EDITORIAL

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NATIONAL HEALTH PROGRAM.

ON ONLY three occasions has the House of Delegates of the American Medical Association met in special session; *first*, when our country was at war; *second*, when the Social Security Act was under consideration by Congress; and *third*, on September 17 and 18, 1938, to consider the National Health Program submitted at the recent National Health Conference and to establish the policies of the Association with respect to the five proposals which constitute the program. (See page 537.) In order to acquaint our members with the actions taken by the A. M. A. House of Delegates, the following is quoted from an editorial appearing in the *A. M. A. Journal*, September 24, 1938:

"Briefly, the House of Delegates recommended expansion of public health services, as related to the control of certain infectious diseases, maternal and infant welfare and similar projects, with the definite understanding that the need be established and that they be efficiently handled and economically controlled. The House of Delegates approved the principle of hospital insurance, again with the understanding that it cover only the facilities of the hospital, and that professional standards be maintained. It approved the principle of cash indemnity insurance for meeting sickness costs, provided these efforts meet the requirements of state laws and that they have the approval of the county and state medical societies under which they operate. The House of Delegates again recognized the need for complete medical services to the indigent, at the same time emphasizing the desirability of local control. The House recognized that the necessity for state aid might arise in poorer communities and that the federal government might need to provide funds when the state is unable to meet these emergencies. The needs of the medically indigent were considered, and a definition of medical indigence was supplied. Here the House felt that the determination must be made locally as to the group covered by this term, that control of the service should lie with local administration, and that available facilities should be utilized before new facilities were provided. Thus, the House of Delegates felt that there was but little need for the building of new hospitals or the establishment of new diagnostic centers, provided better utilization of hospitals and laboratories already functioning can be devised.

"Again the House of Delegates stated its firm opposition to any compulsory sickness insurance plan. Finally, it approved protection against loss of income during illness.

"The members of the American Medical Association will do well to read, if not even learn, the principles established by the House of Delegates. Every member should do all that he can to inform the public concerning these actions. The Association has not abandoned any of its policies for the maintenance of professional standards. It has, however, again recognized the importance of securing wider distribution of medical service."

The term "medically indigent" was defined as follows:

"A person is medically indigent when he is unable, in the place in which he resides, through his own resources, to provide himself and his dependents with proper

medical, dental, nursing, hospital, pharmaceutical and therapeutic appliance care without depriving himself or his dependents of necessary food, clothing, shelter and similar necessities of life, as determined by the local authority charged with the duty of dispensing relief for the medically indigent."

It was recommended that a Federal Department of Health be established with a secretary who shall be a Doctor of Medicine and a member of the President's Cabinet. In order to facilitate the accomplishment of these objectives, a Committee representing the practicing profession was appointed to confer and consult with the proper Federal representatives relative to the proposed National Health Program. These decisions and arrangements indicate the possibility that the outstanding differences between the profession and the Federal representatives may be adjusted and that progress is being made.—E. F. K.

A GOVERNOR SPEAKS TO PHARMACISTS.

DURING the recent annual meeting of the New Hampshire Pharmaceutical Association, Governor Francis P. Murphy delivered an address which shows that careful thought had been given to the problems of the pharmacists of that state and in which some definite suggestions for their solution were advanced. The following quotations from the address were selected because in them are comments and suggestions dealing with two proposals which this Association has favored.

The first deals with the distribution of drugs by other than pharmacists.

"Gradually, the courses of study in these schools have been lengthened and the scholarship demands have been made more and more exacting, resulting in a steadily increasing standard of scientific knowledge and technical skill in the profession.

"Strange to note, however, while the demands for an ever higher degree of professional excellence have successfully been met by the pharmacists as a whole, the manufacture on a large commercial scale of many official preparations which in past times were made in the laboratories of the pharmacists themselves, has brought about a great change in the work of the individual practitioner and created for him a problem which has required clear thinking to meet, and which will require vision and courage completely to solve.

"The commercial aspect of this problem, which has been more strongly developed in this country than elsewhere in the world, has made it apparent that our present New Hampshire Statutes regulating the sale of drugs are greatly in need of strengthening, especially to prevent the development of establishments which, while outwardly having the appearance of drug stores, lack the authorized presence of a pharmacist who is qualified on the basis of professional knowledge and empowered by license of the state to deal in drugs.

"At the last session of the legislature, a bill relating to the promiscuous sale of drugs was under consideration but failed of passage. That measure, among other things, would have made the vending of drugs and remedies by other than drug stores subject to license annually by the State Pharmacy Commission.

"When it is considered that out of a total of about $700,000,000 expended by the people of the United States for drugs, less than $200,000,000 was spent on prescriptions of physicians, it will be seen that the business of distributing home remedies and patent medicines is very, very great.

