



PAL News

The Prescription Access Litigation Project
A Community Catalyst Initiative

PAL Brings New Charges in AWP Litigation

PAL's most broad-based case filed to date continues to gain momentum. Earlier this summer, PAL filed an amended complaint in its Average Wholesale Price case that not only cites new defendants, but also broadens the legal claims being brought. With a strengthened strategy, all signs point to an even greater likelihood of creating industry-wide reform.

PAL initially filed the Average Wholesale Price ("AWP") case in December of 2001 on behalf of numerous consumer organizations and individuals. The case, which is being waged against nearly every U.S. pharmaceutical manufacturer, targets the practice of pharmaceutical companies of illegally inflating the "average wholesale price" of their drugs. The AWP of drugs are published in several independent publications from information provided by the manufacturers. Medicare, Medic-

aid, patients and third party payers, such as insurance companies, reimburse pharmacies and physicians for drugs they provide based on the AWP. However, several recent reports have revealed that there is a significant difference between pharmacy/physician acquisition cost and AWP. In reality, manufacturers regularly give physicians and pharmacies discounts, greatly reducing the actual amount that the physician or provider pays for the drugs. However, these discounts are not reflected in the published price and the savings are withheld from consumers.

The amended complaint retains the Medicare Act charges of the first complaint, which hinge on the overcharging of Medicare beneficiaries in violation of the Act. Also still claimed are criminal conspiracy charges regarding collusion between the pharmaceutical companies and those who publish the AWP's as well as between pharmaceutical companies and Pharmacy Benefit Managers (PBMs), who, likewise, have profited from the spread between the discounted price they pay and the AWP for which they are reimbursed by patients.

However, in the amended complaint PAL asserts that the price-gouging actions of the pharmaceutical companies violate civil conspiracy laws as well as the consumer protection laws of numerous states. By recording false AWP's and not revealing the inaccuracies, the companies have failed to disclose material fact regarding their trade or commerce, made false and mislead-

PROFILE:

Alice O'Connor

St. Petersburg Beach, Florida



Alice (Ali) O'Connor always prided herself for following healthy habits. She ate right and exercised regularly, walking or running two to three miles a day. When she had a total hysterectomy about ten years ago, it seemed to make sense to begin taking Estratest – a combined estrogen/androgen drug therapy prescribed to relieve hot flashes. Things went pretty well until June 21, 2003. Ali says that's when her entire life changed.

It was around 11:00 in the evening, and Ali's husband had already retired to bed. Ali was talking to her daughter who happened to be visiting when suddenly, she felt as though someone was ripping her chest open. Her daughter woke up her husband who called 911 and they got her to the hospital as fast as possible. A full chest scan revealed a massive pulmonary embolism – two blood clots, one in each lung. Ali almost died from the blood clots, which her hospital physicians linked to a side effect of Estratest.

"I am quite shocked," she said when she recently learned that Estratest had never been approved for hormone replacement therapy by the Food and Drug Administration (FDA). "Not only that," she added, "I am very, very angry. Why do we have the FDA? What is their purpose, if not to protect us?" Ali just couldn't understand how Estratest is on the market without FDA approval. She was even more upset when she learned that on April 14, 2003 the FDA



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ing statements, made false representations in a transaction, and falsely encouraged the use of their drugs through fake “discounts” – all in violation of state consumer protection laws.

The amended complaint also contains claims related to “Together Rx,” a prescription drug discount card. The card, sponsored by eight pharmaceutical companies, provides discounts on certain prescription drugs to Medicare and Medicaid enrollees and the uninsured who do not have prescription drug coverage through another source. The Together Rx allegation is that in order to compensate for the lower rates received from Together Card holders, the companies raise the AWP of over 170 widely prescribed brand name



drugs included in the program. By so raising the starting point for the Together Card discounts, the companies have guaranteed that their profits will not be sacrificed by the program. In effect, they have sacrificed the financial well-being of patients in order to ensure their own bottom-line. The newly amended complaint charges that the AWP-fixing not only violates consumer protection laws, but violates antitrust and conspiracy laws as well, and seeks an end to this price-inflating practice of the industry in order to make drugs truly affordable.

announced it believes there is no substantial evidence proving that estrogen/androgen therapies are effective in treating hot flashes.

