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ROLL NUMBER

DESCRIPTION

1399

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Deanna Halliwell
Operator's Signature

10/3/03
Date

2003 HOUSE HUMAN SERVICES

HB 1399

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Dennis Halliwell
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10/3/03
Date

2003 HOUSE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. HB 1399

House Human Services Committee

☐ Conference Committee

Hearing Date January 29, 2003

Tape Number	Side A	Side B	Meter #
3	x		0.6 - 40.8
Committee Clerk Signature <i>Sharon Rolfson</i>			

Minutes:

Rep. Devlin: appeared as prime sponsor with written testimony with attached hand out.

Cal Rolfson, Legal Counsel for the Pharmaceutical Research & Manufactures of America, appeared in support with written testimony and attachment of Together Rx Savings Card and other attachments. Also proposed amendments.

Rep. Kreidt asked for the definition of Senior in this Program and if there was an age limit.

Answer: In this bill there is no definition of senior, whatever the drug companies definition would be of that, would be what would apply and it may vary.

Linda Carroll Shern, Regional Director for PHRMA, appeared and stated that the forms that were handed out explain the discount programs and who they are for.

Galen Jordre, Executive Vice-president of the ND Pharmaceutical Assoc. appeared in support with written testimony.

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House Human Services Committee

Bill/Resolution Number HB 1399

Hearing Date January 29, 2003

Rep. Devlin noted that as sponsors we fully intend to have pharmacists on hand, this says nothing in our bill about using the Internet.

Rep. Niemeier questioned 1) the timeliness of medications and turn around time; Answer: 3-4 weeks from time of application until drug is received; and 2) medicines not labeled for use.

Answer: they come from companies to doctors and not labeled for use.

Rep. Potter had a question on limitations of quantities and how long they can be on them.

Answer: only eligible for certain period of time and must reapply after that.

Rep. Sandvig asked how do they get these drugs? mailed?, doctor or where? Answer: some get coupons, some mailed and by the physician.

Roger Wetzel, Eldercare Director at St. Alexius appeared in support and states they've tried discussing this very matter with a task force and handed out a card "Having Trouble Paying for Your Prescriptions" which lists web sites for patient assistance.

David Zentner, Director of Medical Services for Dept. of Human Services appeared neutral with written testimony.

Rep. Sandvig asked how many other states have that 1115 waiver? Answer: approximately 4.

Rep. Price as Mr. Houdek of the Governor's Office if this was not a policy program for Seniors Rx.

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10/3/03
Date

2003 HOUSE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. HB 1399

House Human Services Committee

☐ Conference Committee

Hearing Date February 3, 2003

Tape Number	Side A	Side B	Meter #
1		x	0.9 - 23.4
Committee Clerk Signature <i>Sharon Ransom</i>			

Minutes Committee Work.

Judy Roberts, the Intern explained that on Page 1, Lines 9 & 10 - amendments by Cal Rolfson, they are not necessary as in the NDCC, singular means plural and plural means singular.

Rep. Devlin doesn't feel this should go to the Dept. of Human Services but feels it should go to the Dept. of Ins. as they are more than welcome to take it and moves the amendments to change from the Dept. of Human Services to the Dept. of Ins. and to change the appropriation from \$50,000 to \$100,000.00, second by Rep. Porter.

Rep. Price noted the objection that we got from the pharmacy, Galen Jordre and how the drugs would be distributed. Currently, the free programs that people access, there are occasions where those drugs are shipped directly to the patients home once they've had the prescription and they've gone through all the hoops, so the pharmacist would not get a dispensing fee in that case. These are free drugs and the companies do not want to pay a dispensing fee to the pharmacist.

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House Human Services Committee
Bill/Resolution Number HB 1399
Hearing Date February 3, 2003

For the other senior programs, they can receive the first months free sample, but otherwise they are dispensed through a pharmacy. So the pharmacist will be reimbursed.

We are just trying to link an already existing program with eligible people and doesn't understand the objection as noted by Rep. Porter.

Rep. Niemeier noted the objections by Mr. Jordre in stating the medications are not always available on a timely basis and the programs are dependent on the voluntary efforts of different medical providers. 50% of the pharmacists are opposed to these programs because of the paper work.

Vote on the amendments. 11-1-1 (Rep. Niemeier opposed)

Rep. Amerman: Just to be clear, to be eligible for this program, you have to be on Medicare.

Answer: for the reduced drugs, yes. The free drugs, no.

Rep. Potter mentioned the meeting that was held in Grand Forks with a lot of the pharmacists along with BCBS and they stated they really tried to work with these different programs and the problem was with all the programs are so different and hard for them to keep straight and keep up with them. This bill seems it would be so simple and would save the pharmacists from all that trouble, feels it is good.

Rep. Wieland had questions on Medicare and Medicaid and if you had to be on them or not.

Answer by Rep. Price: Medicaid would be primary, if your eligible to get the drugs for free under Medicaid, then you get them under Medicaid, this is for people who don't qualify for drugs anywhere else. Ex. Through insurance carrier, Medicaid, if they don't have prescription drug coverage and they meet the other requirements.

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Hearing Date February 3, 2003

Rep. Devlin stated that the pharmacists don't want to do the paperwork, this will take care of all that.

Rep. Pollert moved a DO PASS as AMENDED, second by Rep. Potter

Rep. Niemeier stated she agrees with Mr. Zentner's assessment that a Healthy Senior's Rx Plan may be the best choice for our state.

Vote: 11-1-1 Rep. Devlin will carry the bill.

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10/3/03
Date

30635.0101
Title.0200

Adopted by the Human Services Committee
February 3, 2003

VK
2/3/03

HOUSE AMENDMENTS TO HOUSE BILL NO. 1399 HUM SER 2-04-03

Page 1, line 1, after "pharmaceutical" insert "manufacturers" and remove "company"

Page 1, line 2, replace "department of human services" with "office of insurance commissioner"
and replace the comma with a semicolon

Page 1, line 4, replace "department of human services," with "insurance commissioner"

Page 1, line 5, remove "through its medical division,"

Page 1, line 7, after "manufacturers" insert ", including free discount and coverage programs"
and replace "department" with "commissioner"

Page 1, line 10, replace "department" with "commissioner"

Page 1, line 14, replace "\$50,000" with "\$100,000"

Page 1, line 15, replace "department of human services" with "insurance commissioner"

Page 1, line 16, replace "prescription" with "pharmaceutical manufacturers" and replace
"assistance" with "access"

Renumber accordingly

Page No. 1

30635.0101

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10/3/03
Date

Feb
Date: ~~January~~ __, 2003
Roll Call Vote #:

2003 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. HB 1399

House _____ HUMAN SERVICES _____ Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken DP as Amended, & Referred to Approp.

Motion Made By Rep Pollert Seconded By Rep Potter

Representatives	Yes	No	Representatives	Yes	No
Rep. Clara Sue Price - Chair	✓		Rep. Sally Sandvig	✓	
Rep. Bill Devlin, Vice-Chair	✓		Rep. Bill Amerman	✓	
Rep. Robin Weisz <i>A</i>			Rep. Carol Niemeier		✓
Rep. Vonnie Pietsch	✓		Rep. Louise Potter	✓	
Rep. Gerald Uglem	✓				
Rep. Chet Pollert	✓				
Rep. Todd Porter	✓				
Rep. Gary Kreidt	✓				
Rep. Alon Wieland	✓				

Total (Yes) 11 No 1

Absent 1

Floor Assignment Rep. Devlin

If the vote is on an amendment, briefly indicate intent:

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Danica Hallmark
Operator's Signature

10/3/03
Date

REPORT OF STANDING COMMITTEE (410)
February 4, 2003 10:44 a.m.

Module No: HR-21-1593
Carrier: Devlin
Insert LC: 30635.0101 Title: .0200

REPORT OF STANDING COMMITTEE

HB 1399: Human Services Committee (Rep. Price, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** and **BE REREFERRED** to the **Appropriations Committee** (11 YEAS, 1 NAY, 1 ABSENT AND NOT VOTING). HB 1399 was placed on the Sixth order on the calendar.

Page 1, line 1, after "pharmaceutical" insert "manufacturers" and remove "company"

Page 1, line 2, replace "department of human services" with "office of insurance commissioner" and replace the comma with a semicolon

Page 1, line 4, replace "department of human services," with "insurance commissioner"

Page 1, line 5, remove "through its medical division,"

Page 1, line 7, after "manufacturers" insert ", including free discount and coverage programs" and replace "department" with "commissioner"

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Page 1, line 16, replace "prescription" with "pharmaceutical manufacturers" and replace "assistance" with "access"

Renumber accordingly

2003 HOUSE APPROPRIATIONS

HB 1399

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2003 HOUSE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. HB 1399

House Appropriations Committee

☐ Conference Committee

Hearing Date 02-11-03

Tape Number	Side A	Side B	Meter #
2	X		11.2 - 25.5
Committee Clerk Signature <i>Chris S. Nye</i>			

Minutes:

Chairman Svedjan Opened HB 1399 for discussion. A quorum was present.

Rep. Carlson Who qualifies for this program? Are there enough of the drugs available to fill their needs?

Rep. Devlin I don't know completely, but I know that in SD if some drugs aren't available, others can be suggested.

Rep. Carlson If this is our plan, are there enough drugs available through these plans to meet the needs of those that can't afford to buy them?

Rep. Devlin Yes, there is no doubt in my mind.

Kelly Marshall, from Pharmacia Every product line would be available. If one specific drug is not available, there are suitable substitutes.

Rep. Wald Can you bring drugs into the nursing homes from the outside?

Rep. Devlin No, that should not be an obstacle.

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House Appropriations Committee
Bill/Resolution Number HB 1399
Hearing Date 02-11-03

Rep. Metcalf In Barnes County, a volunteer has processed over 173 applications and has had no problem with it. Why haven't nursing homes utilized this before?

Rep. Monson This is for advertising?

Rep. Devlin No, the coordinator works with pharmacists to get them applied. It also covers software.

Rep. Warner -to Kelly- How does this concept fit with the preferred list concept?

Kelly Marshall The participants offer their patented products, there is no preferred list.

