

FOIA Marker

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Counsel's Office, White House (WHCO)

Pappas, Louis - Subject Files

Stack:	Row:	Sect.:	Shelf:	Pos.:	FRC ID:	Location or Hollinger ID:	NARA Number:	OA Number:
M	14	5	2	3	6553	1358	3507	4251

Folder Title:

Binder - HECC (House Energy and Commerce Committee) Health Reform: PhRMA (Pharmaceutical Research and Manufacturers of America) Negotiations

BINDER - HECC (HOUSE ENERGY AND COMMERCE COMMITTEE) HEALTH REFORM: PHRMA (PHARMACEUTICAL
RESEARCHERS AND MANUFACTURERS OF AMERICA) NEGOTIATIONS



Document 6 of 26

ATTACHMENT

FROM :  RE:
TO : Aronson, Lauren </O=EOP/OU=FIRST ADMINISTRATIVE
GROUP/CN=RECIPIENTS/CN=LAUREN_ARONSON>
SUBJECT : LeaMond, Nancy <NLeamond@aarp.org>
FOLDER : RE:
DATE : \ Archived Messages\Inbox
TIME : 06/23/2009
GMT_DATE : 10:41:18 -0400
GMT_TIME : 06/23/2009
TEXT01 : 14:41:18 GMT
TEXT01 : gtreat

-----Original Message-----

From: LeaMond, Nancy [mailto:NLeamond@aarp.org]
Sent: Tuesday, June 23, 2009 10:40 AM
To: Aronson, Lauren
Subject: Re:

Meet you there at 1:30

----- Original Message -----

From: Aronson, Lauren <Lauren_Aronson@who.eop.gov>
To: LeaMond, Nancy
Sent: Tue Jun 23 10:20:16 2009
Subject: RE:

Well, Nancy-Ann and I would like to meet with you, so perhaps we can meet at 1:30 at the Cosi across from EEOB.

-----Original Message-----

From: LeaMond, Nancy [mailto:NLeamond@aarp.org]
Sent: Tuesday, June 23, 2009 9:45 AM
To: Aronson, Lauren
Subject: Re:

Free between noon and 2. Other times hard.

----- Original Message -----

From: Aronson, Lauren <Lauren_Aronson@who.eop.gov>
To: LeaMond, Nancy
Sent: Tue Jun 23 09:41:54 2009
Subject:

Are you available to meet sometime today?

HEADER

: Microsoft Mail Internet Headers Version 2.0
Received: from SMEOP13EVS.eopds.eop.gov ([165.119.161.219]) by SMEOP65.eopds.eop.gov with
Microsoft SMTPSVC(5.0.2195.6713);
Tue, 23 Jun 2009 10:41:19 -0400
content-class: urn:content-classes:message
MIME-Version: 1.0
Content-Type: multipart/mixed;
boundary="----=_NextPart_001_01C9F410.AB64531A"
X-MimeOLE: Produced By Microsoft Exchange V6.0.6619.12

PhRMA Deal	Final Bill
<ul style="list-style-type: none"> Drug companies reduce draw on healthcare system by \$80 billion over the next 10 years Companies that participate in Medicare D will either pay a rebate to Medicare or offer substantial discount of at least 50% on drugs in the doughnut hole (Source: WH blog post) <ul style="list-style-type: none"> Deal provides 50% discount on drugs in the doughnut hole (Source: Finance Comm. Press release) Sec. Sebelius has authority to create Medicare Prescription Drug Discount Program on July 1, 2010—Program will be administered by independent 3rd party (Source: Finance Comm. Press release) <ul style="list-style-type: none"> Deal established audits on pharmaceutical companies to ensure discounts are being met (Source: Finance Comm. Press release) Press reports—Bipartisan Senate bill to expand importation of drugs no longer necessary under health reform—concession to pharmaceutical industry Press reports—extending period of exclusivity for biologic drugs to 12 years. <ul style="list-style-type: none"> Letter from Nancy-Ann DeParle and Peter Orszag to Rep. Waxman support 7 year period of exclusivity (6/24/2009). Reports that deal prohibited Medicare from negotiating lower drug prices 	<ul style="list-style-type: none"> Drug companies contributed \$84.8 billion overall to health care reform—not limited to doughnut hole (Source: KHN) In 2010 beneficiaries received \$250 rebate if they hit the doughnut hole. In 2011 they will receive 50% discount on brand-name drugs. By 2020 doughnut hole will be closed (Source: WH blog post 4/1/2010). By 2020, for brand-name drugs, Part D enrollees will receive the 50% discount as well as 25% federal subsidy (phased in beginning in 2013). Federal subsidy of 75% of generic drugs by 2020. Phased in 2011 (Source: KFF) Sec. Sebelius charged with establishing Medicare gap coverage discount program no later than July 1, 2010 (P.L. 111-148, Sec. 1860D-14A). Between 2014-2019 the threshold for catastrophic care under Part D will be lowered (allow beneficiaries to have more of their prescriptions covered) (Source: KFF) Importation amendment to health reform failed to pass Senate, 51-48. Establishes exclusivity period of 12 years for biologics (Source: P.L. 111-148, Sec. 7002(k)(7)(A)) Provision in House bill allowing Medicare to negotiate lower drug prices with pharma struck from final bill. Bill introduced in House to require Medicare to negotiate, H.R. 2248/S.44 (introduced 6/21/2011)

