

Honda Cites Linguistic Barriers in Medicare Part D

Written by Mike Honda

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“Language barriers can seriously harm our seniors. Without accurate information and communication about this new benefit, limited English proficient Medicare beneficiaries have been isolated and forgotten. They are bewildered by the different plans and are not sure which will best meet their medication needs. Many monolingual beneficiaries do not have anyone to turn to for help,” said Congressman Honda.

“There have been problems with this new program at every step of the way. If my patient is on 10 different medications, there is almost no chance that a drug plan will cover all 10 of her medications,” commented Dr. Alice Chen, Medical Clinic Director at San Francisco General Hospital. “It is just impossible to have all your medications covered under one plan. The burden of this poorly structured and poorly implemented benefit has fallen squarely on patients and their health care providers. We have spent countless hours trying to help desperate patients navigate the system. This is bad medicine for my patients.”

Dr. Peter Lo operates a community pharmacy in San Francisco. He and his colleagues tried to prepare for the new changes by installing new equipment and hiring more staff. Nothing prepared him for the onslaught of confused elderly patients who did not know which plan they were assigned to, the new limitations, and new cost requirements for co-payments. He and many of his fellow pharmacists have waived the co-payment in order to alleviate the confusion and anxiety of their elderly patients. “But how much longer can we absorb this cost as the co-pays are part of our reimbursables?” Dr. Lo asked.

Mrs. Do is an 87-year-old woman who worked as a seamstress before her retirement. Under her new prescription drug plan, she has to pay \$196 for her eye drops and \$18 for her ulcer pain medication each month.

“I have no money, so I haven’t filled these drugs. Does the government want to deprive old people of our medicine so we can die sooner?” asked Mrs. Do.

Mrs. Chan, an 89-year-old community volunteer, said, “I thought reform was supposed to be for our betterment. This new drug program has definitely not helped anyone I know. I speak for my fellow seniors that we very much appreciate Congressman Honda’s calling attention to our plight. We ask Congressman Honda to relay our message to the President. We don’t need you to give us only good news. Tell us the truth. We need the government to change this plan so it will truly help seniors.”

Dr. Ho Tran, CEO of the Asian Pacific Islander American Health Forum said, “Over 1 million Asian Pacific Islander Americans are eligible for Medicare, and almost two-thirds of them are not proficient in English. It is impossible to expect them to understand this complex new program without any assistance from the community-based service organizations that they trust and rely on. Our community is telling us they need accurate information and community-based assistance programs to help the most vulnerable seniors, who are indigent and disabled. Further, the community demands a re-examination of Medicare Part D so that it can truly

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benefit the elderly and the disabled in our community.”

Congressman Honda noted, “The Administration and the Republican leadership have misled the country by promising a better plan. Now we have firsthand knowledge that Medicare Part D as it currently stands is insufficient. We have an obligation to our seniors and individuals with disabilities to provide affordable and comprehensive prescription drug coverage.”