Rep. Warner This covers all types of products?

Kelly Marshall These are for outpatient drugs only.

Rep. Warner So we're adding an FTE?

Rep. Carlisle I move a Do Pass on HB 1399. 2nd by Rep. Koppleman. Motion Passes unanimously with a voice vote. Rep. Devlin will carry the bill.

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REPORT OF STANDING COMMITTEE (410)
February 11, 2003 12:07 p.m.

Module No: HR-26-2267
Carrier: Devlin
Insert LC: . Title: .

REPORT OF STANDING COMMITTEE
HB 1399, as engrossed: Appropriations Committee (Rep. Svedjan, Chairman)
recommends **DO PASS** (22 YEAS, 0 NAYS, 1 ABSENT AND NOT VOTING).
Engrossed HB 1399 was placed on the Eleventh order on the calendar.

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10/3/03
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2003 SENATE HUMAN SERVICES

HB 1399

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Donna Hall
Operator's Signature

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2003 SENATE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. HB 1399

Senate Human Services Committee

☐ Conference Committee

Hearing Date 03/17/03

Tape Number	Side A	Side B	Meter #
Tape 1	x		0-3460
Committee Clerk Signature <i>Donna Kramer, Clerk</i>			

Minutes:

Senator Judy Lee opens HB 1399. All senators present.

Representative Bill Devlin (Testimony attached)

Senator Polovitz: Have you thought about contracting out our share and combing it with South Dakota?

Rep. Devlin: I don't think we would gain anything by doing that.

Senator Lee: Where would you see a pharmacist fitting in to this?

Rep Devlin: As we have looked at the programs available there are so many opportunities to work with a private/public.

Senator Polovitz: What about the process, how do you work with the doctor and pharmacist?

Senator Lee: Could you walk us through from the doctor giving us a prescription

Rep. Devlin: There is a form the doctor fills out and they should be informed on the rest. Pfizer has a \$ 15 fee, some do not.

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Senate Human Services Committee
Bill/Resolution Number HB 1399
Hearing Date 03/17/03

Senator Lee: Would that prescription come back to doctor's office or do you go through a pharmacist?

Rep. Devlin: I think there is a decision we need to work out.

Senator Polovitz: Are there other programs that are like this?

Rep. Devlin: the ones we have looked into this is the best the insurance commission is strong behind this.

Cal Rolfson, Pharmaceutical Research and Manufacturers of America (Testimony and information attached)

Senator Lee: What % of cost of medication are under this program?

Rolfson: narcotics would not be, and some cancer drugs.

No opposition

Neutral

Michael Fix, Insurance Department

Senator Lee, do you have input from the insurance department and what you have going on to help this?

Fix, Defers to Bill Lardy

Bill Lardy, Insurance Department, (information attached) We have beginnings of a program we feel would fit right into this

Senator Polovitz: What guarantee does a person have filling out this information? Does this help give pharmaceutical companies information to market with?

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Senate Human Services Committee
Bill/Resolution Number HB 1399
Hearing Date 03/17/03

Lardy: It asks the client to provide disclosure that they gave this information but also tell them this is just for this program purposes. We just provide the bare minimum to the pharmacists. It is confidential.

Senator Lee: they would have to give the financial for applying for low income.

Lardy: The way we operate the program, some additional screening has to be done, once it is determined which drug the patient needs we will do further screening and then the pharmaceutical takes it from there.

Vaughn Olhausen, Sharing Plow, We do not have a card program. We have asset level of 18-24,000. We first have a screening process and then we process the information. The arrangement would then be taken care of through the doctor. The only thing we advertise is the program itself.

Senator Lee: would it be one or the other or a combo. Is the drug sent straight to the doctor or patient and where does the pharmacist come in?

Olhausen: Depending on the controlled substance, some would be sent straight from manufacturer to patient.

Senator Brown: Is there a movement to try to standardize these companies policies?

Olhausen: Yes

Senator Polovitz: It seems to me that the drug company is the one who determines the final decision on this program.

Olhausen: We are under strict laws of confidentiality. It really is no different than going to the bank and applying for a checking account.

Senator Polovitz: What does the company do with that information?

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Hearing Date 03/17/03

Olhausen: I don't have a rock solid answer on that. We put a lot of safe guards to protect that information.

Closed HB 1399

Tape 2 Side B

Senator Fischer moves a Do Pass

Senator Brown 2nd

Senator Polovitz: Do we take into consideration that information. What I worry about is where the information goes. We as citizens are fighting for our rights that we are going to lose.

6 yes 0 No

Carrier Senator Fischer

Motion is made by Senator Fischer to refer to appropriations

Senator Brown 2nd

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10/3/03
Date

Date: 3/17/03
Roll Call Vote #: 1

2003 SENATE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 1399

Senate Human Services Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken Do Pass - rerefer to approp.

Motion Made By Fischer Seconded By Brown

Senators	Yes	No	Senators	Yes	No
Senator Judy Lee - Chairman	✓				
Senator Richard Brown - V. Chair.	✓				
Senator Robert S. Erbele	✓				
Senator Tom Fischer	✓				
Senator April Fairfield					
Senator Michael Polovitz	✓				

Total (Yes) 5 No 0

Absent 1

Floor Assignment Fischer

If the vote is on an amendment, briefly indicate intent:

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10/3/03
Date

REPORT OF STANDING COMMITTEE (410)
March 18, 2003 8:36 a.m.

Module No: SR-48-4990
Carrier: Fischer
Insert LC: . Title: .

REPORT OF STANDING COMMITTEE
HB 1399, as engrossed: Human Services Committee (Sen. J. Lee, Chairman) recommends **DO PASS** and **BE REREFERRED** to the Appropriations Committee (5 YEAS, 0 NAYS, 1 ABSENT AND NOT VOTING). Engrossed HB 1399 was rereferred to the Appropriations Committee.

(2) DESK, (3) COMM

Page No. 1

SR-48-4990

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2003 SENATE APPROPRIATIONS

HB 1399

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2003 SENATE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. HB 1399

Senate Appropriations Committee

☐ Conference Committee

Hearing Date March ²⁰~~30~~, 2003

Tape Number	Side A	Side B	Meter #
#1	x		2845 - end
Committee Clerk Signature <i>Jan Hendrickson</i>			

Minutes:

Senator Holmberg, chairman, opened the hearing on HB 1399. (#2845)

Bill Devlin, Representative from District 23. He was here to explain the fiscal note on HB 1399, which is the prescription drug plan that sets up a clearing house similar to South Dakota. South Dakota's has saved \$2.3 million in 2002. It is believed that the savings will be around \$4 million.

Senator Holmberg stated that there was no fiscal note that came with the bill and Rep. Devlin stated that it might be in the Insurance budget, he wasn't sure. He explained that the bill calls for \$100,000 appropriation to run the program, that is to pay for a \$6,000 per year software program, that South Dakota uses to access all of the free or reduced drug programs, it is to provide a part time FTE in the Dept of Insurance and to provide some funds for contracting with a pharmacist as needed to make the plan to work, based on what South Dakota did. He did not know where the \$100,000 was, that is just what was put in on the House side. He assumed it is in the Department

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Senate Appropriations Committee
Bill/Resolution Number HB 1399
Hearing Date March 20, 2003

of Insurance budget but he was not sure. **Senator Holmberg** stated that it would be in this bill, because this bill appropriates the \$100,000 from the general fund.

Questions: (#3050)

Senator Christmann: He wanted clarification, this person will be at the phone and when someone qualifies and does not understand the process, then this part time FTE will walk them through the process, is that right? **Representative Devlin** stated that it was one possibility, what they saw in South Dakota was that the Dr, the Pharmacist, the provider all have a form that the person fills out and sends in, the person in the department is mostly just operating the computer. Basically, all one has to do is just type in the name of the drug and immediately the names of the programs that are available and the criteria for it, etc. and provide a way for the patient to access those programs. Essentially the state will just be a clearing house, just the same as South Dakota, other states have similar plans but they were top heavy in administrative costs, and South Dakota's program worked better and the computer software is what makes it work so well. Some of the programs now go up to incomes of \$40,000 per year. He didn't bring the testimony, because he thought he was talking only about the \$100,000. But in the Senate Human Services, there was great detail regarding the different companies and what they offer. This is a one place clearing house for the all the drugs a person is taking. In South Dakota, they are accessed through the provider. If it ties in with what the Insurance Department is doing now, the phone system will work well. Originally it was thought it would go through the Human Services Department, but in visiting with them, and the Department of Insurance, Department of Human Services didn't think their pharmacist would have the time to do the work needed and they recommended that the

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Senate Appropriations Committee
Bill/Resolution Number HB 1399
Hearing Date March 20, 2003


Insurance Department because they have a number of senior citizens assistance insurance programs that they will be able to use a part time FTE to do both.

Senator Krauter (#3373): Who is responsible for updating the software? **Rep. Devlin** replied that the software company does it as he understood it. **Senator Krauter** wanted to know who is responsible for marketing of the program? **Rep. Devlin** replied that marketing would be the responsibility of the Department of Insurance and in South Dakota they just used the provider.

Senator Krauter continued with the \$100,000, how much is for marketing? **Rep. Devlin** replied that no much if any would be needed for marketing, but they may have to use some, he didn't think he could answer that. In South Dakota there was so much free information went out, the providers were so tied together that they didn't have to do much advertising. People came out to take advantage of the programs, hopefully that will happen here also. Some of it has to be used on advertising, but he felt that \$100,000 would cover it all. **Senator Thane** (#3532) He wanted to know the approximate range of savings that would exist if and when it becomes a reality? How much cheaper for the person who needs it? **Rep. Devlin** replied that in South Dakota the \$2.3 million was a 100% savings because they were all free programs, low income, senior citizens and what ever qualifies for free programs, otherwise the range is all over the table.

Senator Thane continued: Will the more important live saving drugs be just as available as the some of the common ones advertised on the media. **Rep. Devlin** replied that he didn't know if he could answer that completely, he understood that some drugs are not on the free and reduced lists and so they want to contract with a pharmacist that can recommend some alternatives, if that were to happened.