Ali is a high school teacher in a residential program that emphasizes behavior change. She says one of the most important lessons she teaches is about taking responsibility for one’s actions. “I teach my students they need to be accountable. But who will be accountable to me? Who is going to take responsibility for what happened to my life – Solvay Pharmaceuticals [the manufacturer of Estratest]? The physician who prescribed Estratest? The pharmacy that filled it, but neglected to fully inform me about all potential side effects?”

Accountability is what PAL is pushing for in its most recent lawsuit filed in California on August 8, 2003. PAL charges Solvay Pharmaceuticals (Solvay) with marketing Estratest for the treatment of hot flashes in menopausal women despite the fact that the FDA never approved the use of this drug for that purpose (see related article in this issue). “I hope to God they take it off the market!” Ali emphasized. “You wouldn’t want to think,” she added, “that the drug company was just out to make millions of dollars and didn’t care who they hurt. Maybe it takes efforts from groups like PAL to force the drug companies to change the way things are.”

A big difference for Ali is that she cannot be as physically active as she used to be. She described a recent visit to a theme park with friends when she had to use a wheelchair to get around. “It upset me tremendously. Never in my life would I have imagined that this could happen.” Ali now wonders whom she can trust to make sure she gets good, safe pharmaceuticals. “I believe somebody needs to be accountable to me and my family. If I can help educate more people about what’s going on, at least maybe it will help. It won’t, however, get my life back the way it used to be.”

New Litigation Filed June 2003 through October 2003

Please go to the PAL website
www.prescriptionaccess.org
for additional information and
documents.

Estratest

In August 2003 PAL filed a suit against Solvay Pharmaceuticals, Inc. (“Solvay”) alleging the pharmaceutical firm illegally and fraudulently marketed the drug Estratest for uses that have never been approved by the Food and Drug Administration.

The Complaint was filed on behalf of the Congress of California Seniors and CALPIRG under California’s Unfair Competition Law and California’s Untrue and Misleading Advertising Law, which prohibits corporations from intentionally using statements that are or should be known to be false or misleading.

Estratest is a combination hormone replacement therapy drug that contains esterified estrogen and methyltestosterone (an androgen). The drug is primarily used by menopausal women who suffer from moderate to severe vasomotor systems (hot flashes).

Solvay has reaped high sales (\$110 million in 2001 alone) by marketing this drug which has neither FDA approval nor proof of efficacy. On April 14, 2003, the FDA announced that it now believes there is no substantial evidence proving that estrogen/androgen therapies are effective in treating hot flashes.

Although Solvay has been “reprimanded” by the FDA and the Department of Justice, the company continues its marketing efforts directed at MD’s and continues to sell the drug as an effective treatment for hot flashes. PAL’s suit aims to bring an end to these practices.

Update on Previously Filed Litigation

Adalat®

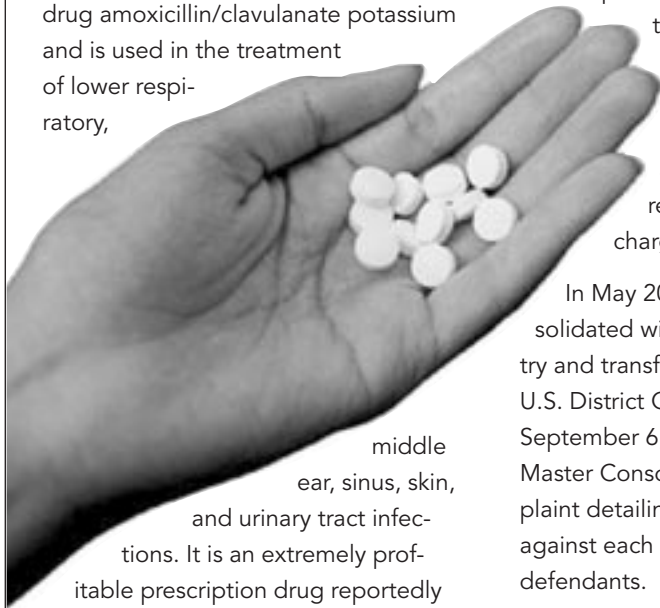
Background: Adalat (nifedipine) is a prescription drug used to treat hypertension and other cardiac conditions. In July 2002 PAL attorneys filed suit against Elan and Biovail, two generic drug manufacturers.

