P P C
Perspectives

The newsletter of Prescription Policy Choices

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HEALTH CARE SAVINGS: STARTING WITH THE OBVIOUS

Ann Woloson
Executive Director

AS LAWMAKERS CONTEMPLATE HEALTH CARE REFORM "savings" at the federal level, it makes sense to start with the obvious.

First, the federal government, not the private sector, should negotiate prescription drug prices for the newly insured and the elderly under Medicare Part D. Currently, the private sector reaps billions in revenues negotiating prices and steering plans (and beneficiaries) toward certain drugs under Part D. Meanwhile, the government obtains lower prices for veterans and Medicaid patients and could achieve huge savings as the nation's largest drug purchaser for our elderly. Savings could be funneled back into Medicare to slow its growth and used to help expand coverage to the estimated 46 million uninsured Americans.

Second, reform measures must place more emphasis on evidence-based medicine to improve health care quality in the US. Too often it's assumed health care providers and consumers receive the best information available regarding treatment options, that is, the science showing what works best, is safest, and is most effective. While most of us want to believe information used by our health care providers is just that, the unfortunate and costly truth in many cases is that it's not.

It's no secret the US pays more than any other country for health care, yet our health outcomes remain marginal. Preventive care is important, as are tests to diagnose illness early and prescription drugs to help us get better when we are sick. It's clear, however, we pay too much for care we don't need and may be unnecessary or even harmful.

It's no secret the US pays more than any other country for health care, yet our health outcomes remain marginal.

Prescription drugs, for example, approved by the FDA, are assumed by most of us as safe. We want access to the medicine we need to treat what ails us. We also want to know what actually works best and is safest. Unfortunately, many new drugs are heavily marketed, often for uses not approved, or for uses approved, but not sufficiently tested.

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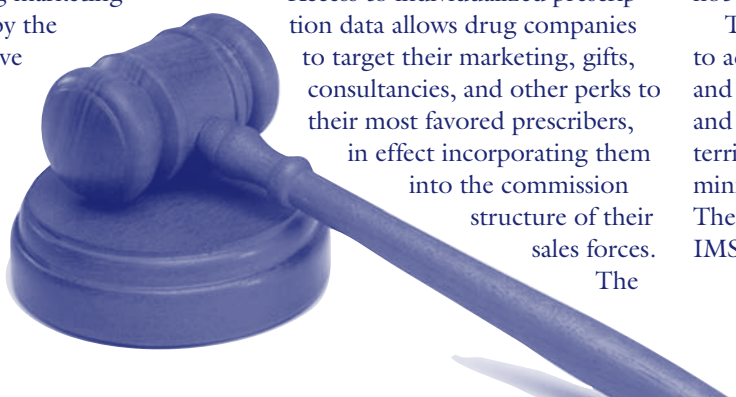
LEGAL PROJECT DEFENDS PATHBREAKING STATE POLICIES

Sharon Treat, Legal Project Director

IS SOMEONE PEERING OVER YOUR DOCTOR'S shoulder when she writes you a prescription? Yes indeed, unless you live in the State of New Hampshire, where a 2006 law preventing the use of individually identified prescriber information for drug marketing purposes was recently upheld by the courts. Maine and Vermont have their own versions of this law, which protects the integrity of the doctor-patient relationship, improves public health, and addresses skyrocketing health care costs which are fueled by ever-increasing pharmaceutical spending.

PPC took the lead defending these important laws, achieving some big successes.



Access to individualized prescription data allows drug companies to target their marketing, gifts, consultancies, and other perks to their most favored prescribers, in effect incorporating them into the commission structure of their sales forces. The data-mined information is used to target and encourage prescribers to switch from prescribing cost-effective generics to newer drugs that cost more but may not be more effective and can have side effects that are not well known to the medical community.

The federal government has been slow to address issues of drug industry marketing and influence on the medical profession, and the states are in largely uncharted territory. Each of the three state data-mining laws has been challenged in court. The big data-mining companies, including IMS Health and Surveillance Data, Inc.,

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Academic Detailing Update

PPC continues to support the development of academic detailing (prescriber education) programs in Northern New England and throughout the US.