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Bill/Resolution Number HB 1399
Hearing Date March 20, 2003

Jack MacDonald, representing the ARC of North Dakota. No written testimony submitted.

Many of the people in ARC are mentally challenged and they are very dependent on drugs and they are very low income, so this program would be a big benefit. He would like to see this enacted.

Michael Fixx (#3850) director in the Insurance Department. No written testimony submitted. He would like to answer some questions that have come up. There is currently a program for seniors health insurance counseling program, so they are dealing with seniors and their needs, so it seems like it would make sense to have this program in the Insurance Department. As far as the appropriation goes, \$100,000 would be \$50,000 per year and that would be for paying for the computer program system and whatever advertising that was needed and the FTE person. That would be the minimum amount to do this program.

Senator Krauter: (#3961) Could this be developed as a web access, rather than calling into the department, etc. Michael replied that it was a possibility, but he didn't know computer literate that seniors would be.

Senator Bowman (#4051) he wanted to know if people's income were too high to qualify for the Human Services programs wouldn't they just go directly to this program and see what is available for them? Michael replied that is right, that was how this idea came up. Yes they would be working with the Department of Human Services.

Senator Krauter (#4145) He wanted to clarify that he was talking about the department have access to the computer programs, not the seniors. He didn't know there would be that many senior citizens that would have computer and Internet access.

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Senator Kilzer (#4289) He wanted to know if the drug companies could put drugs in and then take them out as they see fit and secondly he wanted to know if there was any financial commitment for a drug company to be included in this program? **Michael** replied that he didn't know the answer to either question.

Senator Mathern: (#4398) He wondered why the committee had this bill, why someone wasn't doing this already. **Rep. Devlin** answered that the reason the bill was here was because he learned about this last fall, and the computer software is a recent development. The free and reduced drug programs have been around for years , but the computer software program to tie it all together is new. **Senator Mathern** wondered why the department was just told to buy the software and put into place tomorrow, why is there a need for a law to do this. **Rep. Devlin** stated that they were providing the dollars to make it work. He would not save state government any money, the only savings will be to the people of North Dakota. Medicaid people will not be accessing this program, because they already have drug coverage, what this will do is for people who do not have drug coverage because of income or other reasons. This is just a consumer friendly bill only. **Senator Mathern** continued that he has no doubts this a good program, there are in fact people who will be moving into Medicaid because they can't afford drugs and they could have and then wouldn't have had to go into Medicaid, so it is a savings. He just felt they had people that should have know this and if it takes a law to make them do it, then he will support the law, he just saying he is just surprised that it hasn't been done before. **Rep. Devlin** stated that he felt that the legislature sets policy and this is setting a new policy for the state of North Dakota, they are providing a program that has not been available before and he thinks it take legislative action to do that.

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Motion by **Senator Bowman**, seconded by **Senator Christmann** for a DO PASS.

No Discussion. Roll call vote was taken, which is attached. 12 y 0 no 2 absent and not voting.

Motion carried.

Bill will be returned for Human Services for carry.

Hearing on HB 1399 was closed (#4994)

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Date: 3/20/03
Roll Call Vote #: 1

2003 SENATE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 1399

Senate Appropriations Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number Black

Action Taken do pass.

Motion Made By Bowman Seconded By Christmann

Senators	Yes	No	Senators	Yes	No
Senator Holmberg, Chairman	✓				
Senator Bowman, Vice Chair	✓				
Senator Grindberg, Vice Chair	✓				
Senator Andrist					
Senator Christmann	✓				
Senator Kilzer	✓				
Senator Krauter	✓				
Senator Kringstad	✓				
Senator Lindaas	✓				
Senator Mathern	✓				
Senator Robinson					
Senator Schobinger	✓				
Senator Tallackson	✓				
Senator Thane	✓				

Total (Yes) 12 No 0

Absent 2

Floor Assignment H.S. Fischer

If the vote is on an amendment, briefly indicate intent:

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10/3/03
Date

REPORT OF STANDING COMMITTEE (410)
March 20, 2003 12:00 p.m.

Module No: SR-50-5302
Carrier: Fischer
Insert LC: . Title: .

REPORT OF STANDING COMMITTEE
HB 1399, as engrossed: Appropriations Committee (Sen. Holmberg, Chairman)
recommends **DO PASS** (12 YEAS, 0 NAYS, 2 ABSENT AND NOT VOTING).
Engrossed HB 1399 was placed on the Fourteenth order on the calendar.

(2) DESK, (3) COMM

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SR-50-5302

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2003 TESTIMONY

HB 1399

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Date

Chairman Price and members of the House Human Services Committee. It is a great pleasure to appear before you this morning asking for your support of HB 1399. For the record, I am Rep. Bill Devlin, District 23 of Finley.

Many of you who have had the opportunity to attend NCSL or CSG meetings across our nation know that one of the many benefits you receive is the opportunity to network with legislators from other states. Many ideas are exchanged that can bring great benefits to the people of your state. HB 1399 is a bill that I had drafted based on a conversation I had with a legislator from South Dakota last year.

He was explaining a program that they have in operation which has saved the residents of that state millions of dollars in prescription drug costs in the short time it has been operational. They have set up a one person clearing house to insure that low income people, who can't afford prescription drugs get help paying for those medicines.

They use a private-public partnership that helps coordinate the need for drugs with programs offered by the pharmaceutical companies which provide free and reduced price drugs to low income people of all ages.

Different times during my legislative career I have met with Senior Citizen groups to help facilitate the use of these drug programs with some of the people in my district. However, despite the fact that we reviewed a number of programs I knew there were more and could never find an easy way to access those programs. I have talked to medical providers that have also indicated difficulty in working through the paperwork needed for the programs.

South Dakota and other states have worked out a way to access most if not all of the programs. They have purchased a software program which costs about \$6,000 per year and have one person that helps coordinate all the programs and matches it up with the needs of the citizens of the state.

Their program only deals with free programs for low income people. In this bill we are expanding on what they do to coordinate the use of all programs whether they be free or whether they are reduced cost programs.

The South Dakota plan processed \$2.3 million dollars in free medicines for their citizens in 2002. I believe the plan I am explaining today will provide even more savings because we will access not only the free plans but all the reduced ones as well. I believe we are talking about millions of dollars in savings to the people of our state.

I have attached a copy of a sheet that shows you some of the programs available. Plans are available to people of all ages and incomes. Requirements of the programs usually say you can't be on any public or private plan that includes prescription drugs.

Madam Chairman that essentially explains the bill. There will be people from the industry here to offer explanations of their particular programs. I believe it is a win-win for everyone. My only regret is that we didn't know about the South Dakota program earlier.

I would be glad to answer any questions you might have or would be willing to defer committee questions until later.

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Prescription Drug Assistance Card Programs for Seniors

Nine pharmaceutical companies have recently announced voluntary discount or fee programs for senior citizens. The specifics of these programs and combined card benefits are described below.

GlaxoSmithKline	Novartis	Pfizer	Lilly	Together Rx (Abbott Laboratories, AstraZeneca, Aventis, Bristol-Myers Squibb, GlaxoSmithKline, Johnson & Johnson and Novartis.)
NAME				
"Orange Card"	"CareCard"	"Share Card"	LillyAnswers Card	Together Rx
ELIGIBILITY				
Seniors age 65 and older and the disabled enrolled in Medicare	Medicare eligible	Seniors age 65 or otherwise a Medicare enrollee	Medicare eligible	Medicare enrollee
Annual income below \$26,000 single/ \$35,000 couple (approximately 300% of poverty)	Annual income below \$26,000 single/ \$35,000 couple (approximately 300% of poverty)	Annual income below \$18,000 single/ \$24,000 couple (approximately 200% of poverty)	Annual income below \$18,000 single/ \$24,000 couple (approximately 200% of poverty)	Annual income below \$28,000 single/ \$38,000 couple (approximately 310% of poverty)
Must not have public or private insurance coverage for prescription medicines	Must not have public or private insurance coverage for prescription medicines	Must not have public or private insurance coverage for prescription medicines	Must not have public or private insurance coverage for prescription medicines	Must not have public or private insurance coverage for prescription medicines
DISCOUNTS/FEES				
Discounts are 25% off the wholesale list price of GSK outpatient drugs	Discounts are 25% off the wholesale list price of Novartis outpatient drugs	Patients pay a \$15 fee for each 30-day supply of a Pfizer prescription medication at participating pharmacies	Patients pay a \$12 fee for a 30-day supply of any Lilly prescription medication at participating pharmacies	Anticipated savings are approximately 20-40% off retail prices. Each company sets its own level of savings independently with a minimum discount of 15% off its list price to wholesalers. Actual consumer savings will vary depending on the pharmacy's customary pricing for the specific drug.
Participating pharmacies charge card holders no more than a negotiated price	Participating pharmacies charge card holders no more than a negotiated price			
GSK expects card holders to realize average savings of 30-40% off retail prices	Novartis expects card holders to realize average savings of 30-40% off retail prices			
COVERED DRUGS				
All GSK outpatient prescription drugs	All Novartis outpatient prescription drugs	All Pfizer outpatient prescription drugs	All Lilly outpatient prescription drugs	Together Rx maintains a list of more than 150 covered drugs manufactured by the participating companies
CONTACT				
888-ORANGE6	866-974-CARE	800-717-6005	877-RX-LILLY	800-865-7211

May, 2002

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TESTIMONY

**BY
CALVIN N. ROLFSON
ON BEHALF OF
PHARMACEUTICAL RESEARCH AND MANUFACTURERS OF AMERICA
(PhRMA)
IN SUPPORT OF
HOUSE BILL NO. 1399**

My name is Cal Rolfson, I am the legislative council for the Pharmaceutical Research and Manufacturers of America. I appear in support of House Bill No. 1399. I also have several minor amendments to propose.

The Pharmaceutical Research and Manufacturers of America (PhRMA) represents the country's leading research-based pharmaceutical and biotechnology companies that are devoted to inventing medicines that allow patients to live longer, healthier and productive lives. The industry invested more than 30 billion dollars in 2001 in discovering and developing new medicines. PhRMA companies are leading the way in the search for new cures. The vast majority (more than 70%) of all scientific research for the development of new drugs comes from private industries such as PhRMA companies.