The complaint alleges that consumers of the 30mg and 60mg dosages of both the generic and brand name form of Adalat have been hurt by the collusion of Elan and Biovail, who agreed to divide the market for the 30mg and 60mg between them in violation of federal and state antitrust laws. Under this illegal agreement, Biovail paid Elan approximately \$45 million and, in return, Elan shared its profits with Biovail.

Update: All Adalat cases have been centralized in the U.S. District Court for the District of Columbia before Judge Richard J. Leon. An amended complaint was recently filed and the case is moving forward albeit at a slow pace.

Augmentin®

Background: Augmentin is Glaxo-SmithKline's (GSK) brand name for the drug amoxicillin/clavulanate potassium and is used in the treatment of lower respiratory,



middle ear, sinus, skin, and urinary tract infections. It is an extremely profitable prescription drug reportedly

earning \$2.05 billion in annual sales worldwide in 2001.

In June 2002, PAL filed litigation against GSK charging that the company illegally extended its monopoly on Augmentin by applying for patents that duplicated the original patent ("double patenting") and by submitting those patents to the FDA, thereby keeping other companies from developing generic versions of Augmentin.

Update: The court considering PAL's antitrust claims is awaiting a ruling in the underlying patent litigation. In the meantime, the Court is expected to rule on the proposed protective order and case management order that were filed with the Court in June 2003. In addition, limited discovery is proceeding.

Average Wholesale Price

Background: In December 2001, PAL filed suit against numerous drug companies for manipulating the "average wholesale price" (AWP). This lawsuit alleges that there is an industry-wide scheme to defraud the U.S. health care consumer by charging inflated prices for critically-needed medications.

Specifically, the lawsuit charges that since 1993 the companies have engaged in "a pattern and practice" of selling drugs to physicians at prices well below the reimbursement cost charged to Medicare.

In May 2002, PAL's lawsuit was consolidated with cases around the country and transferred to Judge Saris in the U.S. District Court in Massachusetts. On September 6, 2002 Plaintiffs filed a Master Consolidated Class Action Complaint detailing specific allegations against each of approximately twenty defendants.

Update: In May 2003, the Court issued a decision on various motions by defendants, granting them in part and denying them in part. In June 2003, PAL attorneys, in accordance with this decision, filed an Amended Complaint addressing the issues the Court had identified and expanding the claims in some respects. Also in June, the Court ordered discovery to begin against some defendants and scheduled a new round of motions to dismiss, which will culminate in a hearing in November 2003.

Bextra®

Background:

Bextra is a prescription painkiller/anti-inflammatory drug used for treatment of osteoarthritis, rheumatoid arthritis and primary dysmenorrhea. In December 2002, PAL attorneys filed suit in California Superior Court on behalf of Congress of California Seniors against Pharmacia and Pfizer asserting illegal and fraudulent actions to promote Bextra for "off-label use."

Although the FDA approved Bextra for certain conditions, it specifically rejected Bextra for treatment of acute pain in adults, citing safety and efficacy concerns. Nonetheless, the defendants engaged in a number of illegal activities to promote the drug for the treatment of acute pain in adults, including hiring a company — a subsidiary of one of the world's largest advertising companies — to conduct a study, which was later found by independent sources to be unpersuasive and insignificant.

Update: The case was removed to the U.S. District Court in California in January 2003, and plaintiffs moved for remand back to state court. After a March 2003 hearing, the Court remanded the case back to state court. A status

conference was held in July in California state court, and briefing is underway to resolve recent motions filed by the defendants to dismiss the action.