Deal with PhRMA

- Sec. Sebelius has authority to create Medicare Prescription Drug Discount Program on July 1, 2010—Program will be administered by independent 3rd party (Source: Finance Comm. Press release)
- Drug companies reduce draw on healthcare system by \$80 billion over the next 10 years
- Companies that participate in Medicare D will either pay a rebate to Medicare or offer substantial discount of at least 50% on drugs in the doughnut hole (Source: WH blog post)
- Deal provides 50% discount on drugs in the doughnut hole (Source: Finance Comm. Press release)
- Deal established audits on pharmaceutical companies to ensure discounts are being met (Source: Finance Comm. Press release)
- Press articles report that under negotiation with PhRMA, WH agreed to kill bipartisan Senate bill to expand importation of drugs. Healthcare spokeswoman Linda Douglass quoted as saying that the WH had discussed with PhRMA and decided that under health reform the legislation would “probably” be “unnecessary.”
 - Drug Importation Amendment to health reform bill failed Senate 51-48 (12/15/2009)
- Press articles report that WH negotiated with PhRMA about extending period of exclusivity for biologic drugs to 12 years.
 - In public statement WH supported shorter period of exclusivity—letter from Nancy-Ann DeParle and Peter Orszag to Rep. Waxman support 7 year period of exclusivity (6/24/2009).
- Reports that deal prohibited Medicare from negotiating lower drug prices

Final Bill

- Sec. Sebelius charged with establishing Medicare gap coverage discount program no later than July 1, 2010 (P.L. 111-148, Sec. 1860D-14A).
- Drug companies contributed \$84.8 billion overall to health care reform (Source: KHN)
- In 2010 beneficiaries received \$250 rebate if they hit the doughnut hole. In 2011 they will receive 50% discount on brand-name drugs. By 2020 doughnut hole will be closed (Source: WH blog post 4/1/2010).
- By 2020, for brand-name drugs, Part D enrollees will receive the 50% discount as well as 25% federal subsidy (phased in beginning in 2013).
 - Federal subsidy of 75% of generic drugs by 2020. Phased in 2011 (Source: KFF)
- Part D enrollees will be responsible for only 25 percent of the total cost of their drugs out of pocket
- Between 2014-2019 the threshold for catastrophic care under Part D will be lowered (allow beneficiaries to have more of their prescriptions covered) (Source: KFF)
- Establishes exclusivity period of 12 years for biologics (Source: ACA, P.L. 111-148, Sec. 7002(k)(7)(A))
- *Provision in House bill allowing Medicare to negotiate lower drug prices with pharma struck from final bill.*
 - *Introduced in House to require Medicare to negotiate, H.R. 2248/S.44 (introduced 6/21/2011).*

March 2010

EXPLAINING HEALTH CARE REFORM: Key Changes to the Medicare Part D Drug Benefit Coverage Gap

On March 23, 2010, President Obama signed the Patient Protection and Affordable Care Act into law (P.L. 111-148). The health care reform law, which incorporates changes made by the Health Care and Education Reconciliation Act of 2010, makes several important changes to the Medicare Part D drug benefit to reduce Part D enrollees' out-of-pocket liability when they reach the coverage gap, known as the "doughnut hole."

Since the Medicare Part D drug benefit took effect in 2006, beneficiaries enrolled in Part D plans have been required to pay 100 percent of their prescription drug costs after their total drug spending exceeds an initial coverage limit until they qualify for catastrophic coverage. The coverage gap is \$3,610 in 2010 and is projected to exceed \$6,000 by 2020. Most Part D plans have a coverage gap. In 2007, an estimated 3.4 million Part D enrollees (14 percent of all enrollees) reached the coverage gap.¹

The health reform law will reduce the amount that Medicare Part D enrollees are required to pay for their prescriptions when they reach the coverage gap, gradually phasing in different levels of subsidies for brand-name and generic drugs in the gap beginning in 2011.

- In 2010, Part D enrollees with spending in the coverage gap will receive a \$250 rebate.
- Beginning in 2011, Part D enrollees who reach the coverage gap will receive a 50 percent discount on the total cost of their brand-name drugs in the gap, as agreed to by pharmaceutical manufacturers.
- Over time, Medicare will gradually phase in additional subsidies in the coverage gap for brand-name drugs (beginning in 2013) and generic drugs (beginning in 2011), reducing the beneficiary coinsurance rate in the gap from 100 percent to 25 percent by 2020 (see *Exhibits 1 and 2 for the standard benefit in 2020 before and after health reform*).
 - By 2020, for brand-name drugs, Part D enrollees will receive the 50 percent discount from pharmaceutical manufacturers, plus a 25 percent federal subsidy (phased in beginning in 2013). Part D enrollees will be responsible for only 25 percent of the total cost of their drugs out of pocket (see *Exhibit 3 for phase-in schedule for brands*).
 - By 2020, 75 percent of the cost of generic drugs in the gap will be subsidized by Medicare (phased in beginning in 2011), while beneficiaries will pay the remaining 25 percent out of pocket (see *Exhibit 4 for phase-in schedule for generics*).
- In addition, between 2014 and 2019, the law will reduce the out-of-pocket amount that qualifies an enrollee for catastrophic coverage, further reducing out-of-pocket costs for those with relatively high prescription drug expenses. In 2020, the level will revert to that which it would have been absent the reductions in the intervening years.

¹ Hoadley J et al., "The Medicare Part D Coverage Gap: Costs and Consequences in 2007," Kaiser Family Foundation, August 2008, <http://www.kff.org/medicare/7811.cfm>.

