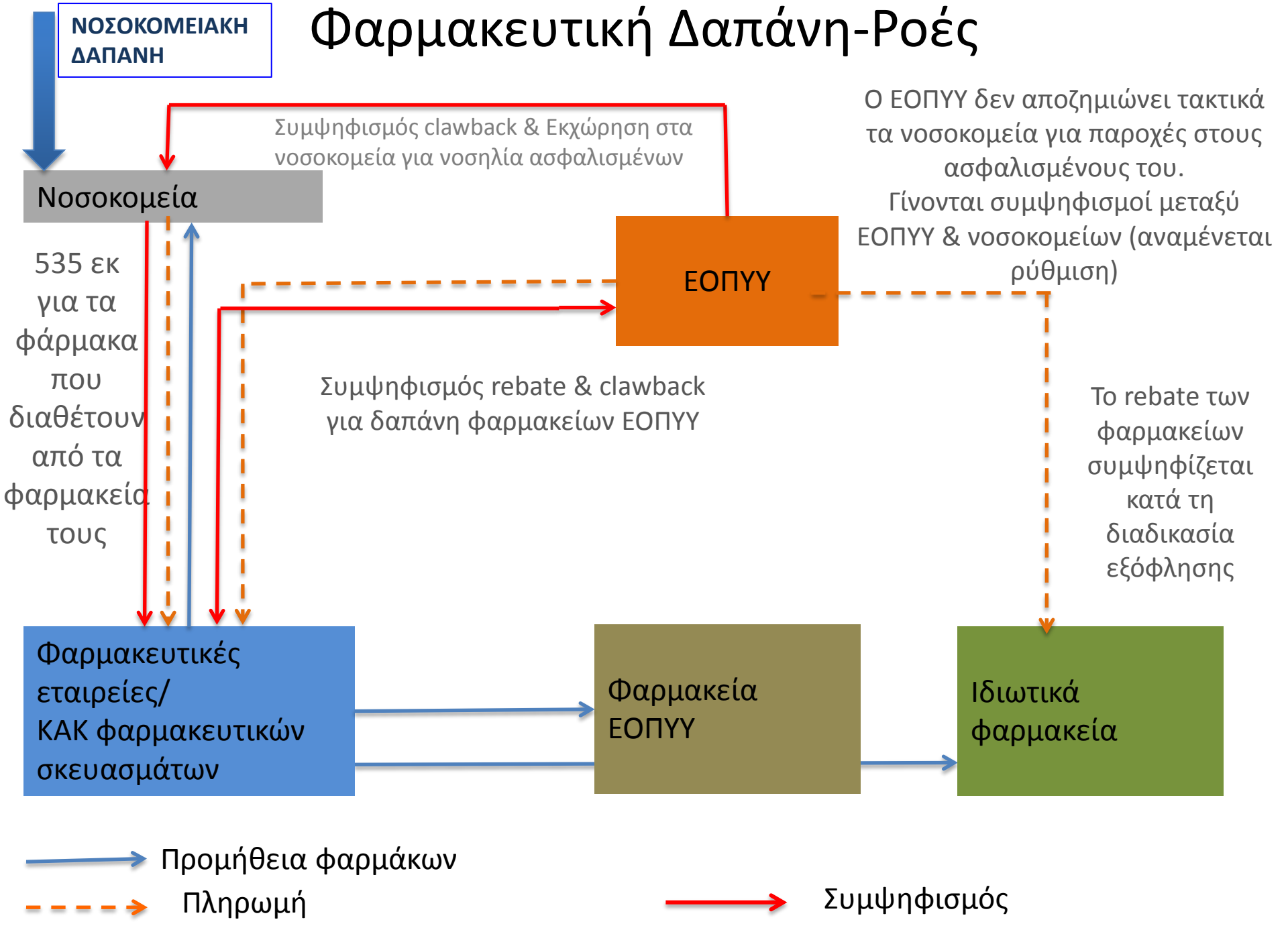
2 δις

Περιλαμβάνονται εμβόλια, οροί παράγωγα αίματος
≈ 100 εκ./
όχι rebates, ναι clawback

Το υπερβάλλον ποσό μετά το στόχο των 2 δις, δύναται να συμψηφίζεται:
α) με οφειλες ΕΟΠΥΥ προς τους ΚΑΚ για προμήθεια φαρμάκων στα φαρμακεία του
β) ή μέσω εκχώρησης στα νοσοκομεία έναντι καταβολής νοσηλίων ασφαλισμένων τους, τα δε νοσοκομεία συμψηφίζουν
Υποχρεωτικά με οφειλές τους προς τους ΚΑΚ.