BuSpar®

Background: BuSpar is an anti-anxiety drug widely prescribed to the elderly and people with chronic illnesses. In April 2001, PAL filed suit against Bristol-Myers Squibb Co. alleging that the company has employed illegal tactics to artificially maintain a monopoly on the manufacturing, distribution and sales of BuSpar. In February 2002, Judge Koeltl of the U.S. District Court for the Southern District of New York issued an opinion denying the defendant's motion to dismiss the case and allowing the case to proceed. The Koeltl opinion included strong language indicating that pharmaceutical companies may not file invalid secondary patents to extend their patent monopoly on a drug without fear of legal attack.

Update: In March 2003, PAL plaintiffs reached final settlement agreements with Bristol-Myers Squibb including monetary damages, prohibitions on future bad conduct and extensive reporting requirements. BuSpar users who purchased the drug between January 1, 1998 and January 31, 2003 may be eligible for a refund and should visit the settlement website www.busparsettlement.com. The deadline to file a claim for payment under the settlement is currently December 5, 2003.

Cipro®

Background: Cipro is the bestselling antibiotic in the world. In October 2001, PAL joined federal litigation against Bayer, the maker of Cipro, Barr Laboratories, and two other generic drug companies. The lawsuit alleges that Bayer Corporation has unlawfully agreed to pay three of its competitors – Barr Laboratories, Rugby, and Hoechst-Marion Roussel – a total of \$200 million to date to get them to abandon their efforts to bring cheaper generic versions of Cipro to the market. There are also several similar state cases that are moving forward on Cipro.

Update: In May 2003, the U.S. District Court for the Eastern District of New York granted in part and denied in part defendants' motion to dismiss the federal Cipro case. As a result of this decision, the PAL organizations were dismissed from the case on technical grounds. The federal case is proceeding with discovery and will be subject to summary judgment motions early next year. There are several parallel state court Cipro cases. In the California state case, class certification was granted. In the New York state case, we are awaiting a decision on the defendants' motion to dismiss. The Wisconsin state case was dismissed.

Claritin®

Background: Until Claritin went over-the-counter recently, Claritin was both America's most widely prescribed and advertised allergy drug. In 2000, Claritin was the seventh-ranked prescription drug, with sales of approximately \$1.7 billion.



On August 9, 2001 PAL filed a class action lawsuit in New Jersey state court alleging that Claritin's maker Schering-Plough has engaged in a campaign of misrepresentation that has artificially increased the demand and price for the drug, a drug that Schering-Plough's own studies have shown to be effective for only 50% of its users.

Update: In June 2002, the court issued its decision granting the Defendant's motion to dismiss. PAL attorneys filed a notice of appeal and in September 2002, filed the appellate brief. A hearing on the appeal was held in May 2003. This summer the intermediate appellate court affirmed the lower court ruling. A petition has been filed to the New Jersey Supreme Court for further review.

Imodium®

Background: Imodium (loperamide) is an over-the-counter drug widely used to treat diarrhea. It is manufactured by McNeil-PCC, Inc. the makers of such drugs as Tylenol and Motrin. In the early nineties, just as the original patent on loperamide was set to expire, McNeil added an anti-flatulence agent, simethicone, to Imodium, naming the new formula Imodium Advanced. McNeil got four patents relating to this addition of simethicone. In July 2002, in response to a court decision that the four new patents were invalid, PAL filed suit against McNeil. The lawsuit alleges that the drug company illegally manipulated the patent system to prevent generic competition from entering the market.

Update: In August 2002, the U.S. District Court for the Eastern District of Pennsylvania stayed the litigation until a decision by the federal circuit court in the underlying patent litigation appeal. Recently the federal circuit issued a disappointing ruling in which it held that while the generic's patent litigation attack was valid, McNeil's defense of its patent was not frivolous. As a result, it is likely that claims against McNeil will not be able to be pursued.