PPC Academic Detailing Project Director Jennifer Reck was asked to serve on the Advisory Committee for Maine's Academic Detailing Program. Academic detailing programs, also known as prescriber education, send trained clinicians to physicians' offices to present the best available, most up-to-date scientific evidence on prescription drugs. They are objective, educational outreach efforts, not attempts to sell or mandate specific drugs. In 2007, Maine passed legislation establishing a voluntary academic detailing service for providers participating in state-funded health care programs. Maine's program is now being launched, beginning with a focus on diabetes care.

In June, PPC Academic Detailing Project Director Jennifer Reck presented on prescriber education at the MaineCare Advisory Committee meeting and the Maine Medical Association Practice Education Seminar for practice managers and physicians.

As a member of the Advisory Committee, Reck provides guidance to Maine's Department of Human Services regarding the implementation of the new program. More specifically, she assists with the selection of which drug classes are good candidates for prescriber education and the development of strategies for outreach to prescribers.

In addition to her efforts in Maine, Reck helped draft prescriber education policy, and provided information to Maryland policy makers on how the state might start a program. She also provided technical assistance to other states also considering programs, including California and Texas.

Academic Detailing Toolkit Now Available

AN ACADEMIC DETAILING TOOLKIT is now available online at www.policychoices.org. The toolkit features "A Template for Establishing and Administering Prescriber Support and Education Programs," which offers creative and cost-effective guidance for those looking to build prescriber education programs with limited resources. The template was the result of PPC's tri-state academic detailing planning initiative involving Maine, New Hampshire, and Vermont. More detailed information about the academic detailing planning initiative is available as part of the toolkit. Other toolkit components include best practices, fact sheets, presentations, and other materials.

Communications Director Hired

After serving as a communications consultant for more than a year, Jean Grigsby joined the staff as Prescription Policy Choices as Communications Director. In this capacity, she will work to create greater awareness and visibility of the organization's education and public policy mission and strategically position PPC for a leadership role in prescription drug education and policy reform.

In addition to her work with Prescription Policy Choices, she continues to serve as principal of the Write Approach, a firm that she established in 2003. Prior to starting her own business, Jean worked in marketing and public relations in corporate, government, and nonprofit settings for more than 20 years. She earned her master's degree from The Writing Seminars at Johns Hopkins University.

PPC Plans Strategy and Sustainability

New Hampshire's Endowment for Health (EFH) has invited PPC to participate in its pilot Sustainability Training Planning Initiative conducted by the Finance Project and underwritten by the EFH with sponsorship from the New Hampshire Center for Nonprofits. The training complements PPC's ongoing strategic planning activities, which have been initiated and supported by the Nathan Cummings Foundation.

Given that sustainability planning is such a complex and challenging process that has been even further complicated by the economic downturn, PPC was thrilled to be invited to participate in this training that would otherwise have cost nearly $10,000. The Finance Project, a specialized nonprofit consulting, research, technical assistance, and training firm based in Washington, DC, is facilitating the training designed to provide participants with the knowledge, tools, and skills they need to develop and support effective sustainability plans. To date, PPC staff members have been involved in two day-long workshops, interspersed with conference calls, planning meetings, and support from a coach/trainer. The ultimate goal of the training is to learn how to plan for and garner the financial, political, technical, and administrative resources necessary for PPC's long-term success.

The opportunity could not have been timelier, as PPC continues its strategic planning endeavors. When PPC board members and staff met in Chicago in June, Executive Director Ann Woloson presented information about the organization's activities and growth and Legal Project Director Sharon Treat reported on federal and state legislation. In addition, Sharon Rosen of Casco Passage facilitated the strategic planning component of the meeting. Action steps developed at the meeting are being used as part of the sustainability initiative.

PPC COLLABORATES WITH *CONSUMER REPORTS HEALTH BEST BUY DRUGS™*

THE NEXT TIME YOU VISIT THE PPC WEB SITE—WWW.POLICYCHOICES.ORG—you will see a link to *Consumer Reports Health Best Buy Drugs*™ in the lower left-hand corner of the home page. Collaborating with *Consumer Reports Health Best Buy Drugs*™ in order to provide consumers with unbiased information about prescription drugs is just one aspect of PPC's evolving consumer education and outreach efforts to help ensure access to the safest, most effective and affordable medicine available. The *Consumer Reports Health Best Buy Drugs*™ project helps fill an important gap in consumers' understanding of prescription medicines, by informing consumers about the drugs available to treat specific illnesses and diseases, the differences among them, and how they stack up against each other.

