

Personal importation of brand-name medicines a key element of comprehensive approach to lowering prescription costs

A comprehensive approach, including personal importation of medicines, is vital to ending Pharma charging what traffic will bear

ST. LOUIS, MISSOURI, USA, February 17, 2016 /EINPresswire.com/ -- The publisher of [RxforAmericanHealth](#) says that a recent article in the Harvard Business Review that claims that ‘cheap drugs’ from Canada will not reduce prescription drug prices fails to acknowledge the harm to Americans’ health and well-being, as well as that of society overall, by Pharma charging



what “the traffic will bear” based solely upon its profit motives for prescription medicines.

Daniel Hines notes in his blog at [RxforAmericanHealth](#) that the conclusion that ‘cheap drugs’ from Canada won’t lower prices simply because no one believes that Pharma will “lean back” and “allow” personal importation simply because they are “selling drugs at a terrific discount to Canada and other countries” does not address the harm done by the long-running opposition by Pharma to personal importation of brand-name medicines, and gives it a ‘license’ to continue its pricing abuses in the name of profit.

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Daniel Hines

“Pharma has no inherent authority to either ‘allow’ or ‘disallow’ Americans from personally importing their medicines,” Hines notes, explaining that this is clearly the

prerogative of the U.S. Congress.

“That is why over the past 15 years, Congress has passed or considered many bills in support of personal importation of medicines, only to see behind-closed-door deals with PhRMA, the trade group of the Pharmaceutical industry leading to the passage of the Affordable Care Act (Obamacare); ‘poison-pill amendments from legislators, who are recipients of Pharma’s contributions, to require ‘certification’ by the Secretary of Health and Human Services of each and every medicine personally imported; Pharma-led efforts directed at personal importation claiming to protect product safety or intellectual property rights that were turned aside because of public outcry that the legislation would have trampled on individual liberties.”

Hines says the extent of the healthcare crisis that has been generated by the excessive costs of prescription medicines making them a major driver of rising health care costs, calls for a comprehensive, coordinated approach to lower drug prices.

“There is a distinct role for personal importation of medicines as part of strategies that will help end the crisis caused by the pricing practices of Pharma that have denied millions of Americans access to their prescribed medicines simply because they are unaffordable.”

He also noted that there must be a recognition of the potential of the harmful effects upon society when ‘profitability’ far exceeds the basic requirements that will earn a business the funds that are necessary to guarantee its ability to maintain its operations, and to enter into new products and markets, rather than allow Pharma to continue charging what the traffic will bear.

He calls for a number of actions:

- A recognition that a medicine that is unaffordable is, in and of itself, unavailable;
- Brand name medicines imported from Canada—and other Tier One Countries-- are not ‘cheap drugs’. They are instead valid medicines that can provide a vital lifeline of maintenance medicines that would otherwise be denied to millions of Americans;
- No one, not even the most fervent supporters of personal importation of safe, affordable prescription medicines from licensed, registered pharmacies in Tier One Countries (not just Canada) has ever suggested that personally imported medicines are the sole answer to lower medicine prices in the U.S.;
- The role of personal importation prescription medicines is not an inherent authority of Pharma not the Food and Drug Administration (FDA), but is within the province of the U.S. Congress to establish the direction of prescription medicine policy, including but not limited to personal importation;
- Congressional support of personal importation, is evidenced by continuing Congressional initiatives on a number of fronts including appeals to the HHS Secretary to grant waivers, as well as bi-partisan bills on behalf of personal importation;
- Tell Pharma that when it threatens to curtail its Research and Development, that much of the cost of that R&D is borne by the U.S. Taxpayer, whom, after supporting such R&D, is subject to the highest prices in the industrialized world for their medicines;
- Take action on the political front. Americans have traditionally expressed their dissatisfaction with the status quo at the ballot box, leading to historic changes in national policies (i.e., social security, anti-trust legislation, Medicare).

Hines noted that the [2016 Election](#) is of watershed proportions. He calls for voters to make sure that they now where candidates stand on the cost of prescription medicine, the right and the ability of Americans to determine the safety and efficacy of personally imported medicines and the right to have access to those vital medicines. To that end, he offers the ‘planks’ of a platform that he believes will lower prescription prices;

1. Price negotiation for Medicare and other programs;
2. A ‘stakeholder’ role for the American public that supports so much of Pharma R&D, by an increased presence of consumer advocates and private citizen in policy development, hearings, and opportunities for public comment;
3. A revised patent policy that ensures the public investment in R&D is protected in legislation that will penalize Pharma if it is abusive in its pricing practices;
4. Reciprocal Memorandums of Understanding between regulatory agencies of Tier One Countries as validation of the safety and efficacy of the oversight of personally imported medicines from those countries;
5. Passing legislation that allows personal importation of brand-name medicines from licensed registered pharmacies in Tier One Countries whose standards of safety and efficacy meet or exceed those of the U.S.;

5. Impose criminal penalties for abuse of pricing practices based on a 'what the traffic will bear' philosophy;
6. Greater transparency in Pharma pricing practices;
7. An end to direct to consumer advertising for prescription medicines

"When these steps are taken—and only then—will we remove the burden of paying the highest prices in the industrialized world for our medications," Hines concludes.

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