DATE	MEETING DESCRIPTION
5/27/2009	<p>Physician Leaders Health Care Stakeholder Discussion. Invited attendees included:</p> <ol style="list-style-type: none"> 1. Chen Medical Group, Chris Chen, M.D. 2. Charleston Breast Center, Laura Amodei, M.D. 3. Washington Hospital Center, George Ruiz, M.D. 4. Sharp Medical Group, Stephen Lee, M.D. 5. Integrated Health Services, Bill Bestermann, M.D. 6. American Academy of Otolaryngology, David Kennedy, M.D. 7. Kaiser Permanente, Sharon Levine, M.D. 8. American Society of Cataract and Refractive Surgery, Alan Crandall, M.D. 9. American Cancer Society, Otis Brawley, M.D. 10. American Academy of Dermatology, David Pariser, M.D. 11. American Academy of Family Physicians, James King, M.D. 12. American Academy of Pediatrics, Renee Jenkins, M.D. 13. UCLA, David Schriger, M.D. 14. American Medical Association, Cecil Wilson, M.D. 15. American College of Surgeons, John Gage, M.D. 16. Community Oncology, Manish Agrawal, M.D. 17. Johns Hopkins Cardiology Fellow, Scott Berkowitz, M.D. 18. American Society of Anesthesiologists, Roger Moore, M.D. 19. CareMore Medical Group, Sheldon Zinberg, M.D. 20. Redlands Family Practice, Alex Terrazas, M.D. 21. Health Care for the Homeless, Jim O'Connell, M.D. 22. New York Presbyterian Hospital, Herbert Pardes, M.D. 23. Brigham and Women's Hospital, Gary Gottlieb, M.D. 24. Northwestern University Feinberg School of Medicine, Lew Landsberg, M.D. 25. Northwestern University Feinberg School of Medicine, Russell Robertson, M.D. 26. Wilshire Oncology Medical Group, Inc., Cancer Clinics of Excellence, Linda Bosserman, M.D. 27. University of Utah School of Medicine, David Bjorkman, M.D. 28. Duke University, Robert Califf, M.D. 29. Emory University, Michael Johns, M.D. 30. Oregon Health and Science University, Mark Richardson, M.D. 31. Howard University Hospital, Clive Callender, M.D. 32. Journal of the American Medical Association, Catherine DeAngelis, M.D. 33. Annals of Internal Medicine, Christine Laine, M.D. 34. National Medical Association, Kenneth Brown, M.D. <p>Additional information is available here: http://www.whitehouse.gov/blog/Streaming-at-100-Health-Care-Stakeholder-Meeting-Physicians/ and http://www.whitehouse.gov/blog/Full-Videos-The-Health-Care-Stakeholder-Discussions/</p>
	Meeting with Paul Diaz, CEO, Kindred Health Care.
5/28/2009	Meeting with Blue Cross Blue Shield Association representatives.
6/1/2009	Meeting with representatives of SEIU and Center for American Progress.

DATE	MEETING DESCRIPTION
6/2/2009	Meeting with PhRMA. Attendees included Billy Tauzin, James Bryant Hall, Jeff Kindler, Kevin Sharer, and Miles White.
6/4/2009	Meeting with Aetna. Attendees included Ron Williams, CEO, and Steven Kelmar. Meeting with Dennis Rivera, SEIU.
6/5/2009	Meeting with representatives of AHIP, AHA, AdvaMed, SEIU, GNYHA, PhRMA, and AMA.

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6/5/2009	Meeting with representatives of AHIP, AHA, AdvaMed, SEIU, GNYHA, PhRMA, and AMA.

DATE	MEETING DESCRIPTION
	<p>Women's Health Care Stakeholder Discussion. Invited attendees included:</p> <ol style="list-style-type: none"> 1. Black Women's Health Imperative, Eleanor Hinton Hoytt, President 2. American College of Obstetricians and Gynecologists, Gerald Joseph, President 3. American Nurses Association (ANA), Mary Jean Schumann, Chief Programs Officer 4. Association of Maternal & Child Health Programs, Michael R. Fraser, PhD, CEO 5. Columbia University: Mailman School of Public Health, Dr. Wendy Chavkin, Professor of Public Health and Obstetrics-Gynecology 6. Feminist Majority, Eleanor Smeal, President 7. The George Washington University, Vanessa Gamble, University Professor of Medical Humanities and Health Policy 8. The George Washington University, Dr. Susan F. Wood, Research Professor in the Department of Environmental and Occupational Health 9. National Asian Pacific American Women's Forum, Miriam Wing-Yi Yeung, Executive Director 10. National Association of Nurse Practitioners in Women's Health, Susan Wysocki, President and CEO 11. National Breast Cancer Coalition, Christine Brunswick, Vice President 12. National Council of La Raza, Raul Gonzalez, Director of Legislative Affairs 13. National Family Planning & Reproductive Health Association, Sloane K Rosenthal, Director of Public Policy 14. National Organization for Women, Kim Gandy, President 15. National Partnership for Women & Families, Sabrina Corlette, Director of Health Policy Programs 16. National Women's Health Network, Cynthia Pearson, Executive Director 17. National Women's Law Center, Marcia D. Greenberger, Co-President 18. Older Women's League, Donna L. Wagner, President of the National Board 19. Ovarian Cancer National Alliance, Dr. Karen Orloff Kaplan, CEO 20. Planned Parenthood Federation of America, Cecile Richards, Vice President 21. Planned Parenthood Federation of America, Laurie Rubiner, Vice President, Public Policy and Advocacy 22. Society for Women's Health Research, Martha Nolan, Vice President 23. University of Wisconsin, R. Alta Charo, Warren P. Knowles Professor of Law & Bioethics 24. Women Heart: The National Coalition for Women with Heart Disease, Lisa Tate, CEO 25. Women's Research & Education Institute, Susan Scanlan, President 26. YWCA USA, Randi Schmidt, Senior Policy Analyst for Economic Policy <p>Additional information is available here: http://www.whitehouse.gov/blog/Streaming-at-1100-Health-Care-Stakeholder-Discussion-with-Womens-Groups/ and http://www.whitehouse.gov/blog/Full-Videos-The-Health-Care-Stakeholder-Discussions/</p>
6/8/2009	Meeting with Wayne Sensor, CEO, Alegent Health, Omaha, Nebraska.

