PHARMACY AND RELIEF MEDICINE IN PENNSYLVANIA.*

BY E. P. GUTH.[1]

Throughout the entire United States, the problem of giving adequate medical assistance to persons on relief, has been dealt with in several ways, by the various authorities involved. In Pennsylvania, in September 1938, the Department of Public Assistance began a program giving medical assistance to persons on relief, by using the already established professional healing arts agencies. This program provides for necessary non-institutional medical care for public assistance cases in all counties of the Commonwealth. The State enlisted all the constituted elements of professional organizations in beginning its program. It plans to allow these organizations to continue the policy as long as the professions themselves render satisfactory control. All duly licensed members of the healing arts professions are eligible to participate as long as they indicate their willingness to coöperate with other members in conduct of the program. This system allows for free choice of practitioner by the patient. The physician is instructed to exercise his own opinion as to what constitutes adequate medical care. He is charged with the responsibility, to control an inflated demand for services. He has the right to refuse service when he feels none is required.

Briefly, the program operates as follows. A person on Public Assistance rolls may call on the physician of his choice, or he may have the physician call at his home. (Physicians, dentists, nurses, osteopaths and homeopaths operate on set fees.) The physician may administer any treatment necessary, or he may write a prescription on special forms supplied by the state. Five copies of the prescription are written, four copies of which are given to the patient who must then take or mail them to the County Office of Public Assistance for validation, before he presents them to the pharmacist for filling. In emergencies, the prescription may be filled before validation. The patient signs for the medicine and the pharmacist completes the blanks with the necessary information (name of store, address, name of pharmacist filling the prescription, number, date, price, etc.), and forwards three copies to the Sub-Committee of the County Healing Arts Assistance Committee, which committee will review and approve the price of the medicine. It is also the duty of this committee to disapprove invoices for services, which seem to have been rendered when they should not have been. Any disputes arising are to be settled by the County Board of Public Assistance and the County Healing Arts Assistance Committee. The bills, when approved, are forwarded to the County Healing Arts Assistance Committee. This Committee must keep the total expenditures of the County within the allotted sum.

The program is financed through state relief appropriations, each County being allotted a definite sum each month. Should the sum be sufficient to cover all expenditures, all bills are paid in full. If the amount is not adequate to cover all bills, then invoices for medicine are paid in full and invoices for services of physicians, dentists, etc., are pro-rated. Any surplus money remaining after all invoices are paid reverts to the Department of Public Assistance.

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The medicinals permitted to be prescribed (Effective June 1, 1939) are U. S. P. and N. F. compounds and preparations, Insulin, Zinc Insulin, Insulin Syringes and needles, Cofron Elixir, Ipral Tablets, Lextron Capsules, Lirimin Capsules, Nembutal Capsules, Oratal Sodium Capsules, Sulfanilamid Tablets, Ventriculin, Bandages and other similar surgical supplies. (Prior to June 1, all proprietaries were permitted to be prescribed.) The pricing of prescriptions is based on a general formula. For prescriptions containing one official compound or preparation, the price is obtained by adding to the cost of ingredients, five cents for container, and twenty-five cents for compounding fee; for prescriptions containing more than one official compound or preparation the compounding fee is fifty cents; for proprietaries, a 30% mark-up is permitted with no mark-up less than twenty-five cents; Insulin and Zinc Insulin, all sizes, fair trade; Insulin Syringe and two needles, $1.35; Insulin needles, 15c each or 2 for 25c; Cotton, surgical gauze, etc., carry a 30% mark-up. Exceptions to the above prices are Cod Liver Oil, Mineral Oil and Rubbing Alcohol pints, and Milk of Magnesia, quarts, which price shall not exceed 50c. Serums, antitoxins, vaccines and drugs for syphilitics cannot be prescribed as these are furnished either by the State Department of Health, or by the city, as is the case with Philadelphia and Pittsburgh. Relief prescriptions may not be refilled.

Statistics on costs for the operation of the program in the state, are now available for the first six months, beginning with September 1938, and ending February 1939. The total allocation for the state in September 1938, was $58,925. Total expenditures were $16,535 of which the pharmacists received $722. In February 1939, the total allocation was $141,640. Total expenditures were $141,233 of which $20,053 were paid to the pharmacists. For the first six months, the pharmacists of the state received a total of $61,383. It is indicated that expenditures for medicine in March and April will equal or exceed the total expenditures for the first six months of the operation of the program. Since this is a sizable figure, a survey was made by the writer, in Pittsburgh in order to get some idea as to the amount of business done in relief prescriptions in this area, and to obtain a cross-section of opinion of pharmacists as to what they think of the program in general. Pharmacists were contacted by questionnaire and by personal visit. The local committee members who were also contacted were able to supply valuable information.

As would be expected, the stores doing the most of the relief prescription business were located in the poorer districts. Those in better districts filled none, or too few to be of consequence. Stores in communities that would be considered average communities, filled from five to fifteen relief prescriptions per month. One store in a poor section filled 550 relief prescriptions in one month; another store reported filling around 3000 since the beginning of the program; other stores reported averages of 200 per month. In Allegheny County, approximately 56% of the pharmacists are participating in the plan at the present time. In September 1938, with 14% of the pharmacists in Allegheny County participating the total amount received by them for medicines was $239. By March 1939, approximately 56% of the pharmacists were participating. They will receive about $12,000. Figures for April are not yet available, but indications are that expenditures for

medicine in this month will greatly exceed those of March. The local committee expects a decline during the summer months.

