



## Legislation Details (With Text)

<b>File #:</b>	Res 2034-2001	<b>Version:</b>	*	<b>Name:</b>	Veterans Administration to maintain co-payment levels for prescription drugs.
<b>Type:</b>	Resolution	<b>Status:</b>		<b>In control:</b>	Filed Committee on Aging
<b>On agenda:</b>	8/22/2001				
<b>Enactment date:</b>		<b>Enactment #:</b>			
<b>Title:</b>	Resolution calling upon the Congress of the United States and the Veterans Administration to maintain the current level of co-payments for prescription drugs for eligible veterans.				
<b>Sponsors:</b>	Julia Harrison, Una Clarke, Kathryn E. Freed, Lloyd Henry, Helen M. Marshall, Michael C. Nelson, Mary Pinkett, Lawrence A. Warden, Martin J. Golden, Alphonse Stabile, June M. Eisland, Karen Koslowitz, Margarita Lopez, Stanley E. Michels, Jerome X. O'Donovan, Morton Povman, Christine C. Quinn, John D. Sabini, Michael J. Abel				
<b>Indexes:</b>					
<b>Attachments:</b>					

Date	Ver.	Action By	Action	Result
8/22/2001	*	City Council	Introduced by Council	
8/22/2001	*	City Council	Referred to Comm by Council	
12/31/2001	*	City Council	Filed (End of Session)	

Res. No. 2034

Resolution calling upon the Congress of the United States and the Veterans Administration to maintain the current level of co-payments for prescription drugs for eligible veterans.

By Council Members Harrison, Clarke, Freed, Henry, Marshall, Nelson, Pinkett, Warden, Golden and Stabile; also Council Members Eisland, Koslowitz, Lopez, Michels, O'Donovan, Povman, Quinn, Sabini and Abel

Whereas, The increasing cost of prescription drugs has created a crisis for most older Americans; and

Whereas, In the July 16, 2001 issue of Federal Register, the Department of Veterans Affairs (the "VA") proposed raising the co-payment for prescription drugs for eligible veterans from \$2 to \$7, up to a maximum of \$840 per year with the increase taking effect in late 2001 and continuing through December 31, 2002; and

Whereas, Under the Veterans Administration (VA) proposal, following that date, the co-payment and the cap would rise each year with the prescription drug component of the Medical Consumer Price Index; and  
Whereas, In order to cut costs, Congress established seven categories of veterans, giving higher priority for health care access to veterans with service-connected wounds, disabilities and health problems and the very poor; and

Whereas, There would be no cap on co-payments for veterans in "priority category 7," those who have no service-connected medical problems, earn more than \$10,000 yearly for a single individual and \$12,000 yearly for a couple, and who have agreed to make co-payments; and

Whereas, Many veterans in category seven, especially the elderly, earn very little more than \$10,000 and would be severely impacted by increased co-payments if they must take several prescription drugs daily; and

Whereas, The VA noted that 1.1 million veterans averaged 47 30-day prescriptions last year costing \$94 in co-payments which, under the proposed rules, would cost \$329 in co-payments and increase the VA co-payment receipts from \$101 million in 2000 to \$250 million; and

Whereas, While the VA gets discounts for volume buying, a VA spokesman was quoted in a August 8, 2001 Newsday article, "Vets Face Rise in Drug Co-Payments" as stating that "Our spending on medical care is far exceeding our budget because of the high prices of drugs. We've tried to protect veterans' pocketbooks as long as we could"; and

Whereas, The VA proposal is subject to review within the VA and by Congress; now, therefore, be it

Resolved, That the Council of the City of New York calls upon the Congress of the United States and the Veterans Administration to maintain its current level of co-payments for prescription drugs for eligible veterans.

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MB:ts  
08/15/01

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