K-Dur 20®

Background: K-Dur is the fourth most frequently prescribed drug for the elderly. It is a potassium supplement that is often prescribed in conjunction with high blood pressure medication. In June 2001, PAL filed suit alleging that that Schering-Plough Corp., Upsher-Smith Laboratories, and American Home Products Corp. illegally agreed to keep a generic version of K-Dur off the market, thereby depriving consumers of a less expensive generic version of the drug.

Update: Defendants have filed a motion to dismiss and plaintiffs have filed a motion to remand a portion of the K-Dur cases back to state court. PAL is awaiting court decisions on these motions. In the meantime, PAL attorneys continue to review documents in the case.

Lupron®

Background: Lupron is a prescription drug that is manufactured, marketed, and sold by Abbott Laboratories, Takeda Chemical Industries, and TAP Pharmaceuticals (a wholly owned joint venture of Abbott and Takeda) as a treatment for prostate cancer. In September 2001, PAL filed suit alleging that the Defendants created and implemented a fraudulent marketing and sales scheme to substantially increase the sale of Lupron and reap unlawful profits at the expense of Medicare patients. The following month (October 2001) TAP pharmaceuticals agreed to settle a criminal case brought against it by the federal government, pleading guilty and agreeing to pay \$875 million. This was the largest health care fraud settlement in history.

Update: PAL's and other attorneys have reviewed hundreds of boxes of defen-

dants' documents and are set to continue with the discovery process, including conducting numerous depositions.

Neurontin®

Background: Neurontin is a widely prescribed anti-convulsant for the treatment of epilepsy. Neurontin has been extremely profitable for both Warner-Lambert and its parent company Pfizer, generating in



excess of \$1.3 billion in worldwide revenues in 2000.

In April 2002, PAL filed suit against Warner and Pfizer alleging that they listed illegitimate secondary patents on Neurontin in order to keep more affordable generic versions off the market. The lawsuit also alleges that the companies filed baseless patent infringement lawsuits against potential generic competitors. As a result of these actions, consumers who take Neurontin have never had the opportunity to buy lower-cost generic versions of

Neurontin and have been paying an artificially inflated price for the drug.

Update: In March 2003, the U.S. District Court in New Jersey ordered that the actions be coordinated and consolidated for pretrial purposes. A status conference is scheduled for this fall.

Neurontin® (Off-Label Promotions)

Background: In February 2003, PAL filed suit against Pfizer and its subsidiary, Parke-Davis, accusing the companies of circumventing Food and Drug Administration (FDA) regulations to promote scientifically unproven "off-label" use of their drug. The suit alleges that in 1995 Parke-Davis decided that it did not want to undertake the clinical trials that the FDA requires in order to approve new uses for a prescription drug. The company instead created an extensive illegal promotional campaign to get more patients to use Neurontin, which had only been approved for epilepsy. Disguised as "medical education" for the doctors or "consulting" for the company, that campaign included illegal cash kickbacks to physicians and other sales ploys to pump up sales of the drug for non-FDA approved uses.

Update: Although the case was removed to federal court, PAL attorneys successfully remanded the case back to state court in California. An initial status conference order from the state court has been issued and the case is proceeding with early motions by the defendant to dismiss the case.

Pharmacy Benefit Managers (PBMs)

Background: In March 2003, PAL, in collaboration with the American Federation of State, County and Municipal Employees (AFSCME), brought suit against the

nation's four largest Pharmacy Benefit Managers, called PBMs (Advance PCS, Caremark Rx, Inc., Express Scripts, and Medco Health) in California state court under the state's Unfair Competition Law.

The lawsuit alleges that the PBMs have illegally contributed to escalating drug costs and have failed in their fiduciary duty to those client health plans. Pharmacy Benefit Managers (PBMs) are intermediaries between drug manufacturers and purchasers that specialize in the administration and management of prescription benefit programs.

PBMs contract with a range of clients, including health plans and employers. Drug manufacturers give PBMs rebates to secure a favorable placement on their formularies or preferred drug lists. The complaint alleges that the named PBMs have failed to pass these and other discounts on to health plans and their members.