For some time, pharmaceutical manufacturers have established free, and reduced-cost drug programs for people of low income, including senior citizens.

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While the State of North Dakota, through its Department of Human Services, is familiar with such programs, it is the N.D. Insurance Department that administers such programs. Even so, there is seemingly little public or industry knowledge documentation that such programs have either been emphasized or met with any significant success. House Bill 1399 proposed to require the Department to take all appropriate steps to utilize such free and reduced program, for the benefit of both qualified recipients of those programs and the tax payers of North Dakota. We have no objection to the Insurance Department administering the program.

The governor's proposal for his seniors drug program will likely cost North Dakota approximately 3.4 million dollars as the state's share of the program. There is apparently no legislation to back up the "Healthy Senior's Rx" program, so we don't really know what it will look like in any significant detail. Additionally, the Department of Human Services budget includes another 1.2 million dollars in state funds, a portion of which will be used for administration cost in running the program.

The pharmaceutical industry has numerous programs already in place to improve access to prescription drugs for low income seniors until Congress passes a Medicare prescription drug benefit.

While the governor's program seems to provide discounts for seniors with

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incomes up to \$25,000, the industry-sponsored "Together Rx Card" program for free and reduced drugs to people of low income, including seniors, provides meaningful discounts for seniors with incomes up to \$28,000 per year for a single and \$38,000 for a couple. In another program by pharmaceutical manufacturers, the "Orange Card" covers couples with incomes up to \$40,000 per year and provides average discounts of over 30%. And yet another program, the "Pfizer Share Card" and the "Lilly Answers Card" offer 30-day supplies of medications to low-income seniors for a co-pay of \$15.00 and \$12.00 respectively. The bottom line is this: Industry-sponsor discount programs cover more low income North Dakotans and often offer better discounts than the governor's plan.

Several states have established "Clearing Housing" to connect low-income individuals with industry-sponsored program. These programs can be run at a much lower cost to the state. For example, South Dakota's "Rx Access" program is run by that state's Department of Social Services, with only 1 FTE. It utilizes a computer program which costs only about \$6,000 per year. Statistics from the state of South Dakota demonstrate that this program processed 2.3 million dollars in free medicines for South Dakotans in 2002. That would amount to approximately \$700,000 in Medicaid drug savings to state tax payers there.

The three-ten-pay provision in the governor's plan would provide only a

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20% discount for some drugs. Pharmaceutical patient assistance programs are already providing free medicines for many of the seniors that would be eligible for the governor's program. The various industry-sponsor discount cards would provide better discounts for many North Dakotans.

Most industry-sponsor programs that provide free or discounted medicines are available only to those low-income people who do not have access to public or private prescription drug program-including those offered by Medicaid through the Department of Human Services. Essentially, the governor's program could disqualify North Dakota citizens from getting free medicines or better discounts from the industry-sponsored programs!

When seniors complete to the simple "Together Rx" application form, they will be notified if their income level qualifies them for the free drug programs offered by the seven member pharmaceutical companies in that program. To date, over 85% of the "Together Rx" applicants in North Dakota actually qualify for free medicines and have been sent information on how to enroll.

Private sector programs to assist low-income seniors are already in place and are working in the private sector, at a savings to North Dakota tax payers. A clearing house to promote these programs and help connect North Dakotans to them, is a better and much lower cost solution than the governor's proposal. At

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Dorinda H. Smith
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the very least, it should be a necessary and required supplement to any existing or legislated drug program in the Department of Human Services. I am attaching to my testimony a copy of the brochure that is sent to respective applicants seeking free or reduced drugs through just one such pharmaceutical program - "Together Rx". Note on the last page of the application, the simple and basic application form. In conclusion, there is nothing currently in the law to require the Department of Human Services or the Insurance Department to first urge Medicaid drug applicants to seek access to free and reduce pharmaceutical manufacturers programs of this type. House Bill 1399 would be a "WIN-WIN" to all tax payers of North Dakota and to those low income citizens of this state who could tap private industry programs rather than tax dollars in North Dakota for this purpose.

I urge the committee to give a "do pass" to House Bill 1399, with the proposed amendments that are attached to my testimony.



Calvin N. Rolfson
Legislative Counsel
PhRMA
(Lobbyist No. 144)

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Savings

for seniors.

More than
150 medicines.

One simple card.



Together RxTM

00000 0000
MEMBER NAME

[Handwritten signature]

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[Handwritten signature]
Operator's Signature

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Discover the Together Rx™ Card for

What is the Together Rx Card?

Together Rx is a prescription savings program that provides savings to eligible Medicare enrollees on more than 150 widely prescribed medicines-right at the pharmacy counter. Multiple pharmaceutical companies participate in Together Rx, each with its individual savings program. You may save approximately 20-40% off the amount you usually pay for prescriptions and, in many cases, substantially more.* The Together Rx Card will be accepted at many retail pharmacies starting June 2002.

Q: Why is the Together Rx Card different from other prescription cards?

A: Together Rx is different because it provides seniors and other eligible Medicare enrollees with savings on medicines from a number of leading pharmaceutical companies, including Abbott Laboratories, AstraZeneca, Aventis Pharmaceuticals Inc., Bristol-Myers Squibb Company, GlaxoSmithKline, Janssen Pharmaceutica Products, L.P., Novartis, and Ortho-McNeil Pharmaceutical, Inc. Together Rx is a prescription program with free membership that provides savings on over 150 prescription medicines. So now doctors can choose from medicines that provide savings for eligible applicants without public or private prescription coverage.

Q: Who is eligible for Together Rx?

A: Approximately 11 million Medicare enrollees may be eligible for Together Rx.

You must meet only a few requirements to qualify.

- You must be a Medicare enrollee.
- Your annual income must be less than \$28,000 for individuals and \$38,000 for couples.**
- You may not have prescription drug coverage (public or private).

This range of savings reflects the mix of savings programs presently offered by each company and is subject to change. Each company sets its own level of savings independently, with a minimum savings of 15% off list price to wholesalers. Actual consumer savings may vary depending on a pharmacy's customary pricing for a specific medicine and each company's savings program requirements, including any minimum quantity requirements. Each company independently determines which products are included in the savings program. Products covered are subject to change.

Alaska: \$15,000 single/\$48,000 couple; Hawaii: \$33,000 single/\$44,000 couple.
For households of three or more, call 8-800-865-7211 for eligibility information.

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savings and medicines.

What does it cost to enroll in Together Rx?

Enrolling in Together Rx is absolutely free. There is no fee to apply for or to receive the card. The Together Rx Card is not a credit card or an insurance card. Your savings are immediate—right at the pharmacy cash register.

Q: How do I get the Together Rx Card?

A: To apply for the Together Rx Card, complete the enclosed postage-paid application and mail it in. You can find additional copies of the application at the Together Rx web site at www.Together-Rx.com or call 1-800-865-7211.

Q: How do I use the Together Rx Card?

A: After you receive your card, present it along with a doctor's prescription, or when obtaining a refill, at a participating pharmacy. Your savings are instant—right at the pharmacy counter.

Why are all these pharmaceutical companies doing this?

A: The participating companies are committed to providing seniors and other eligible Medicare patients with broader access to savings on many medications with the convenience of one card. Together Rx is designed to fill a gap in the system for the short term. The real solution is implementation of Medicare reform, including a prescription drug benefit.

Q: Which medicines are included in Together Rx?

A: The Together Rx Card offers savings on the prescription medications currently listed on the following pages.

Products are offered as of April 2002.
And are subject to change.

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The Together Rx Card offers savings

Ciphex[®]
(ciprofloxacin sodium)

Accolate[®]
(zafirlukast)

Advair Diskus[®]
(fluticasone propionate and salmeterol inhalation powder)

Agenerase[®]
(amprenavir)

Albenza[®]
(albendazole)

Alkeran[®] Tablets
(melphalan)

Allegra[®]
(fexofenadine HCl)

Allegra-D[®]
(fexofenadine hydrochloride 60 mg /
pseudoephedrine hydrochloride 120 mg)
Extended-Release Tablets

Amaryl[®]
(glimepiride tablets)

Amerge[®]
(naratriptan hydrochloride)

Amoxil[®]
(amoxicillin)

Anzemet[®] Tablets
(dolasetron mesylate)

Arava[®] Tablets
(leflunomide)

Primidex[®]
(clonazepam)

Atacand[®]
(candesartan cilexetil)

Atacand HCT[™]
(candesartan cilexetil-hydrochlorothiazide)

Augmentin[®]
(amoxicillin/clavulanate potassium)

Avandia[®]
(rosiglitazone maleate)

Azmacort[®]
(triamcinolone acetonide)
Inhalation Aerosol

Bactroban Cream[®]
(mupirocin calcium cream, 2%)

Beconase[®]
(beclomethasone dipropionate, USP)

Biaxin[®] Filmtab[®]
(clarithromycin tablets, USP)

Biaxin[®] XL Filmtab[®]
(clarithromycin extended-release tablets)

Biaxin[®] Granules
(clarithromycin for oral suspension, USP)

Bicitra[®]
(sodium citrate & citric acid)

BuSpar[®]
(buspirone HCl, USP)

Carafate[®] Tablets and Suspension
(sucralfate)

Ceftin[®] Tablets and Powder for Oral Suspension
(cefuroxime axetil)

Casodex[®]
(bicalutamide)

Cefzil[®]
(cefprozil)

Clozaril[®]
(clozapine)

CombiPatch[™]
(estradiol/norethindrone acetate transdermal system)

Combivir[®]
(lamivudine/zidovudine)

Compazine[®]
(prochlorperazine)

Comtan[®]
(entacapone)

Concerta[®]
(methylphenidate HCl)

Coreg[®]
(carvedilol)

Coumadin[®]
(warfarin sodium)

Daraprim[®] Tablets
(pyrimethamine)

Depakote[®]
(divalproex sodium delayed-release tablets)

Depakote[®]
(divalproex sodium coated particles in capsules)

Depakote[®] ER
(divalproex sodium extended-release tablets)

Dexedrine[®]
(dextroamphetamine sulfate)

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Donna M. Hall
Operator's Signature

10/3/03
Date

on these prescription medicines.