"The *Consumer Reports Health Best Buy Drugs*™ project is a great way to equip consumers with objective information and choices to help become more engaged in their healthcare. It also helps to offset the aggressive direct-to-consumer advertising conducted by the pharmaceutical industry," said PPC Executive Director Ann Woloson.

Independent and unbiased reports help consumers talk with their doctor about treatment options and improve their chances of getting a prescription medicine that both suits their medical needs and gives them the best value for their health care dollar.

"When both patients and physicians have objective information about prescription drugs, they are able to collaborate on the most suitable and cost-effective care," added Woloson. "We are making the *Consumer Reports Health Best Buy Drugs*™ publications available to prescribers for their own benefit, as well as the benefit of their patients, who want more information regarding the healthcare they receive." In addition to providing information about which drugs are available and how they compare with one another, the *Consumer Reports Health Best Buy Drugs* reports also offer guidance to consumers about taking their medicines safely and sticking with their treatment regimens.

BOARD PROFILES

RAMÓN CASTELLBLANCH

Educator and policy analyst Dr. Ramón Castellblanch is an associate professor of health education at San Francisco State University. The courses he teaches focus on understanding the political environment in which public health operates, as well as media advocacy and economics as it applies to public health.

His areas of expertise include US health policies and politics, prescription drug policies, and grassroots politics. He has presented and written extensively about health policy and the politics of health and healthcare. He is currently finishing a book for Penn State University Press on the politics of prescription drug access in the states of Maine, Vermont, and California. He earned his doctoral degree in health policy and management from Johns Hopkins University and his master's degree in public policy from Harvard University.

In addition to his teaching responsibilities, he is a public member of the California Board of Pharmacy. He serves as the president of the San Francisco State University Chapter of California Faculty Association and actively advocates at the state and local levels on behalf of health care reform. Castellblanch has played an active role in working with consumer and labor stakeholder groups, most recently promoting the development of an academic detailing program in California, where prescribers would be provided with nonbiased, evidenced-based information regarding the effectiveness of drugs they prescribe. In 2006, he designed and promoted California's law (modeled after Maine Rx) that authorized state use of Medicaid purchasing power to obtain lower prescription drug prices for low-income residents.

KEVIN OUTTERSON

Since 2007, Kevin Outterson has been an associate professor at Boston University School of Law, where he teaches courses in health care, business law, and globalization. Prior to joining the faculty at Boston University, he served as Associate Professor of Law at West Virginia University.

His research focuses on global pharmaceutical markets and health disparities. In the realm of pharmaceutical patent law, he works to achieve equitable access without harming innovation incentives. He does so through scholarship that bridges the gap between drug companies and low-income populations. He publishes in both legal journals (*Yale Journal of Health Policy, Law & Ethics, Cardozo Law Review, University of Pittsburgh Law Review, Kansas Law Review*, and *American Journal of Law & Medicine*) and peer-reviewed medical and health policy journals (*Health Affairs, Lancet Infectious Diseases, Environmental Philosophy, Medical Journal of Australia*, and *Journal of Generic Medicines*). His academic papers can be found at www.ssrn.com.

In addition, he has testified on pharmaceutical marketing issues before legislative and regulatory bodies in several states. At the federal level, he has testified before the US Senate Committee on Health, Education, Labor, & Pensions on global drug pricing and submitted testimony to USTR regarding compulsory licensing of drugs by Brazil and Thailand. Outterson recently served as a speaker on global pharmaceutical intellectual property issues for WIPO and WHO. His other academic work focuses on health disparities, especially racial and linguistic disparities in health.

Outterson worked as an associate and then a partner in two major US law firms for more than a decade. His practice included health care transactions domestically, as well as tax and corporate issues for nonprofit health systems and international businesses.

HEALTH CARE SAVINGS

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One example is Vioxx, the supposed miracle pain killer, which was linked to an estimated 139,000 heart attacks or strokes—40% of which were fatal. Other examples include certain drugs used to treat anemia in dialysis or cancer patients, which are prescribed in much higher doses on average in the US, even though such doses increase the possibility of blood clots and death. Still other examples include atypical antipsychotic drugs approved for use in adults that are being prescribed to kids, while reports of questionable effectiveness, deaths, and dangerous side effects mount. (See page 6 article.)

Hats off to Congress for including and keeping comparative analysis funding in the economic stimulus bill—it's critical to improving the quality of health care in the US. Health can improve and money saved can be used to improve access. Simple, yes; but special interests are already fighting information on safety and effectiveness, claiming it's cramming government controls down our throats.

