

LETTERS

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PhRMA's Patient Assistance Program

The Partnership for Prescription Assistance (PPA), cited by Niteesh Choudhry and colleagues and by Ken Johnson (May/June 09), was launched as part of a national effort to avoid further government-imposed discounts by persuading people that voluntary programs would suffice. In California that same year, drug companies' record-setting campaign spending helped defeat legislative and voter initiatives to create state-administered drug discounts for limited-income residents. Why should members of Pharmaceutical Research and Manufacturers of America (PhRMA) be shy about the accomplishments of their patient assistance program (PAP)? Johnson's anecdote reaffirms our finding that a majority of safety-net clinic staff members appreciate PAPs' bringing expanded access to new, expensive medications.¹

Medicare Part D's relationship to PAPs can illuminate other dynamics between private and public efforts to fill insurance gaps. Shortly before Part D began, federal officials apparently recognized that PAPs can support drug companies' financial interests by helping increase insured patients' use of certain products. The U.S. Department of Health and Human Services (HHS) issued guidance on "independent, bona fide charit[ies]" and on ways to reduce legal risks of fraud or kickback liability for their sponsors.² Some Part D related-PAPs have been discontinued, but others re-

main, restructured to reflect Part D's expansion of public financing and coverage in ways that could inform broader health reform.

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NOTES

1. K.S. Duke, K. Raube, and H.L. Lipton, "Patient Assistance Programs: Assessment of and Use by Safety-Net Clinics," *American Journal of Health-System Pharmacy* 62, no. 7 (2005): 726–731.
2. U.S. Department of Health and Human Services, Office of Inspector General, "Patient Assistance Programs for Medicare Part D Enrollees," Advisory Opinion no. 06-21, November 2006, <http://oig.hhs.gov/fraud/docs/advisoryopinions/2006/AdvOpn06-21.pdf> (accessed 18 May 2009).

Patient Assistance Programs: An Author Responds

Kathryn Duke's assertion that the Partnership for Prescription Assistance (PPA) was created to thwart a California ballot initiative in 2005 is simply not true. In fact, research, planning, and development began in early 2002—more than three years before the ballot initiative was launched. Furthermore, many patient assistance programs (PAPs) and pharmacy discount cards offered by America's pharmaceutical research and biotechnology companies predated California's ballot initiative by decades. As the U.S. Department of Health and Human Services Office of Inspector General noted in the November 2005 bulletin that Duke references, PAPs "have long provided important safety net assistance to patients of limited means."

As described in my Perspective (May/June 09), the PPA shines a spotlight on public and private patient assistance programs, provides a toll-free phone bank with trained specialists fluent in 150 languages to help people obtain the medicines they need, and staffs our PPA buses as they crisscross the nation. It has been a bold, ambitious, and—ultimately—successful effort. In the past four years, the bright or-

ange PPA buses have visited all fifty states, stopping in more than 2,500 cities and helping connect nearly six million Americans with prescription assistance. And, in that time, Pharmaceutical Research and Manufacturers of America (PhRMA) member companies alone have provided more than 115 million prescriptions worth \$14 billion—absolutely free. For that reason, Congress and others sought to draw a bright line around these critical programs, to ensure that they would coexist with Medicare Part D. “Beneficiaries need these programs,” Sen. Chuck Grassley (R-IA) said in 2006. These programs are “vital,” Sen. John D. Rockefeller (D-WV) added. We couldn’t agree more. During these uncertain economic times, PhRMA member companies remain committed to helping financially struggling patients obtain the medicines they need to live longer, healthier, and more productive lives.

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