White House Visitors Records

Released Publicly on November 25, 2009

Last Name	First Name	M.I.	Time of Arrival	Time of Departure	Appointment Date	Total People	Visitee Last Name	Visitee First Name	Meeting Location	Meeting Room
364 HALVORSON	GEORGE		6/5/2009 1:51:27PM	6/5/2009 2:23:16PM	6/5/2009 2:00:00PM	1	ORSZAG	PETER	OEOB	252
365 BOYD	APRIL		6/5/2009 4:33:27PM	6/5/2009 5:33:38PM	6/5/2009 4:30:00PM	17	SCHILIRO	PHIL	OEOB	276
366 GANESAN	ARAVINTH	R	6/5/2009 4:32:36PM	6/5/2009 5:31:49PM	6/5/2009 4:30:00PM	17	SCHILIRO	PHIL	OEOB	276
367 GOMEZ	GABRIELLA		6/5/2009 4:39:47PM	6/5/2009 5:43:16PM	6/5/2009 4:30:00PM	17	SCHILIRO	PHIL	OEOB	276
368 GRESHAM	DANA		6/5/2009 4:48:40PM	6/5/2009 5:47:54PM	6/5/2009 4:30:00PM	17	SCHILIRO	PHIL	OEOB	276
369 HARDEN	KRYSTA		6/5/2009 4:37:10PM	6/5/2009 5:25:24PM	6/5/2009 4:30:00PM	17	SCHILIRO	PHIL	OEOB	276
370 KENNEDY	BRIAN		6/5/2009 4:28:04PM	6/5/2009 5:43:07PM	6/5/2009 4:30:00PM	17	SCHILIRO	PHIL	OEOB	276
371 KING	ELIZABETH		6/5/2009 4:38:25PM	6/5/2009 6:07:46PM	6/5/2009 4:30:00PM	17	SCHILIRO	PHIL	OEOB	276
372 KOVAR	PETER		6/5/2009 4:38:41PM	6/5/2009 5:44:03PM	6/5/2009 4:30:00PM	17	SCHILIRO	PHIL	OEOB	276
373 LEVY	JONATHAN	M	6/5/2009 4:30:39PM	6/5/2009 5:36:25PM	6/5/2009 4:30:00PM	17	SCHILIRO	PHIL	OEOB	276
374 MANSOUR	CHRISTOPHER		6/5/2009 4:21:19PM	6/5/2009 5:48:00PM	6/5/2009 4:30:00PM	17	SCHILIRO	PHIL	OEOB	276
375 PALM	ANDREA		6/5/2009 4:27:37PM	6/5/2009 5:31:43PM	6/5/2009 4:30:00PM	17	SCHILIRO	PHIL	OEOB	276
376 SHAND	TANIA		6/5/2009 4:33:04PM	6/5/2009 5:41:16PM	6/5/2009 4:30:00PM	17	SCHILIRO	PHIL	OEOB	276
377 TURNER	KATHLEEN				6/5/2009 4:30:00PM	17	SCHILIRO	PHIL	OEOB	276
378 VANDIVIER	DAVID		6/5/2009 4:31:09PM	6/5/2009 7:08:24PM	6/5/2009 4:30:00PM	17	SCHILIRO	PHIL	OEOB	276
379 VERMA	RICHARD		6/5/2009 4:44:16PM	6/5/2009 5:50:40PM	6/5/2009 4:30:00PM	17	SCHILIRO	PHIL	OEOB	276
380 WEICH	RONALD				6/5/2009 4:30:00PM	17	SCHILIRO	PHIL	OEOB	276
381 WIGGINS	CHANI		6/5/2009 4:36:25PM	6/5/2009 5:50:19PM	6/5/2009 4:30:00PM	17	SCHILIRO	PHIL	OEOB	276
382 NICKELS	THOMAS				7/10/2009 1:30:00PM	3	MESSINA	JIM	WH	WW
383 POLLACK	RICHARD		7/10/2009 1:27:30PM	7/10/2009 5:09:35PM	7/10/2009 1:30:00PM	3	MESSINA	JIM	WH	WW
384 GONZALEZ	ROSE	I	7/10/2009 4:37:05PM	7/10/2009 5:36:05PM	7/10/2009 4:45:00PM	3	MESSINA	JIM	WH	WW
385 HANEY	CYNTHIA	L	7/10/2009 4:36:55PM	7/10/2009 5:36:19PM	7/10/2009 4:45:00PM	3	MESSINA	JIM	WH	WW
386 PATTON	REBECCA	M	7/10/2009 4:36:40PM	7/10/2009 5:35:55PM	7/10/2009 4:45:00PM	3	MESSINA	JIM	WH	WW
387 LAMBREW	JEANNE		7/10/2009 5:26:23PM	7/10/2009 9:01:39PM	7/10/2009 5:30:00PM	1	SCHILIRO	PHILIP	WH	WW
388 LAMBREW	JEANNE				7/13/2009 12:00:00PM	1	SCHILIRO	PHIL	WH	WW
389 LAMBREW	JEANNE		7/14/2009 6:06:41PM	7/14/2009 7:28:55PM	7/14/2009 6:30:00PM	1	SCHILIRO	PHIL	WH	WW
390 LAMBREW	JEANNE		7/15/2009 5:23:31PM		7/15/2009 5:30:00PM	1	SCHILIRO	PHIL	WH	WW
391 LAMBREW	JEANNE				7/16/2009 5:30:00PM	1	SCHILIRO	PHIL	WH	WW
392 BELCHER	KIM	C	7/17/2009 4:34:30PM		7/17/2009 4:30:00PM	0	MESSINA	JIM	OEOB	248
393 BENENSON	JOEL		7/17/2009 4:18:32PM		7/17/2009 4:30:00PM	0	MESSINA	JIM	OEOB	248
394 BINDER	DAVID	B	7/17/2009 4:33:59PM		7/17/2009 4:30:00PM	0	MESSINA	JIM	OEOB	248
395 BRODNITZ	PETER	D	7/17/2009 4:30:13PM		7/17/2009 4:30:00PM	0	MESSINA	JIM	OEOB	248
396 BURTON	JENNIFER	L	7/17/2009 4:30:03PM		7/17/2009 4:30:00PM	0	MESSINA	JIM	OEOB	248