Of course, knowing what's best for us isn't the same as having a mandate to do it. Health care marketers would rather we depend on their inept advertising than actual science when deciding medical treatments.

Reform efforts need to make sure the best science regarding treatment options ends up in the hands of providers and patients. Academic detailing programs, also known as prescriber education, have proven effective in countering the pharmaceutical industry's sales strategies, improving health care quality, and reducing costs.

Health care marketers would rather we depend on their inept advertising than actual science when deciding medical treatments.

Trained clinicians provide prescribers with unbiased information regarding certain therapeutic areas and drug classes. Doctors want to provide quality care, but they are busy. Many find it difficult to keep up-to-date on all of the latest treatments available. Comparative analysis and prescriber education are useful tools in helping health care practioners provide the best care possible. It's information we want our doctors to use when we need care.

Finally, proposals to create a public option shouldn't get lost in all the reform talk in Washington. The importance of the competition such a plan would create in today's market can't be overemphasized. Pharma's proposal to close the "donut hole" (for some) under Medicare Part D to "create" $80 billion in savings in 10 years does nothing to slow growth or ease government spending under the program. Yes, the "donut hole" should be closed, but using it as a bargaining chip to thwart badly needed reform is shameful. Providing a public option will help give the industry the impetus it needs to reduce costs and rethink the way it does business. It will also provide purchasers of coverage with another choice; something many have looked for when exploring current options.

By starting with the obvious, reform will take shape and public opinion will remain optimistic that something meaningful will result.

TREAT'S OUTSTANDING CONTRIBUTIONS TO HEALTH CARE REFORM RECOGNIZED

IN JUNE, PPC LEGAL PROJECT DIRECTOR SHARON TREAT was honored in Washington, DC, by Progressive States Network for her outstanding contributions to the effort to bring quality affordable health care to all. Treat, a longstanding legislator currently serving in the Maine House of Representatives, has been a key leader in moving policies to reduce prescription drug costs and expand access to lifesaving medications. She was recognized for her innovative health care reforms at the state level, including sponsoring prescription drug quality and access laws, such as legislation banning deceptive marketing practices to seniors, establishing an academic detailing program to educate prescribers on best practices, regulating conflicts of interest and rebates negotiated by pharmacy benefit managers, and establishing the MaineRx Plus discount drug program. Most recently, she cosponsored legislation to protect minors from pharmaceutical industry predatory marketing practices, which was passed into law in Maine in May. (See page 7 article.)

Treat was in the nation's capital as part of a delegation of state leaders urging the Obama Administration and Congress to enact comprehensive health care reform within the year. The delegation met with Secretary of Health and Human Services Kathleen Sebelius and Director of the White House Office for Health Reform Nancy-Ann DeParle, as well as Iowa Senator Tom Harkin and other members of Congress. Expanding access to safe, effective, and affordable prescription drugs and enhancing transparency in pharmaceutical marketing are key aspects of the national debate on health care reform.

In her work on behalf of PPC, Treat is engaged in significant legal activity aimed at assisting policy makers with developing legally sound policies to address prescription drug costs, as well as defending those policies if and when they are challenged in the courts. Such legal work includes collaborative efforts to provide research and expertise, and where appropriate, joining with consumer and health advocacy groups to file "Friend of the Court" legal briefs to defend innovative policies aimed at reducing prescription drug costs and increasing access.

PPC Legal Project Director Sharon Treat

Additional activities on behalf of PPC include Treat's work with state Attorneys General in cases involving regulation of conflicts of interest of pharmacy benefit managers and the scope of patent protections as they affect drug pricing policies. She has spearheaded PPC's cosponsorship and participation in major conferences on pharmaceutical legal issues with American University's Washington College of Law. (See article on opposite page.)

Treat also serves as the Executive Director of the National Legislative Association on Prescription Drug Prices (NLARx), a nonpartisan organization of state legislators working jointly across state lines to reduce prescription drug prices and expand access. Prior to joining NLARx, Treat served for seven terms in the Maine Legislature, including two as Senate Majority Leader, and, since 2006, as a member of the Maine House of Representatives. She currently serves on the Joint Standing Committee on Insurance and Financial Services. She has an AB degree from Princeton University's Woodrow Wilson School of Public and International Affairs and a law degree with honors from Georgetown University Law Center.

