

HOUSE CONCURRENT RESOLUTION

1 WHEREAS, Advances in the effectiveness of prescriptive
2 medication have substantially improved the quality of health care
3 in the United States; a key component of preventive health care,
4 prescription drugs help patients live healthier, longer, and more
5 productive lives without the need for costly long-term acute care;
6 and

7 WHEREAS, Since the passage of the Social Security Act of
8 1965, which originally authorized Medicare, the increased use of
9 new and improved prescription drugs has changed the delivery of
10 health care in the United States; nonetheless, of the more than 40
11 million people enrolled in Medicare, one-third have no prescription
12 drug coverage, and the limited coverage available to the remaining
13 two-thirds of Medicare beneficiaries is often inadequate to meet
14 their needs; and

15 WHEREAS, Comprehensive reform of the Medicare program is
16 necessary to provide affordable care for the elderly and disabled
17 who suffer from chronic disease and comorbidity; the private sector
18 has established a model for successful reforms by negotiating
19 discounts on prescription drugs and by coordinating care with
20 disease management, drug utilization review, and patient education
21 programs, all of which aid in ameliorating medical problems; and

22 WHEREAS, Despite the growing needs of the Medicare
23 population, the United States Congress has thus far failed to
24 remedy the inadequacies of the Medicare program; effective reform

1 would adopt the successful strategies of the private sector and use
2 the marketplace to foster competition among private plans,
3 maintaining the financial viability of the program and offering
4 greater choice of quality coverage to seniors and the disabled; and

5 WHEREAS, Instead, the lack of a prescription drug benefit in
6 particular has forced states to supplement Medicare by providing
7 medicine to vulnerable Medicare beneficiaries through state
8 Medicaid programs; this "dually eligible" population, those who
9 qualify for federal Medicare and state Medicaid, accounts for 42
10 percent of Medicaid drug expenditures nationwide; and

11 WHEREAS, The situation is critical in Texas, where the
12 Congressional Budget Office reported the enactment of a Medicare
13 drug benefit would mean a savings of nearly \$2 billion in Medicaid
14 funds between 2005 and 2012; alarmingly, the costs to state
15 Medicaid programs are expected to increase as the non-elderly
16 disabled and the elderly over age 85 who are most likely to be
17 dually eligible are the fastest growing populations within
18 Medicare; and

19 WHEREAS, With state Medicaid programs already facing serious
20 budgetary constraints that threaten to restrict patients' access to
21 needed medical care and prescription drugs, it is more important
22 than ever that the congress enact a Medicare prescription drug
23 benefit as quickly as possible; now, therefore, be it

24 RESOLVED, That the 78th Legislature of the State of Texas
25 hereby respectfully request that the Congress of the United States
26 enact financially sustainable, voluntary, universal, and privately
27 administered outpatient prescription drug coverage as part of the

1 federal Medicare program; and, be it further

2 RESOLVED, That the Texas secretary of state forward official
3 copies of this resolution to the president of the United States, to
4 the speaker of the house of representatives and the president of the
5 senate of the United States Congress, and to all the members of the
6 Texas delegation to the congress with the request that this
7 resolution be officially entered in the Congressional Record as a
8 memorial to the Congress of the United States of America.

Capelo

President of the Senate

Speaker of the House

I certify that H.C.R. No. 101 was adopted by the House on May 16, 2003, by a non-record vote.

Chief Clerk of the House

I certify that H.C.R. No. 101 was adopted by the Senate on May 29, 2003, by a viva-voce vote.

Secretary of the Senate

APPROVED: _____

Date

Governor