Το clawback καταβάλλεται εξ' ολοκλήρου από τις φαρμακευτικές επιχειρήσεις, και όχι με βάση τη συμμετοχή της εφοδιαστικής αλυσίδας

Φαρμακευτική Δαπάνη-Ροές



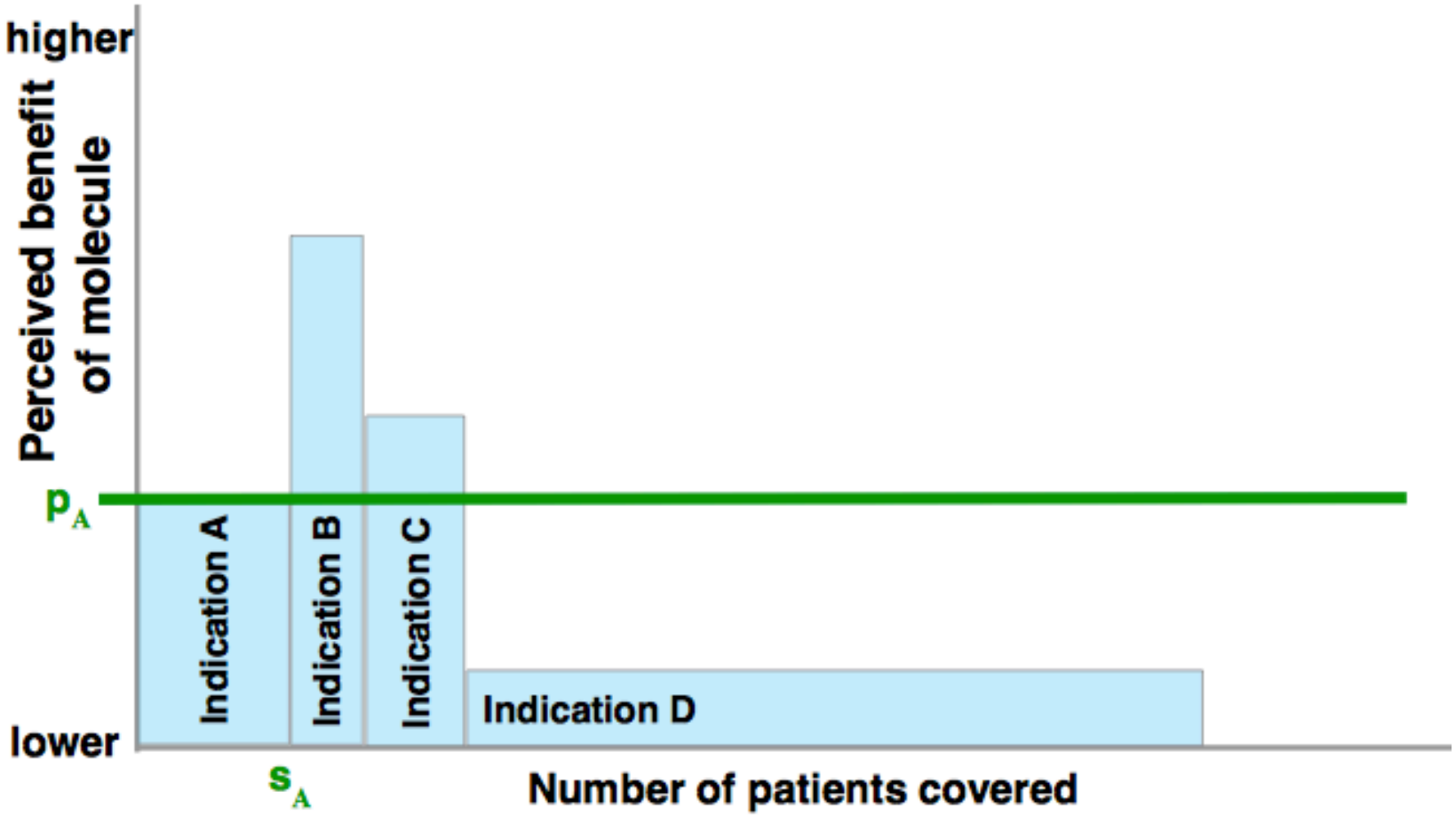
Where Does Your Health Insurance Dollar Go?