DATE	MEETING DESCRIPTION
	<p>Women's Health Care Stakeholder Discussion. Invited attendees included:</p> <ol style="list-style-type: none"> 1. Black Women's Health Imperative, Eleanor Hinton Hoytt, President 2. American College of Obstetricians and Gynecologists, Gerald Joseph, President 3. American Nurses Association (ANA), Mary Jean Schumann, Chief Programs Officer 4. Association of Maternal & Child Health Programs, Michael R. Fraser, PhD, CEO 5. Columbia University: Mailman School of Public Health, Dr. Wendy Chavkin, Professor of Public Health and Obstetrics-Gynecology 6. Feminist Majority, Eleanor Smeal, President 7. The George Washington University, Vanessa Gamble, University Professor of Medical Humanities and Health Policy 8. The George Washington University, Dr. Susan F. Wood, Research Professor in the Department of Environmental and Occupational Health 9. National Asian Pacific American Women's Forum, Miriam Wing-Yi Yeung, Executive Director 10. National Association of Nurse Practitioners in Women's Health, Susan Wysocki, President and CEO 11. National Breast Cancer Coalition, Christine Brunswick, Vice President 12. National Council of La Raza, Raul Gonzalez, Director of Legislative Affairs 13. National Family Planning & Reproductive Health Association, Sloane K Rosenthal, Director of Public Policy 14. National Organization for Women, Kim Gandy, President 15. National Partnership for Women & Families, Sabrina Corlette, Director of Health Policy Programs 16. National Women's Health Network, Cynthia Pearson, Executive Director 17. National Women's Law Center, Marcia D. Greenberger, Co-President 18. Older Women's League, Donna L. Wagner, President of the National Board 19. Ovarian Cancer National Alliance, Dr. Karen Orloff Kaplan, CEO 20. Planned Parenthood Federation of America, Cecile Richards, Vice President 21. Planned Parenthood Federation of America, Laurie Rubiner, Vice President, Public Policy and Advocacy 22. Society for Women's Health Research, Martha Nolan, Vice President 23. University of Wisconsin, R. Alta Charo, Warren P. Knowles Professor of Law & Bioethics 24. Women Heart: The National Coalition for Women with Heart Disease, Lisa Tate, CEO 25. Women's Research & Education Institute, Susan Scanlan, President 26. YWCA USA, Randi Schmidt, Senior Policy Analyst for Economic Policy <p>Additional information is available here: http://www.whitehouse.gov/blog/Streaming-at-1100-Health-Care-Stakeholder-Discussion-with-Womens-Groups/ and http://www.whitehouse.gov/blog/Full-Videos-The-Health-Care-Stakeholder-Discussions/</p>
6/8/2009	Meeting with Wayne Sensor, CEO, Alegent Health, Omaha, Nebraska.

DATE	MEETING DESCRIPTION
6/9/2009	<p>Health Disparities Health Care Stakeholder Discussion. Invited attendees included:</p> <ol style="list-style-type: none"> 1. American Psychological Association, Daniel Dawes, Senior Legislative & Federal Affairs Officer 2. American Public Health Association, Dr. Andrea K. Taylor, Executive Board Member 3. Asian & Pacific Islander American Health Forum, Deeana Jang, Policy Director 4. Association of Asian Pacific Community Health Organizations, Corrina Dan, Health Policy Fellow 5. Association of Minority Health Professionals, John Maupin, President, Morehouse School of Medicine 6. Black Leadership Forum, Inc., Gary L. Flowers, Executive Director and CEO 7. Families USA, Rea Panares, Director of Minority Health Initiatives 8. Human Rights Campaign, Andrea Levario, Senior Public Policy Advocate 9. Hispanic Federation, James Albino, Director 10. Harvard University and Robert Wood Johnson Foundation Commission to Build a Healthier America, David R. Williams, Professor and Staff Director 11. Howard University, Celia J. Maxwell, M.D., Assistant Vice President for Health Science 12. Leadership Conference on Civil Rights, Nancy M. Zirkin, Executive Vice President 13. National Alliance for Hispanic Health, Adolph Papageorge Falcon, Senior Vice President 14. National Association for the Advancement of Colored People, Hilary Shelton, Director, Washington Bureau 15. National Association of Community Health Centers, Daniel R. Hawkins, Jr., Senior Vice President for Public Policy and Research 16. National Black Nurses Association, Velma Hall Henderson, Board Member 17. National Coalition for LGBT Health, Rebecca Fox, Executive Director 18. National Congress of Black Women, Inc., Dr. E. Faye William, National Chair 19. National Council of Asian Pacific American Physicians, Dr. Winstin F. Wong 20. National Hispanic Medical Association, Dr. Elena V. Rios, President and CEO 21. National Indian Health Board, Stacey Bohlen, Executive Director 22. National Medical Association, Dr. Mohammad N. Akhter, Executive Director 23. National Urban League, Stephanie Jones, Executive Director National Urban League Policy Institute 24. Racial and Ethnic Disparities Health Coalition, Fredette West, Chair 25. Special Olympics, Barbara Kornblau, Government Relations Consultant 26. Summit Health Institute for Research and Education, Inc., Ruth T. Perot, Executive Director and CEO <p>Additional information is available here: http://www.whitehouse.gov/blog/Streaming-at-Noon-Health-Care-Stakeholder-Discussion-on-Health-Disparities-and-Health-Reform/ and http://www.whitehouse.gov/blog/Full-Videos-The-Health-Care-Stakeholder-Discussions/</p>
6/10/2009	<p>Meeting with Wal-Mart Corporation representatives.</p> <p>Meeting with PhRMA representatives hosted by Congressional staff.</p>
6/11/2009	<p>Speech to the Business Roundtable (BRT) Consumer Health and Retirement Initiative.</p> <p>Meeting with AARP representatives.</p>

