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VA Secretary Wilkie Says VA'S Volume Drug Buying Could Work for Nation

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By Robert Weiner and Wesam Farah

It is no secret that prescription drug prices are a hot-button issue and understandably so. When Donald Trump announced his desire to lower prescription drug prices at the this year's State of the Union, House Democrats chanted "H.R.3," in reference to House Bill 3, which aims to fulfill the president and the late Elijah Cummings' stated ambition at reducing drug prices. And yet the bill has sat in Mitch McConnell 's legislative graveyard in the Senate since its passing through the House.

And then, one day after the SOTU, Secretary of Veterans Affairs Robert Wilkie delivered a gut punch to the pharmaceutical industry.

When asked at The National Press Club if the VA's model of negotiating with pharmaceutical companies to buy prescription drugs at an affordable rate in bulk amounts could work on a national scale, Wilkie affirmed that it's been working well , adding that he "hasn't seen any" negatives that may arise should the model be implemented nationally. He stressed that it "works for veterans and taxpayers" and that the VA has a "great relationship" with the pharmaceutical companies, allowing them to negotiate and purchase drugs in large volume at an affordable cost to veterans.

The VA's bulk volume prescription drug purchasing infrastructure could be the key to a sorely needed bipartisan pathway toward affordable prescription drugs for those in need.

According to their website, the VA slashes drug prices by "standardizing products and sources of supply while, simultaneously, balancing clinician considerations for obtaining quality products." This is done through the National Contract Service, which oversees three programs: standardization of drugs, repackaging of drugs and the management of specialty drugs.



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The crux of the model's success is its ability to competitively negotiate prices directly with drug companies with the hope of reaching fair "Blanket Purchase Agreements" (BPAs), in which the purchaser and vendor agree on a set price for bulk amounts of various qualities and quantities. A system of BPAs benefits both pharmaceutical companies and the drug purchaser by lending

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itself easily to a system of repetitive purchasing, which trims needless red tape. Once initial negotiations have been finalized, stress of repeat

buys is minimized for both sides of the transaction.

For specialized or restricted drugs under stringent FDA requirements, the model negotiates BPAs through regular Federal Supply Schedule contracts to "allow for order placement by officially designated VA Ordering Officers and/or warranted VA personnel." This ensures that controlled substances, such as opioids or amphetamines, are issued only with strict care, and are not abused or stolen for profit.

This model gets straight to its intended goal without leaving millions of Americans in need of life-saving drugs out to dry.

And people have been left out to dry. The cost of insulin and other life-saving drugs has skyrocketed over the past 10 years. Insulin from some manufacturers now costs almost triple what it did in 2009, with absolutely no change to its quality whatsoever. People are being thrown into financial disarray to survive.

Donald Trump knows (or should know) that making Americans pay more for the drugs they need is not a popular move.

If the president wants to leave some sort of lasting positive on his legacy in office, he should push for a bipartisan reform in a bill modeled after that of the VA and demand Mitch McConnell and company get over their "internal divisions" and pass it through the Senate. To his credit Trump has shown that, if anything, he can get his fellow Republicans to fall in line.

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Now that the impeachment entanglement has settled, and with health care the No. 1 issue in the exit polls from the primaries, Democrats and Republicans can and should make it their duty to address this vital, salient issue for Americans.

Robert Weiner is former spokesman for the White House Office of National Drug Policy and the U.S. House Committee on Narcotics. He was chief of staff of the House Committee on Aging and the Subcommittee on Health, and senior staff for Congressman John Conyers, Charles Rangel, Claude Pepper, Ed Koch, Sen. Edward Kennedy, and four-star Gen. Barry McCaffrey. Wesam Farah is policy analyst at Robert Weiner Associates and Solutions for Change.