LEGAL PROJECT

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joined by the Pharmaceutical Research and Manufacturers of America (PhRMA) representing drug companies, are challenging the authority of states to regulate these activities. This litigation initially halted implementation of the state laws; and while it has had a chilling effect on the willingness of some Legislatures to move ahead, more than a dozen have considered doing so.

PPC took the lead defending these important laws, achieving some big successes. PPC's legal team, headed by Professor Sean Fiil-Flynn of American University's Washington College of Law, filed "friend of the court" briefs in support of the data-mining laws in all three states. The New Hampshire law, initially thrown out by its US District Court, was unanimously upheld and reinstated on appeal by a three-judge panel of the First Circuit Court of Appeals, which relied heavily on legal arguments made by PPC in its brief and in oral argument. The US Supreme Court on June 29 refused to review the decision, giving the green light to New Hampshire to enforce the law. This decision, IMS Health, Inc. v. Ayotte is also precedent in a lawsuit challenging the Maine law.

In the Ayotte decision, the majority found New Hampshire's law does not regulate speech, but rather regulates only the conduct of health information companies that aggregate and sell prescription records. The concurring judge agreed on the result, but relied on different reasoning to uphold the law, concluding it does affect the speech of pharmaceutical marketers, but is justified by the state's overriding interest in promoting cost containment in the pharmaceutical sector.

The 148-page decision reviews the voluminous evidence amassed by New Hampshire demonstrating the negative effects on the health care system of allowing pharmaceutical marketers to use prescription record tracking to target marketing efforts. The decision is significant for both policy and legal reasons.

"It's an important decision for data privacy advocates," Fiil-Flynn explained. "In a small number of other cases, courts have applied the First Amendment to the regulation of consumer identification lists and other uses of information for commercial purposes. The First Circuit bucked this dangerous trend, admonishing that the First Amendment does not protect every exchange of information from traditional social and economic regulation."

> The federal government has been slow to address issues of drug industry marketing and influence on the medical profession, and the states are in largely uncharted territory.

Now that the Supreme Court has given the go-ahead to enforce this law, PPC is hopeful other states will be encouraged to consider similar policies. In April, the US District Court for the District of Vermont, which is in the Second Circuit, held that the Vermont's prescription data mining law is constitutional. The comprehensive and thoughtful decision recognized as legitimate the state's public health as well as cost control purposes in enacting the law.

The Vermont case has been appealed, and once again, PPC has taken the lead in helping with a "friend of the court" brief, currently due the first week of September. With the New Hampshire case successfully concluded, PPC is hopeful that other courts will follow suit.

For a version of this article with legal citations, please go to www.policychoices.org.

PPC COSPONSORS LEGAL CONFERENCE

As part of its legal project work, PPC is cosponsoring a legal conference, *Lawyering for Access: Legal Strategies to Improve Access to Affordable Pharmaceuticals*, at American University in Washington, DC, on Friday, October 16. The conference is part of PPC's work on state policy regarding prescription drugs in collaboration with American University Washington College of Law's Program on Information Justice and Intellectual Property Law (PIJIP). State policy issues related to prescription drugs include state regulation of prescription data mining, conflicts between state pricing policies and federal trade policies, federal trade agreement impacts on state regulatory authority, and so on.

The conference will bring public interest lawyers and policymakers together to discuss legal strategies related to improving access to safe, effective, and affordable medicine and will provide an opportunity to learn from state and federal leaders about the initiatives aimed at doing so. To register and get more specific information about the legal conference, go to www.policychoices.org.

Lawyering for Access: Legal Strategies to Improve Access to Affordable Pharmaceuticals

American University Washington College of Law
Washington, DC

Friday, October 16

KIDS AND PSYCHOTROPIC DRUGS: JUST SAY KNOW!

In less than a decade, the practice of prescribing antipsychotic drugs to children dramatically increased in the US. While only a couple of these drugs are approved by the FDA for use in children, many taken by children are "adult" medications prescribed for off-label usage.

Legal action has been pursued in a number of states in response to allegations of undue influence and financial gain by pharmaceutical companies and agents involved in the development, manipulation, and adoption of screening standards and drug formularies, and of inappropriate marketing of certain drugs. A multi-million dollar national civil settlement was reached last summer between Bristol-Myers Squibb (and its former subsidiary, Apothecon Inc.) and 43 states to the tune of about $500 million for alleged practices of inappropriate marketing of Abilify, an atypical antipsychotic used to treat children and dementia patients, for whom the drug was not approved for use. The industry's controversial marketing and pricing practices resulted in excessively high costs to state Medicaid programs and suspect increase in the prescribing of certain drugs, including psychotropic drugs to children.