*Includes prevention, disease management, care coordination, investments in health information technologies and health support.
**Includes the inpatient costs of hospitals and the outpatient costs of hospitals and free-standing clinics.

Based on a PricewaterhouseCoopers' analysis, *Factors Fueling Rising Healthcare Costs 2006.*

AHIP

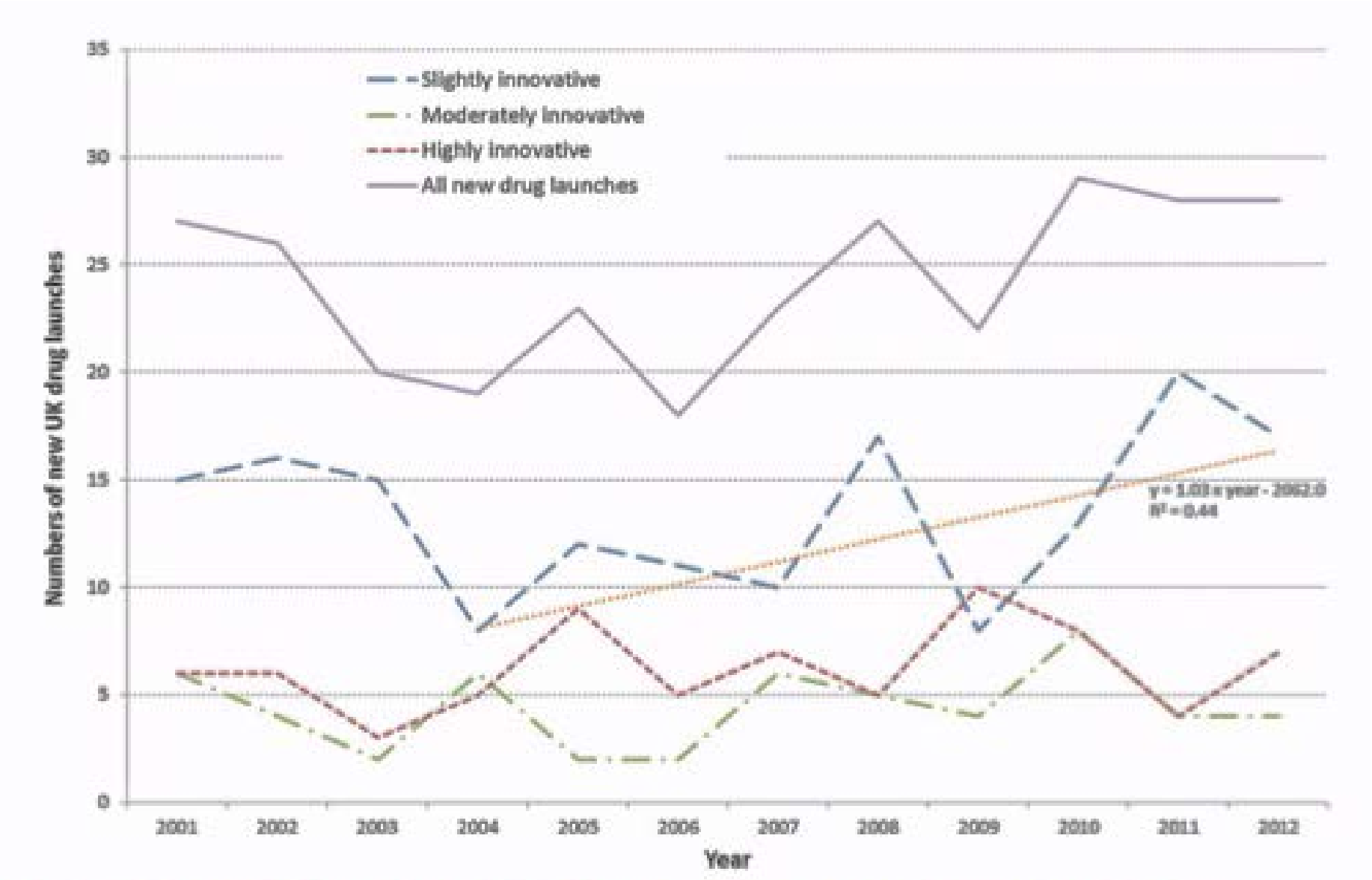
Μια λύση για όλα;



