

Prescription Project conference, “Righting the Script”

Dec. 9: State Policy and Action, Introduction

Marcia Hams, Assistant Director, The Prescription Project

I want to welcome you to the second day of our first national conference, Righting the Script. We are so happy so many of you could be with us.

As our Executive Director Rob Restuccia described yesterday, the Prescription Project is based at Community Catalyst and is a Boston-based national advocacy organization that for the past ten years has been working to transform the health care system by spearheading national campaigns and collaborating with state leaders and coalitions to make reform happen.

As we have worked in health reform, we have seen that prescription drug reform is a critical part of this effort to improve and expand health care. In 2007 we launched the Prescription Project, created by the Pew Charitable Trusts, to combat pharmaceutical marketing that undermines care and trust in the medical profession and to advocate for policies that ensure safe, effective and appropriate prescription drugs are available to the patients who need them.

As we heard from Chairman Waxman and other experts yesterday, the opportunities to act decisively on these issues at the federal level look more promising today than they have in the last 25 years. The Obama administration and a reenergized Congress see that solving the health care crisis is a priority for the millions of uninsured and underinsured and that health reform as a critical linchpin in solving our deep economic crisis.

No one understands the depth of these issues more than those of you who struggling to balance state budgets and protect public programs like Medicaid as revenues decline, business contracts and unemployment rises – driving an expanding need for public programs. As taxpayers, government, health plans and consumers, we can ill afford to be paying millions for drugs and devices unless they are safe, effective and bring real value to the treatment of patients.

States have truly been incubators of reform—laboratories of democracy, often in the absence of federal action. Three states have passed comprehensive universal health reform—Maine, Vermont, and Massachusetts— while 14 others are currently debating serious proposals as detailed in the recent report by the Kaiser Commission on Medicaid and the Uninsured.

On the pharmaceutical front, nearly all these same states and several others have passed or are proposing to address some aspects of prescription drug reform—access, cost, quality, safety and marketing issues.

With us today are over 20 of these states, represented by legislators, Attorneys General offices, advocacy groups, physician organizations, academic medical centers, insurers, academics and others.

The Prescription Project’s initiatives at the state and federal levels are increasingly intertwined.

State action laid the groundwork for the federal proposals on gifts disclosure, the Physician Payment Sunshine Act, and on “academic detailing” (The Independent Drug Education Act—IDEA).

Seven states—Minnesota, Vermont, Maine, West Virginia, Washington D.C. California, and now Massachusetts—have passed gifts bans or disclosure laws since the Minnesota ban was passed in 1993.

Nine states are implementing new statutes on academic detailing programs to bring prescribers unbiased, systematic evidence to inform their treatment choices.

The 1st Circuit Court of Appeals decision last month has breathed new life into the efforts of numerous states who are interested in banning the use of prescriber data mining for drug marketing. Just two years ago, New Hampshire Rep. Cindy Rosenwald, who is leading a workshop today, led the passage of the first such law which ends the practice of drug representatives using detailed prescribing histories to design their marketing pitches to doctors. There will likely be new interest by states across the country.

States have also taken the lead on evidence-based practice. Fourteen states now belong to the Drug Effectiveness Review Project, based in Oregon, which supports Medicaid departments in making evidence-based recommendations for effective drug treatment—Deputy Director Mark Gibson is with us and will also be leading a workshop today. The lessons learned by DERP and federal agencies like AHRQ and the VA will inform emerging federal efforts to support comparative effectiveness research and dissemination.

The Prescription Project has worked with many of you to promote these and other solutions, and to build the strategic coalitions necessary to pass and implement them. We want to especially thank our collaborators in this state work, including the National Legislative Association on Prescription Drug Prices; Prescription Policy Choices, Dr. Jerry Avorn and his group at Harvard, and the National Physicians Alliance, along with the many other state leaders you will hear from today on the panel and in the workshops.

We hope the conference overall will assist you and the Project and in continuing to build our collective momentum in states, in academic and medical organizations and on Capitol Hill.

Finally we want to thank Pew Charitable Trusts, especially Hope Cooper, for its leadership and generous support, which made this day and all of our work possible.

With that, I am very pleased to introduce our keynote speaker, Senator Richard Moore from Massachusetts.