In children, psychotropic medications have been associated with significant side effects and potential adverse reactions, including change in weight or metabolic parameters (including high blood sugar), cardiovascular symptoms, and suicidality (suicide). Policy makers across the country are concerned about these issues, and PPC, with an initial grant from the Sadie and Harry Davis Foundation and additional funding from New Hampshire's Endowment for Health, is in the process of researching, analyzing, and developing best practice materials to bring more attention to the issue and highlight how the federal government and some states are working to ensure safer and more effective prescribing of psychotropic drugs to kids.

Examples include the FDA's black-box warning on antidepressants in October 2004, which described possible suicide risk(s) in children. Following the release of information about safety risks and the inclusion of the black-box warning, studies found evidence of substantial declines in the use of antidepressants among both children and adults. While it's difficult to know if the decline in pediatric antidepressant use was the result of FDA action, media coverage of new risk information, regulatory action by other countries, or other causes, it's clear the disclosure of the risk associated with the prescribing of antidepressants to children created significant change.

Last year, Florida started requiring doctors to seek approval before prescribing antipsychotics to young children (age 5 and under) with Medicaid coverage. According to an article in the St. Petersburg Times, prescribing of the drugs dropped by nearly 75%. In addition, the company monitoring the prescribing of antipsychotics for Florida's Medicaid program indicated there was no major outcry from doctors, when ordinarily they would have heard.

PPC is in the process of researching, analyzing, and developing best practice materials to bring more attention to the issue and highlight how the federal government and some states are working to ensure safer and more effective prescribing of psychotropic drugs to kids.

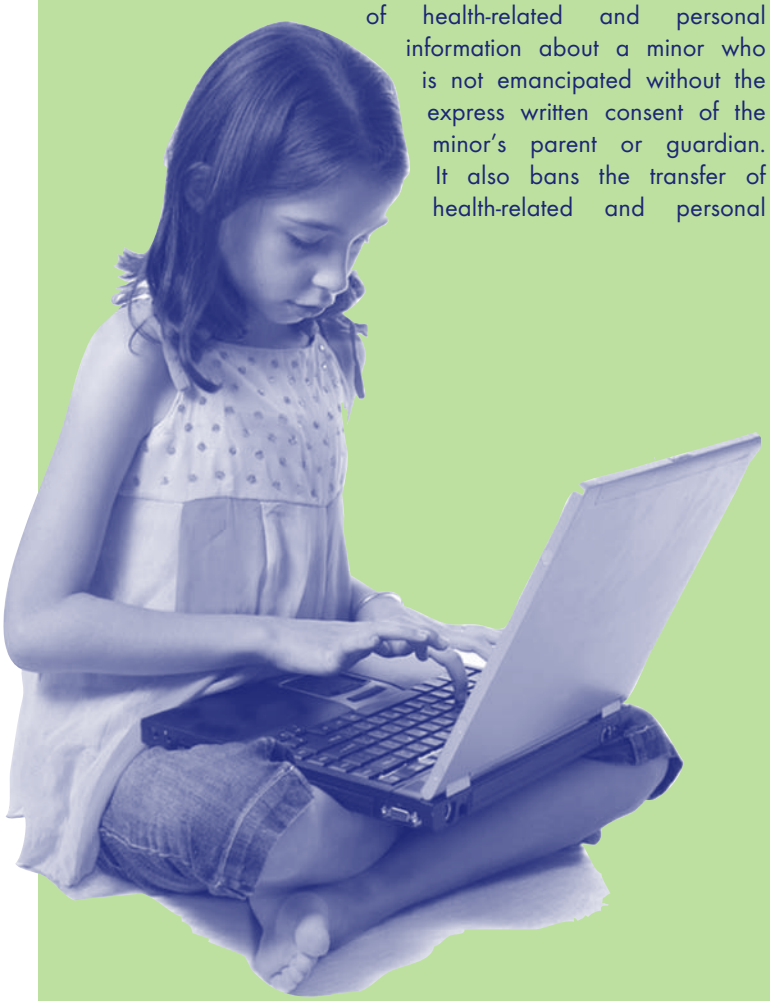
Several states are involved in a project sponsored by the Agency of Health Research and Quality (AHRQ) to study this issue. The project was developed in response to an increase in Medicaid expenditures for atypical antipsychotics, where a 21% growth rate was seen in costs and utilization between 2000 and 2007. The project involves assisting clinical leaders in at least 16 states in constructing a data dictionary and workbook, where common data regarding the prescribing of AAPs is gathered. The intent is to use the information to gain an understanding in variations of prescribing patterns in an effort to draw correlations between gaps in therapy and evaluate best practices for reducing AAP prescribing practices.