DiaBeta
(glyburide USP)

Diovan
(valsartan)

Diovan HCT
(valsartan and hydrochlorothiazide)

Ditropan XL
(oxybutynin chloride)

Duragesic
(fentanyl transdermal system)

Dyazide
(hydrochlorothiazide/triamterene)

Elidel
(pimecrolimus)



Imiron
(pentosan polysulfate sodium)

Emla
(lidocaine 2.5% and prilocaine 2.5%)

Entocort EC
(budesonide modified release capsule)

Epivir-HBV
(lamivudine)

Epivir
(lamivudine)

Erycette
(erythromycin)

Eskalith CR
(lithium carbonate)



straderm
(estradiol transdermal system)

Exelon
(rivastigmine tartrate)

Famvir
(famciclovir)

Femara
(letrozole tablets)

Fioricet
(butalbital/acetaminophen/
caffeine tablets)

Flexeril
(cyclobenzaprine HCl)

Flonase
(fluticasone propionate)

Flovent
(fluticasone propionate)

Floxin
(ofloxacin)

Foradil Aerolizer
(formoterol fumarate inhalation powder)

Glucophage
(metformin HCl)

Glucophage XR
(metformin HCl extended-release tablets)

Glucovance
(glyburide and metformin HCl tablets)

Grifulvin V
(griseofulvin tablets/griseofulvin
oral suspension)

Haldol
(haloperidol)

Imitrex
(sumatriptan succinate)

Intal
(cromolyn sodium)

Kaletra
(lopinavir/ritonavir capsules
and oral solution)

Lamictal
(lamotrigine)

Lamisil
(terbinafine HCl tablets)

Lamprene
(clofazimine)

Lanoxicaps
(digoxin solution in capsules)

Lanoxin
(digoxin)

Lantus
(insulin glargine [rDNA origin] injection)

Lasix
(furosemide)

Lescol/Lescol XL
(fluvastatin sodium)

Leukeran Tablets
(chlorambucil)

Levaquin
(levofloxacin)

Lotensin
(benazepril HCl)

Lotensin HCT
(benazepril HCl &
hydrochlorothiazide USP)

Lotrel
(amlodipine & benazepril HCl)

Malarone
(atovaquone and proguanil hydrochloride)

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Deanna Halliwell
Operator's Signature

10/3/03
Date

The Together Rx Card offers savings

Iavik®
(trandolapril tablets)

Mepron®
(atovaquone)

Miacalcin®
Injection &
Nasal Spray
(calcitonin-salmon)

Monopril®
(fosinopril sodium tablets)

Monopril® HCT
(fosinopril sodium-
hydrochlorothiazide tablets)

Monostat® Derm
(miconazole)

Ilycelex®
(isotrimazole)

Myleran®
(busulfan)

Nasacort®
(triamcinolone acetonide)

Nasacort® AQ
(triamcinolone acetonide)
Nasal Spray

Neutraphos®
(potassium phosphate)

Nexium®
(esomeprazole magnesium)

Nolvadex®
(tamoxifen citrate)

Norvir®
(ritonavir capsules
and oral solution)

**Omnicef® Capsules/
Oral Suspension**
(cefdinir)

Pancrease®
(pancrelipase)

**Parafon
Forte® DSC**
(chlorzoxazone)

Parlodel®
(bromocriptine mesylate)

Parnate®
(tranylcypromine sulfate)

Paxil®
(paroxetine hydrochloride)

Plendil®
(felodipine ER)

Polycitra®
(potassium citrate & citric acid)

Pravachol®
(pravastatin sodium)

Prilosec®
(omeprazole)

Purinethol®
(mercaptopurine)

**Pulmicort
Turbuhaler®**
(budesonide inhalation powder)

Regranex®
(becaplermin)

Relafen®
(nabumetone)

Relenza®
(zanamivir for inhalation)

Reminyl®
(galantamine hydrobromide)

Renova®
(tretinoin emollient cream)

Requip®
(ropinirole hydrochloride)

Rescula®
(unoprostone isopropyl
ophthalmic solution)

Retin-A® Micro®
(tretinoin gel)

Retrovir®
(zidovudine)

Risperdal®
(risperidone)

Serevent®
(salmeterol xinafoate)

Seroquel®
(quetiapine fumarate)

Serzone®
(nefazodone HCl)

Sinemet®
(carbidopa-levodopa)

Sinemet® CR®
(carbidopa-levodopa sustained release)

Spectazole®
(econazole nitrate)

Sporanox®
(itraconazole)

Starlix®
(nateglinide)

Stelazine®
(trifluoperazine hydrochloride)

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Operator's Signature

Date

on these prescription medicines.

Synthroid*

(levothyroxine sodium, USP)

Tagamet*

(cimetidine, cimetidine hydrochloride)

Tarka*

(trandolapril/verapamil HCl ER Tablets)

Tegretol*

(carbamazepine USP)

Tegretol-XR

(carbamazepine extended-release tablets)

Tequin*

(gatifloxacin)

Terazol*

(terconazole)

Testoderm*

(testosterone transdermal system)

Tabloid* brand Thioguanine

Thorazine*

(chlorpromazine)

Tilade*

(nedokromil sodium)

Tolectin*

(tolmetin sodium)

Topamax*

(topiramate)

Toprol-XL*

(metoprolol succinate)

Trental*

(pentoxifylline)

TriCor*

(fenofibrate tablets)

Trileptal*

(oxcarbazepine)

Trizivir*

(abacavir sulfate, lamivudine,
and zidovudine)

Tylenol* with Codeine

(acetaminophen and
codeine phosphate tablets)

Tylox*

(oxycodone and
acetaminophen capsules USP)

Ultracet*

(tramadol HCl and
acetaminophen tablets)

Ultram*

(tramadol HCl tablets)

Urispas*

(flavoxate HCl)

Valtrex*

(valacyclovir hydrochloride)

Vasacor*

(bepridil HCl)

Ventolin*

(albuterol, USP)

Vermox*

(mebendazole)

Vivelle/ Vivelle-Dot™

(estradiol transdermal system)

Voltaren Ophthalmic*

(diclofenac ophthalmic)

Wellbutrin SR*

(bupropion hydrochloride)

Zaditor™

(ketotifen fumarate ophthalmic solution)

Zantac*

(ranitidine hydrochloride)

Ziagen*

(abacavir sulfate)

Zofran*

(ondansetron hydrochloride) Oral

Zomig*

(zolmitriptan)

Zovirax*

(acyclovir)

Zyban*

(bupropion hydrochloride)

For additional product information, please see next page for company web addresses.

Aciphex is a registered trademark of Eisai Co., Ltd., Tokyo, Japan. Glucophage*, Glucophage XR, and Glucovance* are trademarks of LIPHA s.a. Levaquin* is a registered trademark of Daiichi Pharmaceutical Co. Pravachol* and Monopril* are trademarks of E.R. Squibb & Sons, LLC. Coumadin* is a trademark of Bristol Myers Squibb Pharma Company. Sinemet* and Sinemet CR are trademarks of Merck & Co.

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10/3/03
Date

For additional information about Together Rx
companies and products, please consult
the following web sites:

Abbott Laboratories
www.abbott.com

AstraZeneca
www.astrazeneca-us.com

Aventis Pharmaceuticals Inc.
www.aventispharma-us.com

Bristol-Myers Squibb Company
www.bms.com

GlaxoSmithKline
www.gsk.com

Janssen Pharmaceutica Products, L.P.
www.us.janssen.com

Novartis
www.pharma.us.novartis.com
www.novartisophthalmics.com/us

Ortho-McNeil Pharmaceutical, Inc.
www.ortho-mcneil.com
www.orthoderm.com
www.concerta.net

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original being filmed.

Operator's Signature

Together Rx™

00000 0000
MEMBER NAME



Founding Members:

 **ABBOTT
LABORATORIES**

AstraZeneca 

 **Aventis**

 **Bristol-Myers Squibb Company**

 **GlaxoSmithKline**

JANSSEN  **PHARMACEUTICA
PRODUCTS, L.P.**

 **NOVARTIS**

ORTHO-McNEIL

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Operator's Signature

10/3/03
Date

**Discover the
Together Rx™ Card
for savings
and medicines.**

**For more information
call 1-800-865-7211 or
visit www.Together-Rx.com**

Together Rx™

00000 0000
MEMBER NAME

[Handwritten signature]

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[Handwritten signature]
Operator's Signature

12/3/03
Date

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Operator's Signature Dr. J. J. Smith Date 10/3/03

Instructions: Please respond to ALL questions. You must use a #2 pencil or black ink pen. The individual boxes should be completely filled in. Do not cross zeroes or sevens.

Example: **ABC** **123** CORRECT INCORRECT ☒

Mail completed applications to: **TOGETHER RX LLC, PO BOX 52158, PHOENIX, AZ 85072-9967**

Yes, I'd like to be considered for the Together Rx Card. I understand that the card is absolutely free.

APPLICATION FORM

Please fill in all information: (You must use a #2 pencil or black ink pen)

First Name										Last Name																			
Social Security #										Medicare #										Date of Birth									
Address																													
Address																													
City															State					Zip Code									
Telephone #															Gender					<input checked="" type="checkbox"/> M <input type="checkbox"/> F									

Total number of dependents including yourself, in the household. #

Are you over the age of 18 and receiving disability payments under Social Security Disability? **YES** ☐ **NO** ☐

ANNUAL HOUSEHOLD INCOME If you are married and reside with your spouse, you must include both incomes regardless of filing status.

Please provide your most recent adjusted gross income from your last Federal Income Tax Return. If you did not file a tax return due to minimum filing requirements, please estimate your household income. \$,

Are you enrolled in insurance or a government program or any other private program that pays for prescriptions (such as: private insurance, employer plan, Medigap, HMO, Medicaid, state assistance program, other)? **YES** ☐ **NO** ☐

Original Signature of Applicant or Representative

Today's Date

11280

I certify that the information on this application form is accurate and complete. I understand and agree that participating companies or their administrator of the Together Rx program may contact me in the future to verify this information.