"Now that the profession of Pharmacy has advanced in scope and in standards of preparation, education and skill to a point where it may in confidence and helpfulness stand at the right hand of Medicine, it is time to recognize the dignity to which the profession has attained and to that end to place a reasonable restraint upon the distribution of drugs by other than pharmacies by requiring that such vendors be subject to license by the state.

"No one will question the right of the pharmacist to protection against those who operate in his field but who do not possess his professional qualifications, and surely, if it has been found desirable during these many years for the state to license qualified pharmacists, the public health interest is no less entitled to receive the protection of the state in its dealings with those who are not pharmacists."

The second quotation deals with the representation of Pharmacy on Boards of Health which is of increasing importance in view of the extension of public health activities affecting Pharmacy.

"The work of the pharmacist is closely bound up with that of the physician. The community of interest which exists between them has already been recognized by the general court which has written into our health laws an arrangement whereby the State Board of Health and the State Pharmacy Commission have a coöperative responsibility for enforcing the statutes relating to the sale of drugs.

"The coöperation, undertaken in view of the close relationship of Pharmacy with the problems of Public Health, will undoubtedly be further developed in the future and I can see the day coming when ethical Pharmacy as one of the most useful and valuable of all health agencies, will be represented by membership on the commission to which the people of New Hampshire entrust general supervision and control of these matters, The State Board of Health.

"It is high time that the public become fully aware of the responsible nature of the pharmacists' work and that we all realized how essential are their trained services in connection with the manufacture and the storage of medication and the dangers involved in its distribution."

Pharmacy in New Hampshire and in every other state in the Union is indebted to Governor Murphy for this contribution.—E. F. K.

POLICIES OF STATE BOARD OF PUBLIC ASSISTANCE WITH RESPECT TO MEDICAL CARE.

UNDER this title the State Board of Public Assistance, Commonwealth of Pennsylvania, approved on September 14, 1938, a program which "must, in all countries, provide necessary non-institutional medical care for public assistance cases" and which "for the present, shall include medical service (allopathic, homeopathic, osteopathic), pharmaceutical and dental." Other important provisions of the program are:

The program must, in all counties, provide necessary non-institutional medical care for public assistance cases.

The state will begin its program by enlisting the services of presently constituted elements of professional organizations. Whether this will result in the satisfactory rendering of medical care will be initially under the control of the healing arts professions themselves.

All regularly licensed members of the healing arts professions covered by the program shall be eligible to participate so long as they indicate, by their activities, a willingness to coöperate with

other members of their profession in the conduct of the program. State and County Healing Arts Committees will have the power to regulate participation.

Assistance cases shall have free choice of practitioner.

It is the experience in other countries that where a program of state supported medical care is established the amount of care requested increases several times.....Only the professions, themselves, can determine whether requests for medical care need care, or whether they do not. The state will expect the coöperation of all practitioners in sorting out the cases which should have care from those which evidently do not need it.

It will be entirely within the province of the healing arts professions to regulate their members' activity. Where the total bills approved are greater than the allocation to the county for the month, the representatives of the professions serving on the committees have the duty of reducing the bills from each practitioner on a pro rata basis.

There shall be a State Healing Arts Assistance Committee and, in each county, a County Healing Arts Assistance Committee.

The State Healing Arts Assistance Committee "shall be composed of one person from each of the persons participating in the medical care program" and will act as a contact body between the State Board of Public Assistance and the County Committees. The latter shall also be composed of one member from each of the participating professions and "each profession shall select, in addition to its individual to serve on the committee, two others. The three so selected shall comprise a sub-committee for the purpose of approving bills submitted by practitioners, for settling disputes, and for taking any disciplinary action required by the activities of members of their respective professions."

A routine to be followed is detailed. The pharmacist can only accept prescriptions on a blank (four copies) provided by the state and after their approval by the County Assistance Office. After filling the prescription one copy is retained and three copies are sent with full information to the pharmaceutical sub-committee which will review and approve the bill.

It is stated that if the County Committees do their work promptly and accurately, it should be possible to pay all bills within the month following the month in which the service was rendered. Since it is impossible to accurately estimate the demand for medical care, under the program an allocation was made for the period to January 31st and later allocations will be adjusted as experience indicates. When the total amount owing to all practitioners exceeds the allocation for that month, each practitioner's total amount will be reduced proportionately. The following exception is made.

"The scale of pharmacists' allowances will be based upon cost plus a very small profit. They will, therefore, not be asked to share in a proportionate reduction of their bills, but will be paid in full before the doctors' bills are allowed."

A scale of pharmacist charges is established and "all other prescriptions will be compounded with U. S. P. and N. F. preparations or ingredients at a dispensing price, of cost, plus $.05 for container, plus $.20 professional fee, total cost not to exceed $.50 a maximum."

This program seems to warrant consideration by all who are interested in this important movement.—E. F. K.