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Maine at Front Line in Fight Over the High Cost of Drugs

By ROBIN TONER

The anxiety, the sense of grievance and most of all the anger fill the meeting room at a residence for the elderly in Augusta, Me. It is another day on the barricades in Maine, where the political rebellion against the soaring cost of prescription drugs, now brewing around the country, may be at its peak.

Norman Quirion, a 70-year-old retired police officer, says it is just not right that he has to make "a drug run" to Canada, where prices are far lower, to afford the medicines he and his wife so badly need.

He chokes up when he talks about a neighbor's solution to the problem: one month, the husband gets his medications, the next month, the wife gets hers.

Dorothy Merrick, a 78-year-old retired social worker, says she fumes when she watches the drug companies' television commercials — "they're so elaborate, like Flo Ziegfeld" — and thinks about how much they add to the price of drugs.

Around the country, the cost of prescription drugs has become the issue that will not go away.

Spending on medications was up 17.1 percent last year, 18.8 percent the year before. This month, Congress will embark on what has become a pre-election ritual: trying to pass a law that provides relief to older Americans. The chances of actually succeeding this year are considered slim, but the pressure for action is so strong that lawmakers dare not ignore it.

Nowhere is the political debate over the drug industry more intense than in Maine, with its easy access to Canada, where prices are regulated and the cost differences are often achingly apparent. Support for expanding drug benefits, regulating prices and allowing imports from Canada runs across party lines here.

Groups periodically organize buying trips across the border. Organizers of one such trip said their last run saved 25 people \$18,000.

Most significant, the state has approved two groundbreaking programs to lower drug prices for the elderly and the uninsured, measures fought hard by the industry.

Now, the state has a Democratic candidate for the United States Senate, Chellie Pingree, who is building her campaign on the issue.

Ms. Pingree, the former majority leader in the State Senate, was instrumental in passing the Maine Rx law, which tries to force companies into price negotiations with

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the state to lower drug costs for the uninsured. She is described as "the industry's worst nightmare" by Representative Tom Allen, another Maine Democrat and critic of the pharmaceutical industry. She is seeking to unseat the Republican incumbent, Senator Susan Collins.

On this day, Ms. Pingree was promising elderly supporters at the Margaret Chase Smith House that she would take her hard-nosed approach to Washington.

"We shouldn't have to pass this bill in Maine, then in New Hampshire, then in Virginia," Ms. Pingree, 47, said. "They ought to have a Medicare prescription drug benefit, and they ought to negotiate for a really good price. That's why I decided to run for the U.S. Senate — if we could do this in Maine, if we could pass this law in Maine, we can do it in Washington."

Hers will be an underdog campaign; Charles Cook, a nonpartisan political analyst, rates this race as "likely Republican." For one thing, said Steve Abbott, chief of staff for Senator Collins, Ms. Pingree is "not running against someone who opposes prescription drug reform."

Indeed, said Christian Potholm, a government professor at Bowdoin College, "even conservative Republican candidates say we've got to do something about prescription drugs. When everybody says it, it's not a wedge issue anymore." This week, in what appeared to be a further attempt to blur the issue, the state Republican Party took a swipe at Ms. Pingree for owning shares in a mutual fund with pharmaceutical industry holdings.

Anthony Corrado, professor of government at Colby College, said of Ms. Pingree, "She probably has a pretty tough row to hoe against Susan Collins, who's been a very good moderate Republican, a tradition Maine tends to like."

But Ms. Pingree does give voice to the frustration of many activists who have watched the two parties, year after year, deadlock over health care in Washington. Despite years of campaign promises, Congress has yet to produce a drug benefit for the Medicare program, stymied by budget constraints and philosophical divisions. About a third of the elderly have no coverage for outpatient prescription drugs; many more have limited and unreliable coverage.

"You have to start with a bold idea," Ms. Pingree said in an interview. "Because what we found was the public was right there with you. You lay it out for them, and they were right there: 'It's not fair!'"

In a television commercial recently run in Maine, a series of elderly supporters talked about Ms. Pingree as a populist champion who took on the powerful drug lobby.

"The fact that Chellie just stood right up to the pharmaceutical companies says an awful lot about who she is," one supporter says.

"They flew lobbyists in here from all over," says another.

"She was tireless in pursuit of getting that bill passed," says a third.

Ms. Pingree closes the commercial by declaring, "You just have to be willing to get

into the fight."

Such talk is a measure of the drug industry's political difficulties here. The commissioner of the state's Department of Human Services, Kevin Concannon, said in an interview that he had great respect for the industry's breakthrough drugs, but added: "My problem is the intractability of the industry and their unwillingness to be fair and reasonable around the issue of pricing. They're so heavy-handed, it reminds me of the tobacco industry."

At one point, he said, he told Gov. Angus King, an independent, " `Even if this bill bogs down, if nothing else we will create a flurry of activity at the Portland airport, with the lobbyists coming in' — and we did."

In the end, Maine Rx was passed and signed into law, but was challenged by the industry lobby, the Pharmaceutical Research and Manufacturers of America, and is currently tied up at the United States Supreme Court. The industry contends that the law is an unconstitutional regulation of interstate commerce, a charge the state disputes.

Another program, Healthy Maine Prescriptions, uses the purchasing power of the Medicaid program to provide discounts of up to 25 percent to low- and moderate-income people. (People with incomes up to three times the federal poverty level, or nearly \$26,000, are eligible.) The industry lobby argues that Healthy Maine Prescriptions and Maine Rx are both improper uses of Medicaid, the federal-state health program for poor people. But Healthy Maine Prescriptions has begun operation.

Mr. Concannon and Ms. Pingree both said they were frequently invited to other states to share the details of their struggle.

Spokesmen for the drug industry warn that price controls will inevitably cut into revenues and the amount of money available for research — which, they say, is responsible for all the wonder drugs now coming onto the market. They acknowledge that they have fought hard in Maine and elsewhere, but say they make no apologies for it.

"We believe the future of medicine is really at stake in this debate," said Jackie Cottrell, a spokeswoman for the industry lobby. "We really view this as a question of whether we'll be able to continue the pace of development in bringing new medicines to patients. It shouldn't surprise anybody that we would be very aggressive in trying to fight proposals that are going to stifle the research."

Ms. Pingree says coolly, "I have a feeling they'd prefer not to have me in the Senate." Mr. Allen, the Democratic Maine congressman, is blunter: "If that race becomes a close race, there is, in my opinion, no limit to the amount of money they will spend to defeat Chellie Pingree."

Maine is politically telling in another respect: the heavy focus on controlling the cost of drugs, rather than simply creating a new government drug benefit. A similar theme comes through in a commercial recently broadcast for the re-election of Senator Paul Wellstone, Democrat of Minnesota. "Tell him to keep fighting for lower prescription drug costs."

In several border states, including New Hampshire, the issue is expected to loom particularly large, but it is increasingly expected to cut across regional and demographic lines. Mr. Allen, who has been highlighting and campaigning on the issue for several years, said, "Maine may be ground zero, but this is a national fight."

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