Hebborn A., (2014)

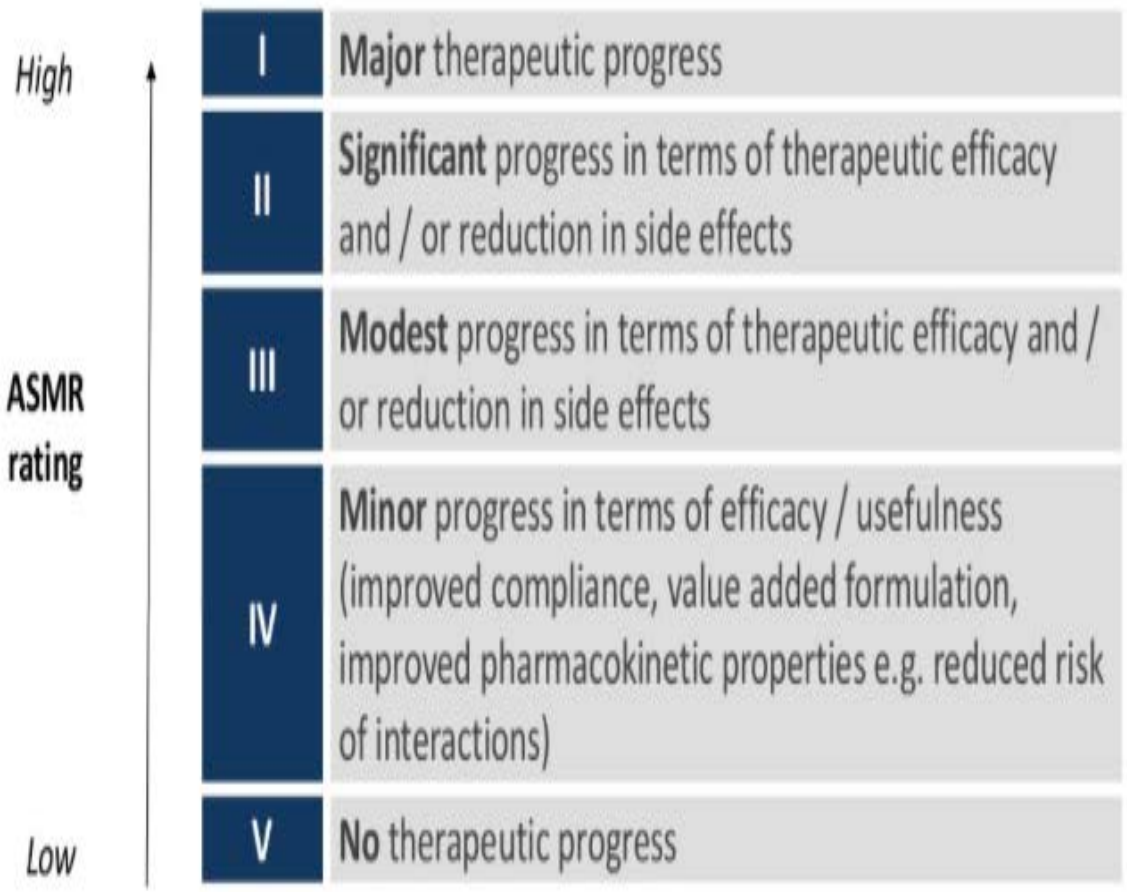
Η αλλαγή του υποδείγματος