PPC will work with state policy makers in reviewing preliminary data from the AHRQ study and other related information in an effort to document and promote best practices and policy recommendations to improve children's access to quality mental health care and safe medicine in the US.

For a more in-depth version of this article with specific examples of such prescribing, as well as citations, please go to www.policychoices.org.

MAINE'S NEW PREDATORY MARKETING BAN LAW PROTECTS MINORS

IN JUNE, THE MAINE LEGISLATURE PASSED A BILL TO PREVENT predatory marketing practices involving minors. An Act to Prevent Predatory Marketing Practices against Minors prohibits collection of health-related and personal information from minors and then using that information unscrupulously. Specifically, it prohibits the solicitation of health-related and personal information about a minor who is not emancipated without the express written consent of the minor's parent or guardian. It also bans the transfer of health-related and personal information that identifies a minor and the use of any of that information to market a product or service to a minor– regardless of whether or not the information was lawfully obtained.



PPC Executive Director Ann Woloson, a parent of two minor children, applauded the legislation as an indication that both policymakers and members of the public are growing tired of industry tactics which not only jeopardize privacy but also increase health care costs.

"As a parent, I am concerned about marketing strategies that focus on minors, including the sharing or selling of personal information in an effort to sell to minors a host of products, including credit cards," said Woloson. "As a health policy analyst, I am particularly concerned about marketing practices being used by the pharmaceutical industry to market its products to kids."

Woloson cited industry trade journals which report a greater focus on broadening e-marketing efforts by the industry. In 2009, online ads will amount to $30 billion in the US. Minors are frequent targets of these ads via MySpace and Facebook. They are targeted through other means, as well. For example, prescription drug makers sponsor Web sites which offer kids free MP3 downloads for answering a quiz correctly. Backpacks, lunch boxes, and other freebies including drug samples are offered for filling out online forms and submitting "personal stories." Trade journals also identify the use of cell phones and text-messaging as a tool for reaching out to children."

Maine's law is intended to help protect minors from the unintentional consequences of sharing personal or health-related information, such as being steered toward drugs that may be unnecessary, more expensive, no more effective, and sometimes less safe than other products on the market. Minors who share their name, address, date of birth, social security number, and other personal information are at risk of being exploited in a number of ways, including having their identity stolen and their information shared for unscrupulous marketing purposes.

Maine's minors are the target of massive and relentless marketing activity. The new legislation will protect them from inadvertently sharing their personal or health-related information and having it used in inappropriate and unprincipled ways.

The work of Prescription Policy Choices is generously supported by:

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Visit the PPC Web Site

The PPC Web site is a vehicle for sharing information about our educational and public policy activities, news, and programs. If you are interested in learning more about and supporting the work of PPC, visit www.policychoices.org.

Prescription Policy Choices is a nonprofit, nonpartisan 501(c) (3) educational and public policy organization which provides objective research, information, and on-the-ground expertise on prescription drug policy. Our research and policy focus is evaluating alternative policies and programs that effectively reduce prescription drug prices and increase access to medications.

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Save the Date

LEGAL CONFERENCE ON
FRIDAY, OCTOBER 16, 2009

Lawyering for Access: Legal Strategies to Improve Access to Affordable Pharmaceuticals

American University Washington College of Law

Bringing public interest lawyers and policymakers together to discuss legal strategies related to improving access to safe, effective, and affordable medicine and providing an opportunity to learn from state and federal leaders about the initiatives aimed at doing so. (See page 5 article.)

Sponsored by Prescription Policy Choices and American University Washington College of Law's Program on Information Justice and Intellectual Property Law.

For more detailed information about Lawyering for Access, as well as other PPC educational and public policy activities, news, and programs, visit www.policychoices.org.

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Upcoming in the Next Issue of *Perspectives*:

Learn more about Vermont's new law requiring stronger industry reporting of gifts to prescribers.

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