Update: PAL's PBM case has been consolidated with another PBM case filed in Alameda County, California. Earlier this fall, a merger was announced between two of the defendants, Advance PCS and Caremark Rx. On October 27, 2003 Judge Lichtman will hold the initial status conference for the coordinated cases. At this initial status conference, the judge will most likely establish a briefing and hearing schedule for defendants' demurrer and motion to strike.



Relafen®

Background: Relafen is a widely-used anti-inflammatory drug. In February 2002, PAL filed suit against GlaxoSmithKline Corporation and its predecessors (collectively "GSK") alleging that GSK fraudu-

lently obtained a patent on Relafen in order to prevent a generic version of Relafen from coming to market.

Internal documents from GSK reflect that GSK knew that a patent should not be issued. Three generic drug manufacturers later filed applications for a generic Relafen, certifying that the Relafen patent was invalid and unenforceable. In response,

GSK sued the generic manufacturers. In a non-jury trial on the patent suit, Federal District Court Judge Lindsay ruled in favor of the generic manufacturers finding that GSK made material misrepresentations to the Patent Office and that the Relafen patent was invalid and unenforceable.

As a result of GSK's conduct, consumers have been forced to pay an artificially inflated price for Relafen for several years while a less expensive generic version of the drug was kept off the market.

Update: GSK lost its appeal of Judge Lindsay's decision when the Federal Circuit Court of Appeals also declared the Relafen patent invalid this summer. At a status conference held in December 2002, the stay on PAL's case was lifted and allowed to proceed and a trial date of January 2004 was set. PAL attorneys have been engaged in extensive discovery and have moved for certification of the class. A hearing on Defendant's motion to dismiss was held on July 9, 2003 and the motion was denied.

Remicade®

Background: Remicade is an expensive prescription drug used in treating Crohn's disease and moderate to severe rheumatoid arthritis. Remicade is manufactured and marketed by Centocor, Inc., a wholly owned subsidiary of Johnson and Johnson, Inc.

In April 2002, PAL filed a lawsuit in state court in New Jersey alleging that Centocor and Johnson & Johnson illegally profited by overcharging Medicare and



Medicare patients who take Remicade through gross overstatement of the Average Wholesale Price (AWP).

The complaint further alleges that Centocor has given providers discounts that reduce the actual amount that they pay for the drug while simultaneously encouraging those providers to charge Medicare and patients for the full price based on the AWP and pocket the difference.

Update: This PAL lawsuit, which was filed in April 2002 in New Jersey, has been consolidated with the Average Wholesale Price litigation before Judge Saris in U.S. District Court in Massachusetts. (See above).

Tamoxifen

Background: Tamoxifen is the most commonly prescribed drug to treat women with breast cancer. In May 2001 PAL filed suit against AstraZeneca, maker of Tamoxifen, and Barr Laboratories, sole distributor of a generic form of Tamoxifen.

The lawsuits allege that AstraZeneca and Barr illegally colluded to keep the price of Tamoxifen high and claim that there is no true generic of Tamoxifen on the market (though a cheaper generic form of

Tamoxifen finally became available in February 2003, at the expiration of the allegedly illegal agreement between AstraZeneca and Barr).

Update: In May 2003, U.S. District Court for the Eastern District of New York granted defendants' motion to dismiss the case. PAL attorneys filed an appeal. The defendants moved to transfer the appeal from the 2nd Circuit to the Federal Circuit Court. The motion to transfer was heard on September 23, 2003 before a panel of judges, and the case will remain in the 2nd Circuit.

Wellbutrin®

Background: Wellbutrin is a drug used to treat depression. While the main ingredient of Wellbutrin has been off-patent for several years, its extended-release formula, Wellbutrin SR, is not. In July, 2002, PAL filed suit against GlaxoSmithKline (GSK), maker of Wellbutrin and Wellbutrin SR.

The lawsuits allege that GSK filed baseless patent lawsuits against generic drug companies in order to delay the manufacture and sale of generic versions of Wellbutrin SR. The result of this misuse of the patent system is that people suffering from depression were forced to pay higher prices for extended-release versions of a medication vital to their mental health.

Update: In December 2002, GSK filed a motion to dismiss the case. This summer this motion was denied. Discovery is proceeding in the case.