ELIGIBILITY

I understand that to be eligible for the Together Rx Card, I must: (i) be a Medicare enrollee; (ii) meet the income requirements established by the program; and (iii) not have any public or private insurance coverage for prescription medicines. I understand that the Administrator will determine my eligibility for the Program on the basis of the information I have provided. The Administrator may at any time require reasonable additional information to support my eligibility. If the information I have provided is incomplete or inaccurate, and I do not meet the eligibility requirements of the Card, any savings that I request by use of the Together Rx Card may be denied.

LIMITATIONS

The savings offered under the Together Rx Card are not valid for any prescriptions reimbursed under any federal healthcare program, including Medicare or Medicaid, or any similar state assistance program; (a "Government Program"), or under any private insurance, HMO, Medigap, employer, or other third-party payment arrangement ("Private Insurance"). In other words, I recognize that I am eligible for this program only if I pay "cash" for my prescriptions and am not eligible to receive reimbursement from a Government Program or Private Insurance. By my signature on this application, I certify that I am not eligible for and will not be reimbursed by any Government Program or any Private Insurance for any prescription on which I receive a Together Rx Card savings.

The Together Rx Card is for use with outpatient prescription medicines of the participating companies only. The participating companies select which of their products to include in the program and independently determine their own savings. Products and savings are subject to change at the discretion of each company. This Program does not provide savings on vaccines, or on products distributed and/or marketed by other manufacturers. The Together Rx Card may not be used in combination with any prescription drug savings or discount card, or manufacturer's coupon for the purchase of participating companies' products. The Together Rx Card is void where prohibited by law, and void outside the USA, or where taxed, restricted, prohibited, assigned, or transferred. The participating companies reserve the right to rescind, revoke, or amend the Together Rx Card and the savings offered by it at any time.

DISCLOSURE OF INFORMATION FOR TOGETHER RX CARD ADMINISTRATION

I understand that when I use my Together Rx Card, an administrator for the Card ("Administrator") will review my application, notify me regarding eligibility, and process the savings provided to me by the participating companies. In administering the Card, the Administrator will receive information on the prescription medicines my doctor has prescribed for me and other personal information about me that I disclose on the application form. I authorize the Administrator to use this information for purposes related to administering the Together Rx Card. This authorization will expire when I am no longer eligible to participate in the Together Rx program or upon the termination of the Together Rx program. I may revoke this authorization at any time by writing the Administrator at the address provided by the Administrator in my Together Rx membership packet, which I will receive with my Together Rx Card, if I am eligible. I understand that if I revoke this authorization, I will no longer be able to participate in the Together Rx Card program. This authorization does not give the Administrator permission to share the information I provide on this application with Together Rx, LLC or its participating companies.

Statement



Statement of the Pharmaceutical Research and Manufacturers of America
("PhRMA")

Supporting North Dakota House Bill No. 1399 ("HB 1399")

January 27, 2003

Position: PhRMA supports HB 1399 because it proposes a state program to assist low income, North Dakota residents to gain access to free or reduced cost, prescription medications through prescription drug assistance programs offered by pharmaceutical manufacturers.

PhRMA represents the nation's leading research-based pharmaceutical and biotechnology companies, which discover and develop the majority of new medicines used in the United States and around the world. In 2001, PhRMA's member companies brought thirty-two new prescription drugs and biologics to market, including medicines for diseases that affect millions of patients, such as, Alzheimer's, AIDS, cancer, glaucoma, heart disease, and schizophrenia. Additionally, PhRMA's member companies invested more than \$30 billion in research and development last year to create medicines that help combat diseases that threaten the well-being of Americans and to help reduce the economic loss caused by an ailing workforce.

HB 1399 proposes a program to provide information (sometimes known as a "clearinghouse") about pharmaceutical manufacturers' patient assistance programs that provide free or reduced cost drugs to low-income patients. This clearinghouse would assist North Dakota residents in identifying beneficial, private sector programs, thereby accessing a wider range of assistance options for individuals in need. PhRMA endorses efforts to increase access to appropriate medicines and to maximize assistance options for those who cannot afford prescription drug insurance.

For the reasons stated above, PhRMA urges North Dakota legislators to support HB 1399.

Pharmaceutical Research and Manufacturers of America

1100 Fifteenth Street NW Washington, DC 20005 (202) 835-3400

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Dan Halliwell
Operator's Signature

10/3/03
Date

PROPOSED AMENDMENTS TO HOUSE BILL 1399

Page 1, line 1, after "pharmaceutical" insert "manufacturer's" and delete "company"

Page 1, line 7 after "manufacturers" insert thereafter ", including free discount and coverage programs"

Page 1, line 9 delete "program" and insert thereafter "programs"

Page 1, line 10 delete "program" and insert thereafter "programs"

Page 1, line 16, delete "prescription" and insert thereafter "pharmaceutical manufacturers" and delete "assistance" and insert thereafter "access"

Renumber accordingly

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10/3/03
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Pharmaceutical Companies Provide Patient Assistance

Pharmaceutical companies provide assistance to many people who are not able to pay for medicines they need. Each company designs and operates its own patient assistance program, but PhRMA provides information about how to locate each company's program, through our publication entitled, "Directory of Prescription Drug Patient Assistance Programs: 2002." In 2002, through these programs, PhRMA member company programs provided an estimated 14 million prescriptions to over an estimated 5 million patients. The wholesale value of those drugs totaled over an estimated \$2 billion.

In North Dakota, PhRMA member companies provided free drugs to more than 15,000 patients in 2001. The pharmaceutical companies also make contributions worldwide to emergency relief and other humanitarian efforts.

Pharmaceutical Research and Manufacturers of America

1100 Fifteenth Street, N.W., Washington, D.C. 20005 (202) 835-3400

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Dennis Hall
Operator's Signature

10/3/03
Date

Drug Plans Via the Web

Compiled by Vivian Marino

26 January 2003

The New York Times

© 2003 New York Times Company

Looking to save money on prescription drugs for the elderly? The National Council on the Aging last week started a free Web-based service that helps connect older adults with public and private prescription savings programs covering hundreds of medications.

The service, BenefitsCheckUpRx (www.BenefitsCheckUp.org), includes information about 30 state-funded pharmacy programs, each state's Medicaid program and 116 company-sponsored patient assistance programs.

By completing a brief questionnaire on the Web site, families can obtain a personalized report with all the programs for which a person might be eligible and detailed instructions on how to enroll.

Thomas Scully, administrator of the Centers for Medicare and Medicaid Services, called the site "another great tool in helping seniors become more educated consumers."

The inclusion of pharmaceutical programs actually is an expansion of the Web site, which already helps the elderly determine their eligibility for benefits programs like Medicaid and food stamps.

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Operator's Signature

10/3/03
Date



1906 E Broadway Ave.
Bismarck, ND 58501-4700
Tel. 701-258-4968
Fax 701-258-9312
e-mail ndpha@nodakpharmacy.com

**Testimony before the House Human Services Committee
HB 1399**

**Wednesday, January 29, 2003
Galen Jordre – Executive Vice President**

My name is Galen Jordre and I am the Executive Vice President of the North Dakota Pharmaceutical Association (NDPhA) an organization that represents the 700 pharmacists practicing in the state. The NDPhA is here to support the Intent of HB 1399.

There is no doubt that access to prescription drugs by needy citizens is a problem across our state. It is particularly troublesome for fixed income senior citizens who take multiple medications. This bill will aid persons who meet guidelines of different manufacturer patient assistance programs by assisting in preparation of the voluminous paperwork needed apply for such programs. However, because of the fragmented nature of patient assistance programs and varied availability of medications, the aid described by this bill should not be considered as a comprehensive solution to the medication access problems experienced by our most needy citizens. I would like to make the following comments about this proposal.

The language of the bill indicates that the software used in the program will link needy patients with patient assistance programs. While on-line input forms can be used, there will still need to be a person who enters drug names into the software used to generate patient assistance application forms. These forms will then need to be returned to patients who then take the forms to their physicians who ultimately verify eligibility. This program can assist those in the community who are currently aiding needy individuals with patient assistance program applications and success depends upon extensive volunteer effort.

South Dakota uses a pharmacist working for Adult Services and Aging to review the paperwork and recommend therapeutic alternatives when patient assistance programs do not cover applicants' medications. The appropriation for this bill appears to limit the availability of a pharmacist.

While it is very laudable that pharmaceutical companies provide medically necessary drugs to needy applicants, there are drawbacks to these programs. Because of the application process, medicines are often not available on a timely basis. There are limitations on quantities of medications and lengths of eligibility. Because most medications are distributed through physician offices and are not labeled with directions for use, pharmacy care becomes fragmented with the possibility of missing drug interactions and duplications. The program is dependent upon voluntary efforts of many different healthcare providers and even with all these volunteers still only provides stopgap efforts. If this bill is passed, there should be an increased appropriation to insure there are resources to operate the program in a meaningful manner and provisions included to coordinate with existing volunteer efforts in place. This program is no substitute for more comprehensive prescription drug benefits sponsored by the state or federal governments. If these comprehensive programs do not materialize then the provisions of this bill with expanded funding will assist the needy citizens of our state.

**OFFICERS
2002 - 2003**

BOB TREITLINE, R.Ph.
President

WADE BILDEN, R.Ph.
President-Elect

CURTIS MCGARVEY, R.Ph.
Vice-President

GALEN JORDRE, R.Ph.
Executive Vice President

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Donna Hallworth
Operator's Signature

10/3/03
Date

Adult Services & Aging Rx Access

Rx Access helps people gain access to drug company assistance programs which supply prescription medications at low or no cost. In addition, a pharmacist will review all medications a person is taking and may consult with a person's doctor if necessary. Rx Access does not:

- Pay for medications.
- Reimburse past medication expenses.

It is important to take medications exactly as prescribed. Not being able to afford needed medications can affect how you take them. Failure to follow your doctor's instructions can result in serious illness, hospitalization, nursing home placement or even death.