DATE	MEETING DESCRIPTION
6/9/2009	<p>Health Disparities Health Care Stakeholder Discussion. Invited attendees included:</p> <ol style="list-style-type: none"> 1. American Psychological Association, Daniel Dawes, Senior Legislative & Federal Affairs Officer 2. American Public Health Association, Dr. Andrea K. Taylor, Executive Board Member 3. Asian & Pacific Islander American Health Forum, Deeana Jang, Policy Director 4. Association of Asian Pacific Community Health Organizations, Corrina Dan, Health Policy Fellow 5. Association of Minority Health Professionals, John Maupin, President, Morehouse School of Medicine 6. Black Leadership Forum, Inc., Gary L. Flowers, Executive Director and CEO 7. Families USA, Rea Panares, Director of Minority Health Initiatives 8. Human Rights Campaign, Andrea Levario, Senior Public Policy Advocate 9. Hispanic Federation, James Albino, Director 10. Harvard University and Robert Wood Johnson Foundation Commission to Build a Healthier America, David R. Williams, Professor and Staff Director 11. Howard University, Celia J. Maxwell, M.D., Assistant Vice President for Health Science 12. Leadership Conference on Civil Rights, Nancy M. Zirkin, Executive Vice President 13. National Alliance for Hispanic Health, Adolph Papageorge Falcon, Senior Vice President 14. National Association for the Advancement of Colored People, Hilary Shelton, Director, Washington Bureau 15. National Association of Community Health Centers, Daniel R. Hawkins, Jr., Senior Vice President for Public Policy and Research 16. National Black Nurses Association, Velma Hall Henderson, Board Member 17. National Coalition for LGBT Health, Rebecca Fox, Executive Director 18. National Congress of Black Women, Inc., Dr. E. Faye William, National Chair 19. National Council of Asian Pacific American Physicians, Dr. Winstin F. Wong 20. National Hispanic Medical Association, Dr. Elena V. Rios, President and CEO 21. National Indian Health Board, Stacey Bohlen, Executive Director 22. National Medical Association, Dr. Mohammad N. Akhter, Executive Director 23. National Urban League, Stephanie Jones, Executive Director National Urban League Policy Institute 24. Racial and Ethnic Disparities Health Coalition, Fredette West, Chair 25. Special Olympics, Barbara Kornblau, Government Relations Consultant 26. Summit Health Institute for Research and Education, Inc., Ruth T. Perot, Executive Director and CEO <p>Additional information is available here: http://www.whitehouse.gov/blog/Streaming-at-Noon-Health-Care-Stakeholder-Discussion-on-Health-Disparities-and-Health-Reform/ and http://www.whitehouse.gov/blog/Full-Videos-The-Health-Care-Stakeholder-Discussions/</p>
6/10/2009	<p>Meeting with Wal-Mart Corporation representatives.</p> <p>Meeting with PhRMA representatives hosted by Congressional staff.</p>
6/11/2009	<p>Speech to the Business Roundtable (BRT) Consumer Health and Retirement Initiative.</p> <p>Meeting with AARP representatives.</p>

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DATE	MEETING DESCRIPTION
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6/15/2009	Speech to the AMA House of Delegates by President Obama.
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	Meeting with Antonio Perez, CEO, Eastman Kodak.
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	ABC Town Hall with President Obama and approximately 164 individuals.
6/25/2009	Meeting with AMA representatives.
6/30/2009	Meeting with Karen Ignagni, AHIP.
	Meeting with hospital representatives and Congressional staff.
	Meeting with Business Forward representatives.

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298 MANDE	JEROLD	R	5/7/2009 1:59:04PM	5/7/2009 5:07:07PM	5/7/2009 2:00:00PM	16	EMANUEL	EZEKIEL	OEOB	430
299 PHIPPS	MICHAEL		5/7/2009 1:59:43PM	5/7/2009 5:11:49PM	5/7/2009 2:00:00PM	16	EMANUEL	EZEKIEL	OEOB	430
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302 VIOLA	KATE	V	5/7/2009 2:04:28PM	5/7/2009 5:11:34PM	5/7/2009 2:00:00PM	16	EMANUEL	EZEKIEL	OEOB	430
303 JOHNSON	JOEL	P			5/8/2009 12:15:00PM	1	EMANUEL	RAHM	WH	WW
304 AGRAST	MARK				6/12/2009 4:30:00PM	22	SCHILIRO	PHIL	OEOB	276
305 APPELBAUM	JUDITH	C			6/12/2009 4:30:00PM	22	SCHILIRO	PHIL	OEOB	276
306 BOYD	APRIL				6/12/2009 4:30:00PM	22	SCHILIRO	PHIL	OEOB	276
307 GANESAN	ARAVINTH				6/12/2009 4:30:00PM	22	SCHILIRO	PHIL	OEOB	276
308 GOMEZ	GABRIELLA		6/12/2009 5:00:28PM	6/12/2009 11:18:13PM	6/12/2009 4:30:00PM	22	SCHILIRO	PHIL	OEOB	276
309 GRESHAM	DANA				6/12/2009 4:30:00PM	22	SCHILIRO	PHIL	OEOB	276
310 HARDEN	KRYSTA				6/12/2009 4:30:00PM	22	SCHILIRO	PHIL	OEOB	276
311 KENNEDY	BRIAN				6/12/2009 4:30:00PM	22	SCHILIRO	PHIL	OEOB	276
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315 LEVY	JONATHAN				6/12/2009 4:30:00PM	22	SCHILIRO	PHIL	OEOB	276
316 MANSOUR	CHRISTOPHER				6/12/2009 4:30:00PM	22	SCHILIRO	PHIL	OEOB	276
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318 PEACOCK	NELSON				6/12/2009 4:30:00PM	22	SCHILIRO	PHIL	OEOB	276
319 SATCHER	DARAKA	E			6/12/2009 4:30:00PM	22	SCHILIRO	PHIL	OEOB	276
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321 TURNER	KATHLEEN				6/12/2009 4:30:00PM	22	SCHILIRO	PHIL	OEOB	276
322 VANDIVIER	DAVID		6/12/2009 4:32:22PM	6/12/2009 5:17:46PM	6/12/2009 4:30:00PM	22	SCHILIRO	PHIL	OEOB	276
323 VERMA	RICHARD				6/12/2009 4:30:00PM	22	SCHILIRO	PHIL	OEOB	276
324 WEICH	RONALD				6/12/2009 4:30:00PM	22	SCHILIRO	PHIL	OEOB	276
325 WIGGINS	CHANI				6/12/2009 4:30:00PM	22	SCHILIRO	PHIL	OEOB	276
326 LAMBREW	JEANNE		6/15/2009 4:39:59PM	6/15/2009 5:49:06PM	6/15/2009 4:20:00PM	1	SCHILIRO	PHIL	WH	WESTWING
327 SACHS	JEFFREY		6/16/2009 3:49:29PM	6/16/2009 4:42:29PM	6/16/2009 4:00:00PM	1	AXELROD	DAVID	WH	WW
328 MALKOVICH	NICHOLAS	X			6/17/2009 5:45:00PM	5	EMANUEL	RAHM	WH	WW
329 RAND	ADDISON	B	6/17/2009 5:32:35PM		6/17/2009 5:45:00PM	5	EMANUEL	RAHM	WH	WW
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329	RAND	ADDISON	B	6/17/2009 5:32:35PM		6/17/2009 5:45:00PM	5	EMANUEL	RAHM	WH	WW
330	SELIB	JON				6/17/2009 5:45:00PM	5	EMANUEL	RAHM	WH	WW