Funders supporting the Prescription Access Litigation Project:

The Atlantic Philanthropies

The Nathan Cummings Foundation

The George Gund Foundation

The Rockefeller Family Fund

Prescription Access Litigation Project (PAL)

The Prescription Access Litigation (PAL) participants agree to work in a collaborative effort: (a) to achieve our shared mission of creating substantial economic value for consumers in order to remedy past unlawful practices of pharmaceutical companies; and (b) to achieve meaningful change in the way the pharmaceutical industry does business in order to increase access to affordable prescription and other drugs.

PAL Participants

State-Based Organizations

Arizona

Arizona Citizen Action
Senior Disabled Arizona Protest

California

California PIRG
Congress of California Seniors
Gray Panthers of Sacramento
Legal Assistance to the Elderly
San Francisco Senior Action Network

Colorado

Colorado PIRG
Colorado Progressive Coalition

Connecticut

Connecticut Citizen Action Group

District of Columbia

Nonprofit Clinic Consortium

Florida

Florida Alliance for Retired Americans
Human Services Coalition of Miami-Dade County

Idaho

Idaho Community Action Network
Living Independence Network Corporation (Idaho)

Illinois

Campaign for Better Health Care
Champaign County Health Care Consumers
Citizen Action Illinois

Indiana

United Senior Action of Indiana

Kansas

Kansas Association for the Medically Underserved

Maine

Consumers for Affordable Health Care
Maine People's Alliance

Maryland

Maryland Citizens' Health Initiative

Massachusetts

Health Care For All
Health Law Advocates
Lynn Health Task Force
Massachusetts Breast Cancer Coalition
Massachusetts PIRG
Massachusetts Senior Action Council
New England Regional Council of Carpenters
Women's Health Institute (Massachusetts)

Michigan

Public Interest Research Group in Michigan

Minnesota

Minnesota COACT
Minnesota Senior Federation

Mississippi

Mississippi Human Services Coalition
Mississippi Health Advocacy Program

Nebraska

Nebraska Appleseed

New Hampshire

New Hampshire Citizens Alliance

New Jersey

New Jersey Citizen Action
New Jersey PIRG
Public Interest Law Center of New Jersey

New Mexico

Health Action New Mexico
Senior Citizens' Law Office

New York

Brooklyn-wide Interagency Council of the Aging
CAIRE
Citizen Action of New York
JPAC for Older Adults
Gay Men's Health Crisis
Ithaca Breast Cancer Alliance
Long Island Coalition for a National Health Plan
Long Island Progressive Coalition
Metro New York Health Care for All Campaign

New York Statewide Senior
Action Council
Rockland County Senior
Health Care Coalition
Utica Citizens in Action

North Carolina

North Carolina Fair Share
North Carolina Health Access Coalition
North Carolina PIRG

Ohio

Universal Health Care Action Network
of Ohio

Oregon

Oregon Consumers League
Oregon Health Action Campaign
Oregon State Public Interest
Research Group
SEIU Local 503
SEIU Local 49

Pennsylvania

Action Alliance
Citizens for Consumer Justice
Consumer Health Coalition
Mon Valley Unemployed Committee
PennPIRG
Pennsylvania Alliance for Retired
Americans

Rhode Island

Health Care Organizing Project
Ocean State Action

South Carolina

South Carolina Appleseed Legal
Justice Center

Tennessee

Tennessee Health Care Campaign

Texas

Texas Alliance for Human Needs

Utah

Utah Issues

Vermont

Vermont PIRG

Virginia

Virginia Poverty Law Center

Washington

Washington Citizen Action
Washington PIRG

West Virginia

West Virginia Citizen Action Group

Wisconsin

Wisconsin Citizen Action

National organizations

AIDS Action (Washington D.C.)
Alliance for Retired Americans
American Federation of State County
and Municipal Employees
Association for Health Center-Affiliated
Health Plans
Boston Women's Health Book Collective
Community Catalyst
Medicare Rights Center
National Health Law Program, Inc.
USAction

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