Medications with Assistance

Following is a list of medications with assistance programs. This list is not complete and is subject to change.

Eligibility

A person may be eligible for Rx Access if he or she meets the following requirements.

- You must be a South Dakota resident.
- You are age 19 or older.
- You have no prescription drug coverage through private insurance.
- You do not qualify for any state assistance programs for prescription drugs.
- You have a low income. You must be within the following income and asset guidelines to be eligible for the Rx Access Program.

Income Guidelines

Single Person:	\$10,000 yearly
Couple:	\$14,000 yearly
Family of Three:	\$17,000 yearly
Family of Four:	\$20,000 yearly

Asset Guidelines:

(Example: checking/savings accounts, stocks, bonds, CDs, annuities, etc.)

Single Person:	\$4,000
Couple:	\$6,000
Family of Three:	\$8,000
Family of Four:	\$10,000

Applying

To apply for assistance from Rx Access, you must complete an application form and certify to the truthfulness and accuracy of income and resource information.

- [Click here to apply online or to print a form to fill out.](#)

The drug manufacturer has the final authority regarding approval of your application. The Rx Access Program cannot guarantee that you will receive the medication you requested free of charge. The assistance provided by the drug manufacturer is generally intended to be temporary. The drug manufacturer's program may be limited by available funding and may be modified or discontinued at any time.

Not all prescription medications are available. Some drug manufacturers do not have an indigent patient program.

* You can also request medication assistance from various pharmaceutical companies without applying for Rx Access.

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Operator's Signature

10/3/03
Date

DSS-AA-677-05/02

RX ACCESS INTAKE FORM

Date: _____

Gross Yearly Household Income: \$ _____

Client Name: _____
First MI Last

List where you receive your income (Include spouse's income) as well as the \$ amounts:

Address: _____

Social Security: _____

City/State/Zip: _____

Soc. Sec. Disability: _____

Telephone Number: _____

Interest: _____

Date of Birth: _____

Wages: _____

Soc. Sec. # _____

Other: _____

If you are over age 60, would you like a social worker to contact you to discuss other programs you may qualify for. Yes ___ No ___

Savings/Checking/CD balance: \$ _____

Sex: _____

Physician: _____
First MI Last

Married ___ Single ___ Widowed ___

Clinic: _____

Street Address: _____

(DO NOT use PO Box)

City/State/Zip: _____

Telephone Number: _____

➤ I authorize any health professional to release to the Rx Access program, any information with respect to myself that may be related to the Rx Access application, including any relevant review of drug therapy. I declare and affirm under the penalties of perjury, that this information has been examined by me and to the best of my knowledge and belief, is in all things true and correct.

Client's Signature _____ Date: _____

Mail this Intake and 6 month pharmacy printout to the address listed below:

Mike Jockheck, Adult Services & Aging, 700 Governors Drive, Pierre SD 57501-2291
Toll Free Number - 1-866-854-5465

If you are assisting with the completion of this Intake Form and applications; please list your name, address and telephone number below.

Name: _____

Phone Number: _____

Eligibility Criteria

Income Guidelines

Asset Guidelines

Minimum - 19 years of age

Single Person \$10,000 yearly
Couple \$14,000 yearly
3 in Family \$17,000 yearly
4 in Family \$20,000 yearly

\$ 4,000
\$ 6,000
\$ 8,000
\$10,000

** Incomplete application will delay processing.

Please list medications on reverse side

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List below all medication, dosage, form, how often and why you are taking.

[illegible]

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Deanna Hallmark
Operator's Signature

10/3/03
Date

**TESTIMONY BEFORE THE HOUSE HUMAN SERVICES COMMITTEE
REGARDING HOUSE BILL 1399
JANUARY 29, 2003**

Chairman Price, members of the committee, I am David Zentner, Director of Medical Services for the Department of Human Services. I appear to provide information regarding the fiscal note on this bill.

First, the Department does not believe that this program would provide as generous of a benefit as the Governor's proposed Healthy Seniors Rx plan. Second, it may be suggested that this program will prevent or delay citizens from becoming eligible for Medicaid by decreasing their out-of-pocket costs for healthcare and keeping them healthy by providing needed pharmaceuticals. This may be true, but the most proven program for this purpose is an 1115 Pharmacy Plus Waiver such as what was proposed in the Governor's budget.

By qualifying for the waiver program, the state would be able to leverage significant federal dollars and provide a much broader benefit to the citizens of North Dakota. The program proposed by HB 1399 will only result in coverage of brand name, currently marketed medications. For example, earlier this week a check was done on the top 100 (by cost) North Dakota Medicaid medications through the Pharmaceutical Research and Manufacturers of America (PhRMA) website (www.phrma.org) directory of patient assistance programs. Only 45 of the top 100 medications were found to have programs listed on the website. Assistance may be available for some of the other 55 products, but this does shed light on the fact that the coverage under this program would be much more narrow in scope than an 1115 Pharmacy Plus Waiver, which would provide coverage of all medications, just like the current North Dakota Medicaid program.

Also, to avoid duplication of services within government, it would be more appropriate for the responsibility of this program, if passed, to be administered

by the State Insurance Commissioner's office. Their office has been actively assisting senior citizens with this process and we believe the responsibility for the program should remain with those that have the existing network and experience on which to build.

I would be happy to answer any questions you may have.

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Deanna Hallworth
Operator's Signature

10/3/03
Date

Chairman Lee and members of the Senate Human Services Committee. It is a great pleasure to appear before you this morning asking for your support of HB 1399. For the record, I am Rep. Bill Devlin, District 23 of Finley.

Many of you who have had the opportunity to attend NCSL or CSG meetings across our nation know that one of the many benefits you receive is the opportunity to network with legislators from other states. Many ideas are exchanged that can bring great benefits to the people of your state. HB 1399 is a bill that I had drafted based on a conversation I had with a legislator from South Dakota last year.

He was explaining a program that they have in operation which has saved the residents of that state millions of dollars in prescription drug costs in the short time it has been operational. They have set up a one person clearing house to insure that low income people, who can't afford prescription drugs get help paying for those medicines.

They use a private-public partnership that helps coordinate the need for drugs with programs offered by the pharmaceutical companies which provide free and reduced price drugs to low income people of all ages.

Different times during my legislative career I have met with Senior Citizen groups to help facilitate the use of these drug programs with some of the people in my district. However, despite the fact that we reviewed a number of programs I knew there were more and could never find an easy way to access those programs. I have talked to medical providers that have also indicated difficulty in working through the paperwork needed for the programs.

South Dakota and other states have worked out a way to access most if not all of the programs. They have purchased a software program which costs about \$6,000 per year and have one person that helps coordinate all the programs and matches it up with the needs of the citizens of the state. We originally intended to place the program in the Department of Human Services, but at their request we have moved it into the department of Insurance. We all feel it is a better fit with services that are already being offered through that department. There is an appropriation request of \$100,000 for the biennium, elsewhere in the budget to pay for the \$6,000 a year software costs, one full or part-time FTE and any contracting needed for any pharmacy questions.

Their program only deals with free programs for low income people. In this bill we are expanding on what they do to coordinate the use of all programs whether they be free or whether they are reduced cost programs.

The South Dakota plan processed \$2.3 million dollars in free medicines for their citizens in 2002. I believe the plan I am explaining today will provide even more savings because we will access not only the free plans but all the reduced ones as well. I believe we are talking about millions of dollars in savings to the people of our state.

I have attached a copy of a sheet that shows you some of the programs available. Plans are available to people of all ages and incomes. Requirements of the programs usually say you can't be on any public or private plan that includes prescription drugs.

Madam Chairman that essentially explains the bill. There will be people from the industry here to offer explanations of their particular programs. I believe it is a win-win for everyone. My only regret is that we didn't know about the South Dakota program earlier.

I would be glad to answer any questions you might have at this time or be willing to come back for committee discussions at another time.

Demetrius Hall
Operator's Signature

10/3/03
Date

TESTIMONY

BY
CALVIN N. ROLFSON
ON BEHALF OF
PHARMACEUTICAL RESEARCH AND MANUFACTURERS OF AMERICA
(PhRMA)
IN SUPPORT OF
ENGROSSED HOUSE BILL NO. 1399

My name is Cal Rolfson, I am the legislative council for the Pharmaceutical Research and Manufacturers of America (PhRMA). I appear in support of Engrossed House Bill No. 1399.

PhRMA represents the country's leading research-based pharmaceutical and biotechnology companies that are devoted to inventing medicines that allow patients to live longer, healthier and productive lives. The industry invested more than 30 billion dollars in 2001 in discovering and developing new medicines. PhRMA companies are leading the way in the search for new cures. The vast majority (more than 70%) of all scientific research for the development of new drugs comes from private industries such as PhRMA companies.

For some time, pharmaceutical manufacturers have established free, and reduced-cost drug programs for people of low income, including senior citizens. While the State of North Dakota, through its Department of Human Services, is

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familiar with such programs, it is the N.D. Insurance Department that currently administers such programs. Engrossed House Bill 1399 proposes to enhance public knowledge regarding such programs. Engrossed House Bill 1399 proposed to require the Insurance Commissioner to take all appropriate steps to utilize such free and reduced drug programs, for the benefit of both qualified recipients of those programs and the tax payers of North Dakota. In the original House Bill version, the requirement of the program was placed in the Department of Human Services, but the House passed the Bill as amended and placed the program in the Insurance Commissioner's office, we support that change.

The governor's proposal for his seniors drug program will likely cost North Dakota approximately 3.4 million dollars as the state's share of the program. There is apparently no legislation to back up the "Healthy Senior's Rx" program, so we don't really know what it will look like in any significant detail. Additionally, the Department of Human Services budget includes another 1.2 million dollars in state funds, a portion of which will be used for administration cost in running the program.

The pharmaceutical industry has numerous programs already in place to improve access to prescription drugs for low income seniors until Congress passes a Medicare prescription drug benefit.