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299 PHIPPS	MICHAEL		5/7/2009 1:59:43PM	5/7/2009 5:11:49PM	5/7/2009 2:00:00PM	16	EMANUEL	EZEKIEL	OEOB	430
300 RAO	MITESH	B	5/7/2009 2:00:11PM	5/7/2009 5:11:58PM	5/7/2009 2:00:00PM	16	EMANUEL	EZEKIEL	OEOB	430
301 SPATZ	ERICA	S	5/7/2009 2:00:52PM	5/7/2009 5:12:14PM	5/7/2009 2:00:00PM	16	EMANUEL	EZEKIEL	OEOB	430
302 VIOLA	KATE	V	5/7/2009 2:04:28PM	5/7/2009 5:11:34PM	5/7/2009 2:00:00PM	16	EMANUEL	EZEKIEL	OEOB	430
303 JOHNSON	JOEL	P			5/8/2009 12:15:00PM	1	EMANUEL	RAHM	WH	WW
304 AGRAST	MARK				6/12/2009 4:30:00PM	22	SCHILIRO	PHIL	OEOB	276
305 APPELBAUM	JUDITH	C			6/12/2009 4:30:00PM	22	SCHILIRO	PHIL	OEOB	276
306 BOYD	APRIL				6/12/2009 4:30:00PM	22	SCHILIRO	PHIL	OEOB	276
307 GANESAN	ARAVINTH				6/12/2009 4:30:00PM	22	SCHILIRO	PHIL	OEOB	276
308 GOMEZ	GABRIELLA		6/12/2009 5:00:28PM	6/12/2009 11:18:13PM	6/12/2009 4:30:00PM	22	SCHILIRO	PHIL	OEOB	276
309 GRESHAM	DANA				6/12/2009 4:30:00PM	22	SCHILIRO	PHIL	OEOB	276
310 HARDEN	KRYSTA				6/12/2009 4:30:00PM	22	SCHILIRO	PHIL	OEOB	276
311 KENNEDY	BRIAN				6/12/2009 4:30:00PM	22	SCHILIRO	PHIL	OEOB	276
312 KING	ELIZABETH		6/12/2009 4:52:08PM	6/12/2009 9:11:03PM	6/12/2009 4:30:00PM	22	SCHILIRO	PHIL	OEOB	276
313 KOVAR	PETER				6/12/2009 4:30:00PM	22	SCHILIRO	PHIL	OEOB	276
314 LETTENNEY	ROBERT	A			6/12/2009 4:30:00PM	22	SCHILIRO	PHIL	OEOB	276
315 LEVY	JONATHAN				6/12/2009 4:30:00PM	22	SCHILIRO	PHIL	OEOB	276
316 MANSOUR	CHRISTOPHER				6/12/2009 4:30:00PM	22	SCHILIRO	PHIL	OEOB	276
317 PALM	ANDREA				6/12/2009 4:30:00PM	22	SCHILIRO	PHIL	OEOB	276
318 PEACOCK	NELSON				6/12/2009 4:30:00PM	22	SCHILIRO	PHIL	OEOB	276
319 SATCHEL	DARAKA	E			6/12/2009 4:30:00PM	22	SCHILIRO	PHIL	OEOB	276
320 SHAND	TANIA				6/12/2009 4:30:00PM	22	SCHILIRO	PHIL	OEOB	276
321 TURNER	KATHLEEN				6/12/2009 4:30:00PM	22	SCHILIRO	PHIL	OEOB	276
322 VANDIVIER	DAVID		6/12/2009 4:32:22PM	6/12/2009 5:17:46PM	6/12/2009 4:30:00PM	22	SCHILIRO	PHIL	OEOB	276
323 VERMA	RICHARD				6/12/2009 4:30:00PM	22	SCHILIRO	PHIL	OEOB	276
324 WEICH	RONALD				6/12/2009 4:30:00PM	22	SCHILIRO	PHIL	OEOB	276
325 WIGGINS	CHANI				6/12/2009 4:30:00PM	22	SCHILIRO	PHIL	OEOB	276
326 LAMBREW	JEANNE		6/15/2009 4:39:59PM	6/15/2009 5:49:06PM	6/15/2009 4:20:00PM	1	SCHILIRO	PHIL	WH	WESTWING
327 SACHS	JEFFREY		6/16/2009 3:49:29PM	6/16/2009 4:42:29PM	6/16/2009 4:00:00PM	1	AXELROD	DAVID	WH	WW
328 MALKOVICH	NICHOLAS	X			6/17/2009 5:45:00PM	5	EMANUEL	RAHM	WH	WW
329 RAND	ADDISON	B	6/17/2009 5:32:35PM		6/17/2009 5:46:00PM	5	EMANUEL	RAHM	WH	WW
330 SELIB	JON				6/17/2009 5:46:00PM	5	EMANUEL	RAHM	WH	WW