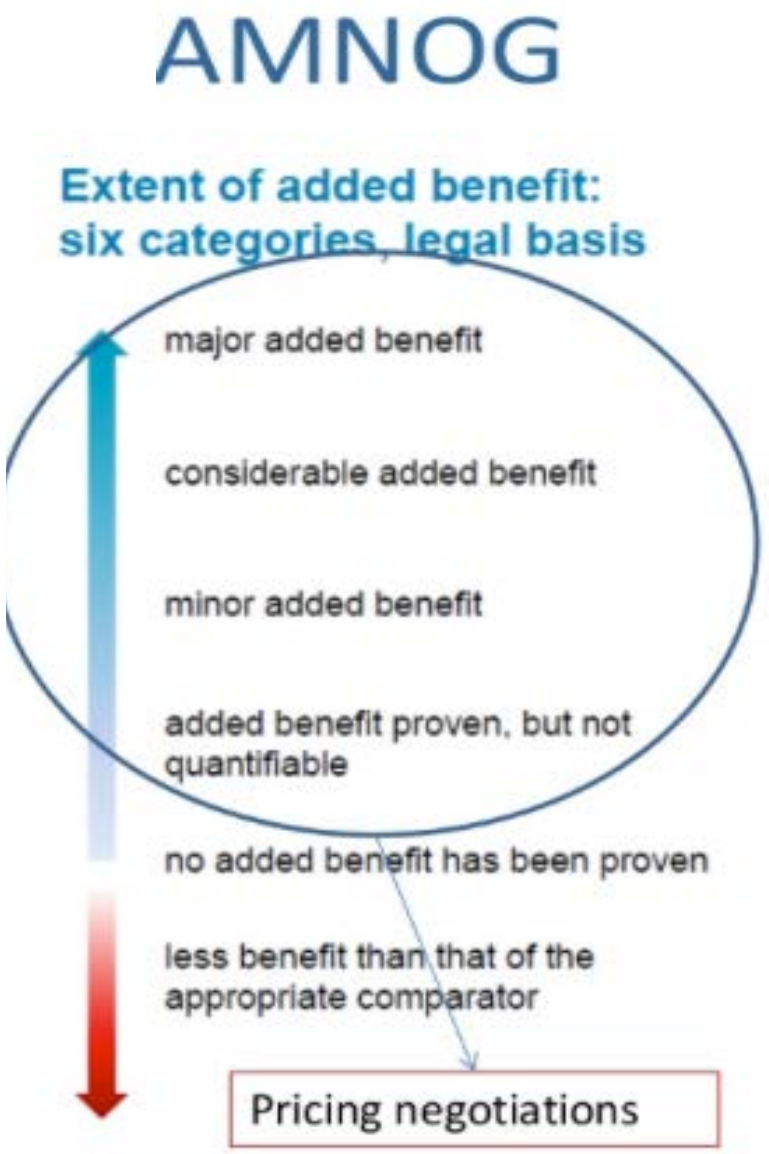
1. Αγορά καινοτόμων φαρμάκων = on-patent αγορά;