Payment of bills by the state has been delayed about four months. This delay is causing considerable hardship on those pharmacists who have filled many relief prescriptions. In some instances the credit of the pharmacist has been impaired. One pharmacist claimed to have had more than $2000 due him from the state. Other pharmacists having smaller amounts overdue are not seriously affected financially, but nevertheless they are disturbed over the delay in payment. Slowness in payment is partly the fault of the state, and partly the fault of the pharmacist. All bills must be in the hands of the local committee by the fifth of the month following treatment. As a result all the bills come in at once. These bills are first segregated as to district, then checked for price and validity. Pharmacists on this local committee donate their time to this work, and most of them can work only one or two hours a day. The pharmacists, themselves, delay the work by not adhering strictly to the requirements of the plan. When the pharmacist does not price the prescription correctly, or leaves off some other required information, the prescription is returned to him for correction or completion. At present, four weeks are required for checking of all invoices by the local committee. Another four to six weeks are used by the county and state committees.

So much for the working of the program up to the present time. Volumes of statistics are available and much could be said about them but the purpose of this survey was to get some idea as to what the pharmacist thinks about the plan and where it may lead. It is not inconceivable that the present program may result in the establishment of socialized medicine and pharmacists were questioned on this subject. About 40% of the pharmacists interviewed believe that socialized medicine is necessary and that this relief plan is leading to that end. About 30% believe that socialized medicine will not come; the remainder had not come to any conclusion. It was usually the younger pharmacist who believed that socialized medicine was not only necessary but inevitable. Another question put to the pharmacist was: Is the necessity of prescribing official drugs on relief prescriptions any influence on the type of drugs prescribed on regular prescriptions? The majority of pharmacists were agreed that physicians were becoming more U. S. P. and N. F. conscious as a result of this program. An interesting point in this connection was that for a while the physicians were allowed to prescribe any proprietary, because they complained that they could not give adequate medication when limited to official drugs. As a result, many expensive preparations were prescribed, some costing as much as $15. It soon became evident to the physicians however, that this procedure was taking money out of their own pockets, because the pharmacist was getting his full price for the medicine, and the more money paid out for medicine left less to be paid out to the physician. For April, one of the months in which proprietaries were permitted, the physician will receive approximately 36% of his bill submitted. Some pharmacists have advertised for relief prescriptions, believing that it would have a general effect on their regular business, but any increase in business as a result of this procedure has been so slight as to be inconsequential. The principal effect has been a general increase in prescription stock. Other pharmacists do not care to participate in the plan either because they do not want to be bothered with it or because they are opposed to relief systems in general.

The members of the local committees recognize many faults with the operation of the present program and are discussing ways to correct them. They believe that an allotment covering twelve months instead of the monthly allotment would give them a better opportunity to meet the required expenditures. Some members think that the pharmacist's compounding fee should be subject to reduction as is the service fee for the practitioner in case the allotment is not sufficient to pay all the bills in full. The present plan of paying the pharmacist in full and reducing the physician's service charge is not conducive to complete coöperation between the pharmacist and the physician. More exact methods of pricing prescriptions, especially as to cost, are necessary. More efficient methods of handling the thousands of invoices must be devised. Finally each member of the healing arts professions must see to it that his own conduct in participating in the system is above reproach. Certain bad practices, wilful or unwilful, by a few, and these are not necessarily all pharmacists, should stop at once if the operation of the program is to remain in the hands of present constituted agencies.

THE HOSPITAL PHARMACIST AND THE DIABETIC.*

BY MITCHELL STOKLOSA.[1]

Eighteen years ago, insulin was isolated by Banting and Best who succeeded in preparing an extract which, when injected into depancreatized dogs, was able to keep them alive. This epoch-making discovery by the eminent Toronto workers proved conclusively that diabetes mellitus is "a disturbance of metabolism caused by a deficiency in insulin secretion from the pancreas." As a result of these successful research endeavors, insulin was made available to the world; indeed, it came to the rescue of the diabetic. Four years ago, medical science took another step forward in the treatment of diabetes when Dr. Hagedorn of Copenhagen made known to the medical world the isolation of a new preparation called protamine insulin.

Research workers in manufacturing pharmacy, being accorded the privilege of coöperating with the University of Toronto, have contributed to the cause by their development of a process for the manufacture of insulin on a large scale; further, pharmaceutical research has coöperated in carrying on successful investigations which have resulted in the preparation of a purer, a more nearly uniform and a more nearly stable hormone; and finally, fruitful research in Pharmacy has made insulin commercially available through the pharmacist.

Because the diabetic depends upon the pharmacist for his supply of insulin, it seems inevitable that he will also turn to him for all other special requisites. Obviously then, the rôle of the pharmacist in relation to the diabetic patient is one of aid and service. Possessing a comprehensive knowledge of this prevalent disease and a thorough understanding of the many perplexing problems which confront those who are afflicted with it, the pharmacist can do his part in helping the dia-

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