



PAL News

The Prescription Access Litigation Project
A Community Catalyst Initiative

Historic First PAL Settlement Reached

This March, PAL signed a preliminary settlement agreement with Bristol-Meyers Squibb (BMS) regarding its popular anti-anxiety drug, BuSpar. This unprecedented agreement requires that BMS stop the improper corporate tactics that PAL first challenged back in 2001. These tactics, which included manipulating the patent system to extend BMS's patent on BuSpar as well as paying a generic competitor to stay out of the market, forced consumers to pay illegally inflated prices for BuSpar.

In addition to stipulating a change in BMS's corporate behavior, the settlement creates a \$42 million consumer fund through which individuals may seek reimbursement for BuSpar overcharges. Judge Koeltl of the United States District Court for the Southern District of New York, who gave preliminary approval to the settlement agreement in April, will hold a final "fairness

hearing" in November 2003.

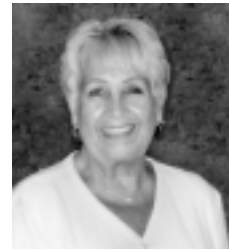
The BuSpar case, the first PAL case ever filed, was brought on behalf of seven PAL coalition members: Citizen Action of New York, Congress of California Seniors, Consumers for Affordable Health Care, Health Care For All, Massachusetts Senior Action Council, New York Statewide Senior Action Council and San Francisco Senior Action Network. The complaint charged that BMS filed false secondary patents to prevent other drug manufacturers from bringing a generic—and far more affordable—version of BuSpar to the market. The lawsuit also charged that BMS entered into an unlawful agreement with a generic drug manufacturer in 1994 through which it paid the company \$72.5 million to refrain from producing a generic version of BuSpar.

In keeping with the PAL mission, the BuSpar settlement is not limited to monetary damages but contains a stringent set of restrictions preventing BMS from repeating the actions challenged in this suit with respect to any of its other drugs. These restrictions include (1) a ban on BMS securing an additional secondary patent over any of its drugs after a generic manufacturer has sought government approval to market a generic version of the drug; and (2) a ban on entering into secret, illegal agreements with generic manufacturers to keep cheaper pharmaceutical drugs off the market. The settlement also requires BMS to submit regular reports on their compliance with these restrictions, which will be in place for 10 years. The PAL settlement mirrors the

PROFILE:

Mary Jane Snyder

Clifton Park, New York



Sixty nine year old Mary Jane Snyder of Clifton Park, NY wants to know since when is it "American" to do everything in

your power to make life harder for your fellow countrymen? "I wish that one of these pharmaceutical company CEOs would answer me that!"

Suffering from Pulmonary Fibrosis, Arthritis and a bad back, Mary Jane needs Advair, Ambien, Vioxx, and Prilosec, among other drugs to manage her symptoms. Currently on Medicare, Mary Jane used to have a supplemental drug plan. The plan became too expensive, however, when she began to have lung and back troubles, and the amount of prescription drugs she needed to take increased. "I was taking sixty pills of Prilosec a month. Even mail-ordered from Canada, those sixty pills cost \$240! I worked with my doctor to cut it down to half because I knew I'd save money if I did."

Thinking about saving money on prescription drugs has become a way of life for Mary Jane. She has been researching drug pricing not only between the Walmart and CVS in her neighborhood, but also between the United States and Canada. "I spend a lot of time trying to figure out where I can save money. My husband owned a small business for many years and I always worked part time, so we have no pension. I'm glad when we can save a penny."

Mary Jane realizes most people, including her own three children, do not think about prescription drugs in the same way that she does. "My three kids all have good jobs with insurance that covers prescription drugs. I don't think they realize how expensive prescription



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resolution of a Federal Trade Commission investigation into BMS's BuSpar tactics as well as a parallel case by state Attorneys General.

"This settlement agreement is a tremendous victory for consumers throughout this country who struggle each day with the enormous cost of prescription drugs," said PAL Project Director Ahaviah Glaser. "And the relief it provides is truly unprecedented. The scope and length of the restrictions on BMS's future conduct are much greater than in other similar cases. This is exactly what PAL and its coalition members are after — meaningful change in the way the pharmaceutical industry does business."

Individuals who purchased BuSpar between January 1, 1998 and January 31, 2003 are eligible to file a claim for a cash reimbursement for the overcharges they incurred. PAL coalition members are part of an extensive nationwide program that has been set up to get out the word about the settlement. PAL member groups are publicizing the settlement through their newsletters, websites and e-mail networks. Consumers who want to learn more and/or file a claim should either go to the BuSpar settlement website www.busparsettlement.com or call 1-800-678-9587.

PROFILE

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drugs are because they're only responsible for copays, not the whole cost of the drug."

Mary Jane is a member of New York State Senior Action Council, a PAL member group. She believes that staying informed on the issues facing her is important, but she also fears that "...nothing is going to get better until we force the pharmaceutical industry to offer fair prices to Americans."

After all, what Mary Jane and a growing number of seniors across the country are saying is that they aren't against paying for prescription drugs. They're opposed, instead, to the pricing practices of an industry that they feel abuses the people that it is intended to serve, an industry that prices its life saving drugs too high for what Mary Jane would call "the good people of our United States."

PAL Takes on Pharmacy Benefit Managers

This March, following on the model of its groundbreaking Average Wholesale Price (AWP) case, PAL filed another industry-wide suit aimed at combating illegally inflated prescription drug prices. The twist? Rather than focusing on PAL's usual defendants, the drug manufacturers, this suit targets the illegal practices of Pharmacy Benefit Managers (PBMs).

