

Sent: Friday, November 06, 2009 9:59 AM
To: PRESCRIBED PRODUCTS

November 5, 2009

Ms. Wendy Morgan
Assistant Attorney General
Office of the Attorney General
109 State Street
Montpelier, VT 05609

Subject: Disclosure of Free Samples

Dear Ms. Morgan:

I am writing to you to express my concern with the State's proposal to require that free drug samples be disclosed. I understand the Attorney General's office is required to report back to the legislature in December on this issue. **I urge you to recommend against disclosure in any form. If the State does require disclosure, I will be forced to discontinue accepting samples and ultimately, my patients will be the ones to suffer.**

I am a board certified Psychiatric Nurse Practitioner with offices at both Fletcher Allen Health Care and a private office in Williston, Vermont. In my role at FAHC, I travel to many of Vermont's most underserved areas, including St. Johnsbury, Rutland, and Brattleboro. In both of my roles, I have seen the value free samples have to the patients who utilize them, and in some cases, depend upon them. I also see how lack of samples can often prevent patients from obtaining necessary medications often due to insurance issues, lengthy prior authorization issues, and co pay and financial issues.

I use samples in many ways. I often use samples to start a patient on a medicine in order to evaluate the tolerability and efficacy prior to incurring a co pay for a full prescription. The argument that this practice drives people to use more expensive drugs is simply false. Above all, my loyalty is to patient care and remission of symptoms. Additionally, insurers dictate which drugs are utilized, and generally these are generic options. By the time a patient is seen by a psychiatric specialist, they have had numerous trials and failures of many generic medications, usually prescribed by primary care providers. As a specialist, a large percentage of my patients have already failed many medication options and are desperate for remission of symptoms.

I also use medication samples to help my patients who are struggling financially. Many of my patients have co morbid medical conditions and are on three or four (or more!) medications and cannot afford all the co-pays. Not mention those who have family members who are also have multiple prescriptions. This can be financially devastating. It's not the Medicaid patients who depend upon samples (their co-pays are so low), it's the middle class, hard working folks who struggle to make ends meet, and often choose to forgo their medications (or to cut back on them) because they can't afford \$200 in co-pays every month. If I can help these people by giving them samples to reduce their out-of-pocket expenses, I'm happy to do it as it improves adherence. I also utilize samples for my patients on Medicare who have hit the 'donut hole'. Samples have been a lifeline for many of my patients and have prevented many potential hospitalizations.

I will outline my objections to disclosure, below:

1. Public disclosure is a serious security concern. We have drugs in our office that may be desirable even though they are not "scheduled." My office has been broken into twice. No medications were taken as they are secured and it is **not** public information that I have these. I will not put my office or patient confidentiality at risk by having this information 'out there'.
2. Public disclosure will cast a negative light on me and/or my practice for accepting samples that are of NO VALUE TO ME. I only accept them to help my patients.
3. Disclosure of any type (public or to the AG) will be inaccurate. I share an office with three other providers. I often sign for samples that I may not use and likewise, I often utilize samples signed for by my colleagues. The quantity or value of samples I supposedly give to patients will be flawed data and any conclusions drawn from this data will be false and misleading.
4. Because there is no way for the AG to capture accurate data in a group practice, I am opposed to any disclosure, even if it's just to the AG.
5. I don't understand what the AG hopes to accomplish by collecting this inaccurate data, which, in reality, only reflects the formularies of the insurers. If the State is hoping to shame people into rejecting samples, you will probably succeed. This will only cut off a valuable lifeline for my patients.
6. If the State is somehow hoping to reduce health care costs by disclosing samples, I would suggest looking at other options that won't put patients at risk. If you really want to tackle health care costs, let's start by looking at malpractice reform and insurance reform.

Thanks you for considering my thoughts. **Please recommend against disclosure of samples in any form** and refocus your efforts on reforms that will really make a difference in Vermont. Patient care depends on this.

Sincerely,

Hella Douglas, MSN, PMH/NP-BC
Psychiatric Nurse Practitioner-Board Certified
Partners In Psychiatry