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While the governor's program seemed to provide discounts for seniors with incomes up to \$25,000, the industry-sponsored "Together Rx Card" program for free and reduced drugs to people of low income, as an example, including seniors, provides meaningful discounts for seniors with incomes up to \$28,000 per year for a single person and \$38,000 for a couple. In another program by pharmaceutical manufacturers, the "Orange Card" covers couples with incomes up to \$40,000 per year and provides average discounts of over 30%. And yet another program, the "Pfizer Share Card" and the "Lilly Answers Card" offer 30-day supplies of medications to low-income seniors for a co-pay of \$15.00 and \$12.00 respectively. The bottom line is this: Industry-sponsor discount programs cover more low income North Dakotans and often offer better discounts.

Several states have established "clearing houses" to connect low-income individuals with industry-sponsored programs. These programs can be run at a much lower cost to the state. For example, South Dakota's "Rx Access" program is run by that state's Department of Social Services, with only 1 FTE. It utilizes a computer program which costs only about \$6,000 per year. Statistics from the state of South Dakota demonstrate that this program processed 2.3 million dollars in drug claims for South Dakotans in 2002.

The three-tier-pay provision in the governor's plan would provide only a

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Deanna Hall Smith
Operator's Signature

10/3/03
Date

20% discount for some drugs. Pharmaceutical patient assistance programs are already providing free medicines for many of the seniors that would be eligible for the governor's program. The various industry-sponsor discount cards would provide better discounts for many North Dakotans.

Industry-sponsor programs that provide free or discounted medicines are available only to those low-income people who are not eligible for public or private prescription drug programs-including those offered by Medicaid through the Department of Human Services. Essentially, the governor's program could disqualify North Dakota citizens from getting free medicines or better discounts from the industry-sponsored programs.

When seniors complete to the simple "Together Rx" application form, they will be notified if their income level qualifies them for the free drug programs offered by the seven member pharmaceutical companies in that program. To date, over 85% of the "Together Rx" applicants in North Dakota actually qualify for free medicines and have been sent information on how to enroll.

Private sector programs to assist low-income seniors are already in place and are working in the private sector, at a savings to North Dakota tax payers. A clearing house to promote these programs and help connect North Dakotans to them, is a good, low cost solution.

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Dennis Hallmark
Operator's Signature

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I am attaching to my testimony a copy of the brochure that is sent to respective applicants seeking free or reduced drugs through just one such pharmaceutical program - the "Together Rx" program. Note on the last page of the application, the simple and basic application form.

In conclusion, there is nothing currently in the law to require the Department of Human Services or the Insurance Department to first potential Medicaid drug applicants to seek access to free and reduce pharmaceutical manufacturers programs of this type. House Bill 1399 would be a "WIN-WIN" to tax payers of North Dakota and to those low income citizens of this state, including seniors who could tap private industry programs rather than tax dollars in North Dakota for this purpose.

I urge the committee to give a "do pass" to Engrossed House Bill 1399.



Calvin N. Rolfson
Legislative Counsel
PhRMA
(Lobbyist No. 144)

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Operator's Signature

10/3/03
Date

Contact:

If no local contact is listed,
call the toll free number for assistance.

We Want You To Be Informed!

Public presentations to groups and
organizations on Medicare and
related topics can be scheduled by
calling the Insurance Department
toll free at 1-800-247-0560.



1-800-247-0560

Dear Friends,

Understanding the paperwork and coverage of Medicare and other
related health insurance services can be downright
overwhelming at times. That's why the Senior Health
Insurance Counseling, or SHIC, program provides
such a valuable service to North Dakota
consumers.



Our SHIC volunteer counselors can help
alleviate the confusion, find answers to
your questions, and provide unbiased
information. The service is totally free
and completely confidential, and no one
involved will ever try to sell you
anything. To volunteer or seek
assistance, please call us.

A handwritten signature in cursive script, appearing to read "Jim Poolman".

Jim Poolman
Insurance Commissioner



North Dakota



A program of
the North Dakota
Insurance Department

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Operator's Signature *James J. Smith*

Date 10/3/03

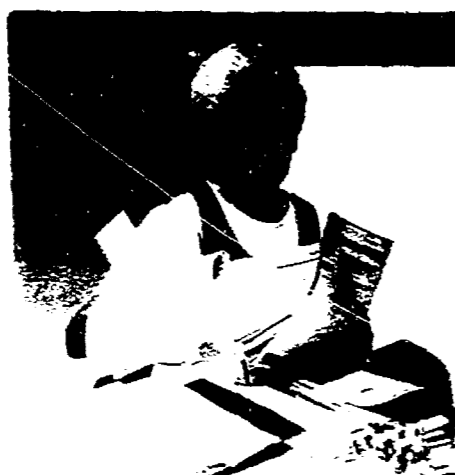
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Operator's Signature

Donna Johnson


10/3/03

Date



If you are eligible for Medicare (65 or over or disabled) or have family members or friends who are, you should know about the North Dakota Senior Health Insurance Counseling (SHIC) program. SHIC offers **free and confidential** help with Medicare and other health insurance. Trained counselors who work through local sponsoring organizations can help answer your questions.

SHIC counselors have no connection with any insurance company or product.



EXACTLY WHAT DO COUNSELORS DO?

If you are new to Medicare, counselors can explain how it works, what is covered and what costs you are responsible for.

SHIC counselors will help you understand the paperwork and statements that you receive after a doctor visit, hospital stay or other medical experience.

SHIC counselors help sort out and reconcile Medicare statements and hospital or clinic bills and help you figure out what has been paid and what you need to pay.

SHIC counselors can help with claims filing or appeals if payment for a service has been denied.

SHIC counselors can explain your options for private insurance to supplement your Medicare (that is, insurance that covers costs Medicare doesn't).

SHIC counselors can help you review and understand long term care insurance and offer you tools to help decide if it is the right choice for you.

SHIC counselors have information on other resources, agencies and organizations that may be of help to you if you have questions about other issues.

WHAT IF THE COUNSELOR DOESN'T KNOW THE ANSWER TO MY QUESTION?

SHIC counselors have extensive training and the resources of the ND Insurance Department to call on if a question or problem is beyond their knowledge or experience.

The ND SHIC program is funded by a grant from the Health Care Financing Administration.

SHIC DOES NOT:

- Provide legal assistance
- Make decisions for you
- Promote specific products or offer policies for sale



Submitted by: Roger Wetzel

HAVING TROUBLE PAYING FOR YOUR PRESCRIPTIONS?

ASK YOUR DOCTOR ABOUT THE COST OF THE PRESCRIPTION.

If the cost might prevent you from taking the prescription as written, ask your doctor about:

- Free samples of your drug.
- Generic versions of your drug.
- Lower cost alternative drugs.
- Buying larger dosages of pills and cutting them to your dose (*pill cutters are available at pharmacies*).
- Patient Assistance Programs offered by many drug companies (*see website information below*).

Your doctor also may refer you to your local senior center or county social service office (*see telephone numbers on other side*) for help with completing applications for assistance.

PHARMACEUTICAL/DRUG COMPANIES "PATIENT ASSISTANCE PROGRAMS"

Many pharmaceutical companies have special "patient assistance programs" to assist people who can't afford to buy the drugs they need. Each company has its own special requirements, forms, and procedures.

All companies require your doctor to be involved, so ask your doctor about these programs. You also may wish to ask someone familiar with using computers to assist you with finding website information (*see below*) on these patient assistance programs. Some patient assistance websites:

www.rxassist.org
www.needymeds.com
www.phrma.org

Information you may find on these websites:

"Home Page" - the first page of a website. After you get to this page, you may click on the following:

"Drug List" - lists all the drugs currently in this system that are offered at no charge.

"Drug Companies" - lists all the pharmaceutical companies that offer some drugs at no charge.

"Drug Categories" - lists other drugs used to treat the same illness. This may be helpful if your drug is not on the list. Ask your doctor about them.

Check the websites to see if you can print the information, or to order or request a directory. (over)

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Dennis H. Smith
Operator's Signature

10/3/03
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COMMUNITY RESOURCES THAT MAY HELP WITH PRESCRIPTIONS:

1. Medical Assistance (Medicaid):

For age 65+, disabled, families, and children under age 21. Generally, you must have a limited income, and limited assets or savings. Call:

- Burleigh County Social Services, 222-6622
- Morton County Social Services, 667-3395

2. "Patient Assistance Programs":

Offered by many drug companies (*see other side*). To apply, ask your doctor or his/her nurse. If you are age 60+ and need help with these companies' application forms, call the Outreach offices at:

- Burleigh County Senior Adults, 255-4648
- Mandan Golden Age Services, 663-6528

3. For Short-term or Emergency Assistance:

In filling a prescription or getting some medications, ask your doctor about free samples. You also may contact:

- AID, Inc., Bismarck, 223-9150
- AID, Inc., Mandan, 663-1274
- Salvation Army (Interfaith supported), 667-1215
- General Assistance Program at:
 - Burleigh County Social Services, 222-6622
 - Morton County Social Services, 667-3395
- Custer Health, 667-3370
- Bismarck/Burleigh Public Health, 222-6525
- Burleigh County Veterans Service, 222-6698
- Morton County Veterans Service, 667-3365
- United Tribes Tech. College, 255-3285 ext. 272
- N.D. Association For The Disabled, 1-800-532-6323
- Eligible tribal members also may contact:
 - Ft. Yates IHS, 854-3831
 - New Town IHS, 627-4701
 - Belcourt IHS, 477-8441
 - Ft. Totten IHS, 766-1600
- West Central Human Service Center (*mental health issues only*), 328-8767
- Ruth Melers House (*homeless only*), 222-2108

4. If you are on a new prescription:

Ask your pharmacist about filling only a part of the prescription on a trial basis.

This card provided courtesy of the Community Health Program at St. Alexius. If you have any corrections or changes, or if you know of any other drug assistance programs, please call (701) 530-7389.

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Deanna Halliwell
Operator's Signature

10/3/03
Date

CONTACT PHARMACEUTICAL RESEARCH AND MANUFACTURERS OF AMERICA
FOR COPY: 1100 FIFTEENTH ST NW, WASHINGTON, D.C. 20005

HB1399

DIRECTORY

OF PRESCRIPTION DRUG
PATIENT ASSISTANCE PROGRAMS

PRMA

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