The defendant PBM companies in PAL's lawsuit are: Advance PCS, Caremark Rx, Inc., Express Scripts, and Medco Health. These companies are the four leading PBMs and account for over 80% of the PBM market. According to the complaint, filed on behalf of PAL coalition member American Federation of State County and Municipal Employees (AFSCME), these companies have failed to pass on savings to the health plans they serve and have manipulated their market advantage to the detriment of consumers.

Despite being developed in the 1970s to help reduce health care costs, the big PBMs have become a separate and enormously profitable link in the pharmaceutical pricing chain. When PBMs first were formed, the belief was that by creating large purchasing groups and acting as the intermediary between health plans and drug manufacturers, the PBMs would allow plans to purchase drugs at lower prices, decreasing their overall costs. The design — that the PBMs would be paid by plans to obtain and pass on discounts for drugs — held out great hope, but the temptation for profit was too great.

PBMs are vast gatekeepers controlling which drugs patients can use under their health insurance plans. A health plan will generally only cover those drugs listed on its formulary,

and the PBM that contracts with that health plan decides for all but the biggest health plans which drugs get listed on its formulary. As a result there is a tremendous amount of jockeying by drug manufacturers to get their drugs listed on any given formulary, and a PBM's development of a formulary for its members often focuses on which manufacturers provide them with the greatest discounts or rebates or list the highest AWP rather than clinical outcomes and cost effectiveness. That has opened the door to PBM manipulation of drug formularies. According to PAL Director Ahaviah Glaser, "formulary control, not bulk purchasing alone, has become the large PBMs' strongest bargaining chip in negotiating prescription drug prices with the manufacturers."

The PAL complaint alleges that, largely through the abuse of their formulary control, the PBMs have deprived health plans and the insured public of savings and the most effective health care, while making billions of dollars in profits for themselves. More specifically, PAL plaintiff AFSCME challenges self-dealing by the PBMs and/or illegal collusion between the PBMs and pharmaceutical manufacturers. One of the specific allegations points to the PBMs' failure to report and pass on the rebates and mail-order discounts they negotiate to the health plans and their members. In addition, the complaint claims that the PBMs improperly base the prices they charge plans and members on inflated average wholesale prices, and that they base formulary decisions on their profit, at the expense of the plans. PAL's litigation is aimed at putting an end to the PBMs' illegal and predatory business practices

New Litigation Filed February 2003 through June 2003

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

Pharmacy Benefit Managers (PBMs)

Pharmacy Benefit Managers (PBMs) are intermediaries between drug manufacturers and purchasers that specialize in the administration and management of prescription benefit programs. 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 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.

PBMs contract with a range of clients, including HMOs, employers, preferred provider organizations and other health plans. 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. In addition, the complaint charges that PBMs improperly base their prices on inflated average wholesale prices (AWPs). (See "PAL Takes On Pharmacy Benefit Managers" on Page 2).

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.

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: Although the Court is first awaiting a ruling in a related case, it will soon hear defendants' motion to dismiss. The Court also is expected to rule on the proposed protective order and case management order that were filed

with the Court in June 2003. In the meantime, the Court has permitted limited discovery to proceed.

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. 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 will take place on July 15, 2003 in state court.

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, indirect purchasers (which include PAL plaintiffs) and the state Attorneys General both reached final settlement agreements with Bristol-Myers Squibb. 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. In addition, in April 2003, the Federal Trade Commission finalized a decision and order that placed numerous restrictions on Bristol-Myers Squibb's activities over the next ten years. (See "First PAL Settlement On The Table" on Page 1).

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HEALTH & FAMILY

Pharmacy-Benefit Managers Are Stiffing Consumers, Suit Says

By BARBARA MARTINEZ

A consumer group and a union that represents government workers sued the nation's four largest pharmacy-benefit managers, alleging that their "secret dealings" with drug companies have forced consumers and public employees to pay more for prescription drugs.

Pharmacy-benefit managers, or PBMs, are the companies behind the drug cards that patients present at drugstores when they fill a prescription. The four larg-

The suit's allegations echo claims made by plaintiffs attorneys in other cases against the PBMs in recent years and come at a time when regulators are increasing efforts to figure out how the PBM industry actually works. The companies are generally secretive about the rebates and other monies they earn from drug makers for favoring some brand-name prescription drugs over others.

The latest suit alleges that the four PBMs have "reaped billions of dollars in illegal profits by steering" health plans and consumers "into reliance on more costly drugs." The complaint charges that the four PBMs have negotiated rebates from drug manufacturers and discounts from retail pharmacies but that they haven't passed all of those savings on to the health plans and consumers.

The union says health
costs are a major issue
in collective-bargaining

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.

Update: In May 2003, the U.S. District Court for the Eastern District of New York granting in part and denying in part defendants' motion to dismiss the case. As a result of this decision, the PAL organizations were dismissed from the case on technical grounds. The case will continue, albeit on narrower grounds, and PAL will continue to follow the case closely.

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. A decision on the appeal is expected soon.

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



ing patent litigation appeal. That appeal has not yet been resolved. In the meantime, PAL attorneys are negotiating with defendants for the production of documents previously produced in the underlying patent litigation.

K-Dur®

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 defendants' 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 July 1, 2003.

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. The parties await an initial status conference order from the state court. In the meantime, the case is stayed.

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 fraudulently 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 is scheduled for July 9, 2003.



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 have filed an appeal.

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. PAL attorneys responded to that motion. The motion is fully briefed and the parties are awaiting a hearing date. In the meantime, the parties have been engaged in extensive discovery.

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

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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