Βαθμολόγηση καινοτομίας

Transparency Commission, France





Consensus προστιθέμενης αξίας

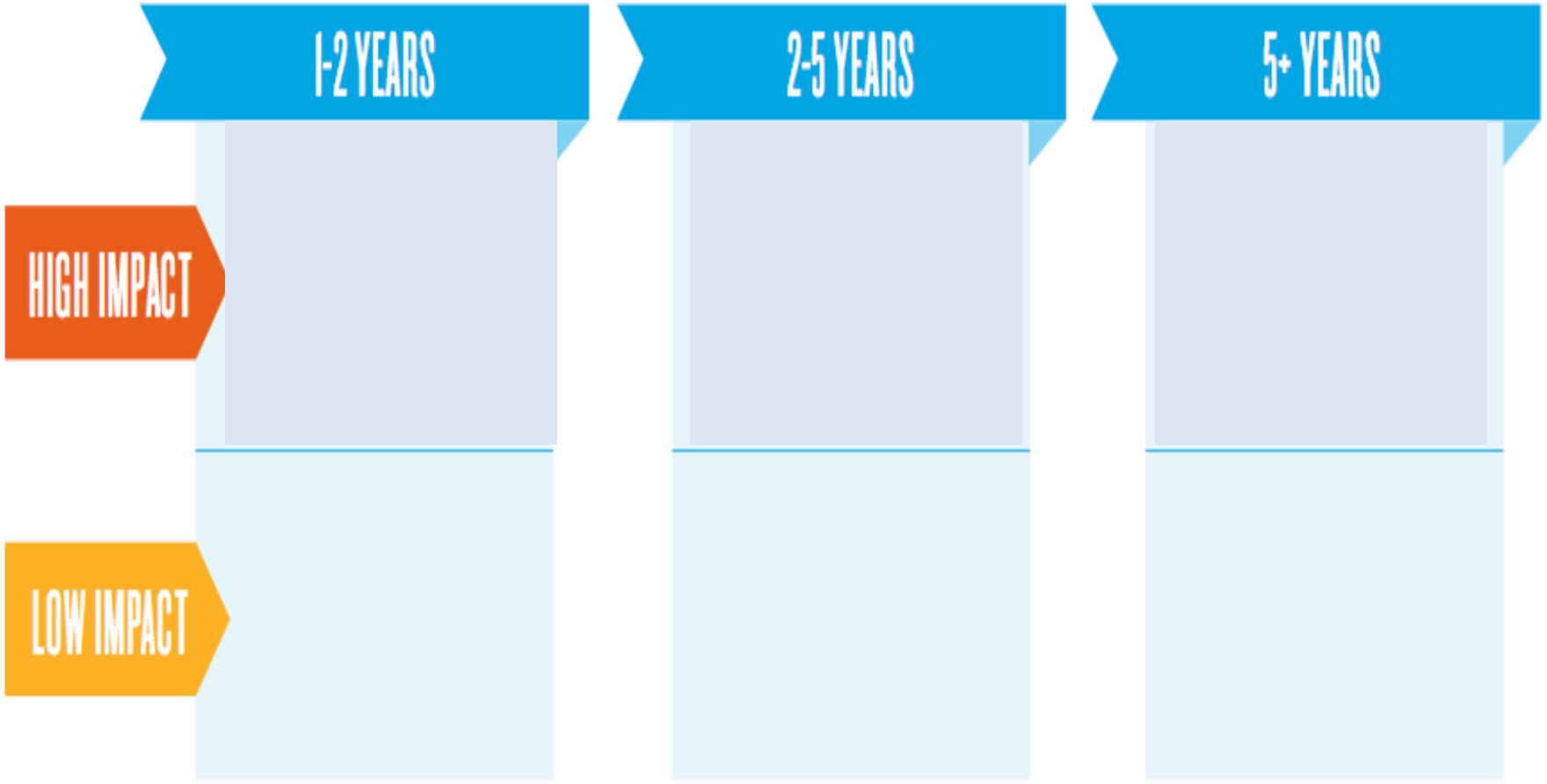
Θεραπεία	Κόστος ανά ασθενή ετησίως σε ευρώ
Νέα Δραστική Α	38.000
Υφιστάμενη Θεραπεία Α	3.000

Όφελος συνολικής επιβίωσης 5,2 μήνες
Πληθυσμός 2000-3000

2. «Ενηλικίωση» ΕΟΠΥΥ

GOVERNMENT AS A...	EXAMPLES OF KEY ACTIVITIES
REGULATOR	• Establishes and oversees post-market data collection (Risk Evaluation and Mitigation Strategies [REMS] program) – defined as condition for approval • Monitors and regulates industry communication with patients, providers, and payers on product claims
PURCHASER	• Medicare and Medicaid as a purchaser of healthcare services, including pharmaceuticals (Part B & D), provider services (i.e., payment to hospitals and providers) (Parts A, B, C) • Accesses multiple CER and other research programs through variety of agencies • Establishes positive coverage decisions contingent on ongoing data collection (i.e., coverage with evidence development [CED])
PRODUCER OF EVIDENCE	• Invests in multiple CER and other research programs through variety of agencies • Examples include NIH; AHRQ's Effective Healthcare Research Program; PCORI (public-private partnership)
SOURCE OF DATA	• Invests in data repositories across multiple federal agencies in support of research efforts; data repositories include data from variety of sources (e.g., claims, adverse drug events [ADEs], electronic health records [EHRs], surveys) • Examples include: Observational Medical Outcomes Partnership (OMOP); Sentinel; Multi-Payer Claims Database
COMMUNICATOR	• Develops and disseminates clinician, policy-maker, and patient guides based on comparative reviews • Invests in clinical decision support efforts such as academic detailing

3. Στρατηγικός Σχεδιασμός



Int J Health Serv. 1996;26(1):19-46.

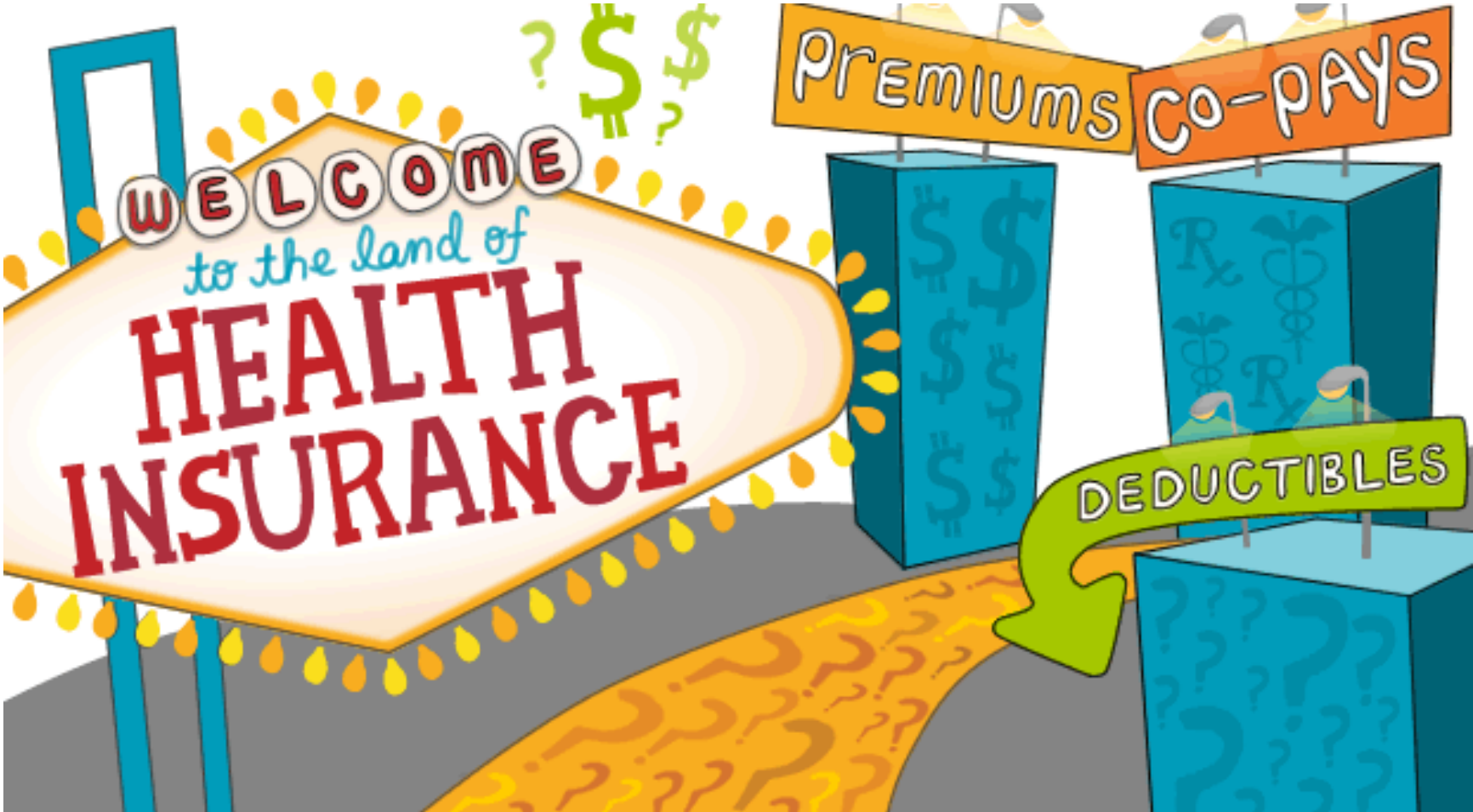
Well-healed: inside lobbying for health care reform, Part III.

[No authors listed]

Abstract

The Center for Public Integrity conducted a year-long investigation of the decision-making processes of the U.S. government during its work on health care reform. The results suggest that health care reform has become the most heavily lobbied legislative initiative in recent U.S. history. In 1993 and 1994, hundreds of special interests spent over $100 million to influence the outcome of this public policy issue. In Part III, the authors conclude their description of these special interests, including political organizations, the elderly, labor, and public interest groups and foundations. The report concludes with a discussion of how the work of Congress is influenced by political contributions to individual members of Congress and to the Democratic and Republican parties, trips sponsored by the health care industry, and investments held by members of Congress in health care-related industries.

ReBate


WELCOME
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HEALTH
INSURANCE
PREMIUMS
CO-PAYS
DEDUCTIBLES