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333 AGRAST	MARK				6/19/2009 4:45:00PM	22	SCHILIRO	PHIL	OEOB	276
334 BOYD	APRIL				6/19/2009 4:45:00PM	22	SCHILIRO	PHIL	OEOB	276
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337 GOMEZ	GABRIELLA		6/19/2009 5:02:41PM	6/19/2009 6:08:42PM	6/19/2009 4:45:00PM	22	SCHILIRO	PHIL	OEOB	276
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351 VERMA	RICHARD				6/19/2009 4:45:00PM	22	SCHILIRO	PHIL	OEOB	276
352 WEICH	RONALD				6/19/2009 4:45:00PM	22	SCHILIRO	PHIL	OEOB	276
353 WIGGINS	CHANI				6/19/2009 4:45:00PM	22	SCHILIRO	PHIL	OEOB	276
354 WOLF	HARRY	A			6/19/2009 4:45:00PM	22	SCHILIRO	PHIL	OEOB	276
355 LEAMOND	NANCY	A			6/22/2009 11:30:00AM	3	JARRETT	VALERIE	WH	WW
356 RAND	ADDISON	B			6/22/2009 11:30:00AM	3	JARRETT	VALERIE	WH	WW
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358 ADAMS	KIRK		6/30/2009 12:26:14PM	6/30/2009 1:02:53PM	6/30/2009 12:30:00PM	6	EMANUEL	RAHM	WH	WESTWING
359 DACH	LESLIE	A	6/30/2009 12:26:26PM	6/30/2009 1:03:01PM	6/30/2009 12:30:00PM	6	EMANUEL	RAHM	WH	WESTWING
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362 PODESTA	JOHN	D	6/30/2009 12:26:54PM	6/30/2009 1:02:16PM	6/30/2009 12:30:00PM	6	EMANUEL	RAHM	WH	WESTWING
363 RIVERA	DENNIS				6/30/2009 12:30:00PM	6	EMANUEL	RAHM	WH	WESTWING

DATE	MEETING DESCRIPTION
6/12/2009	Meeting with hospital representatives hosted by Congressional staff. Meeting with PhRMA representatives hosted by Congressional staff.
6/15/2009	Speech to the AMA House of Delegates by President Obama. Meeting with CIGNA representatives.
6/17/2009	Meeting with AdvaMed Executive Board Members. Meeting with Barry Rand, CEO, AARP. Meeting with State Legislators.
6/18/2009	Speech to Blue Cross Blue Shield Association Board of Directors. Speech to LifePoint Hospitals, Inc.
6/23/2009	Meeting with Nancy LeaMond, AARP. Meeting with Antonio Perez, CEO, Eastman Kodak. Meeting with Denis Cortese, M.D., CEO, Mayo Clinic.
6/24/2009	Meeting with President Obama and hospital CEOs. Attendees included: <ol style="list-style-type: none"> 1. Cleveland Clinic Foundation, Delos "Toby" Cosgrove, CEO and President 2. Catholic Healthcare West, Lloyd H. Dean, CEO, President and Director 3. Duke University Health System, Victor Dzau, President and CEO, also Chancellor for Health Affairs, Duke University 4. Virginia Mason Health System, Gary S. Kaplan, Chairman and CEO 5. BJC Health Care, Steven H. Lipstein, President and CEO 6. University of Texas M.D. Anderson Cancer Center, John Mendelsohn, President 7. Johns Hopkins Medicine, Edward Miller, CEO 8. Partners Health Care, James J. Mongan, President and CEO 9. University of Pennsylvania Health System, Ralph Muller, CEO 10. University of Pennsylvania Medical Center, Elizabeth B. Concordia, Executive Vice President 11. New York-Presbyterian Hospital and New York-Presbyterian Healthcare System, Dr. Herbert Pardes, President and CEO 12. Greenville Hospital System, Michael C. Riordan, President and CEO Meeting with President Obama and Governors Jim Douglas (VT), Jennifer Granholm (MI), Jim Doyle (WI), Deval Patrick (MA), Mike Rounds (SD), and Chris Gregoire (WA). ABC Town Hall with President Obama and approximately 164 individuals.
6/25/2009	Meeting with AMA representatives.
6/30/2009	Meeting with Karen Ignagni, AHIP. Meeting with hospital representatives and Congressional staff. Meeting with Business Forward representatives.

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337 GÓMEZ	GABRIELLA		6/19/2009 5:02:41PM	6/19/2009 6:08:42PM	6/19/2009 4:45:00PM	22	SCHILIRO	PHIL	OEOB	276
338 GRESHAM	DANA				6/19/2009 4:45:00PM	22	SCHILIRO	PHIL	OEOB	276
339 HARDEN	KRYSTA				6/19/2009 4:45:00PM	22	SCHILIRO	PHIL	OEOB	276
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THE WHITE HOUSE
Office of the Press Secretary

For Immediate Release

June 20, 2009

Statement from the President Obama on Agreement to Bring Down Drug Prices for Americans Seniors

"I am pleased to announce that an agreement has been reached between Senator Max Baucus and the nation's pharmaceutical companies that will bring down health care costs and reduce the price of prescription drugs for millions of America's seniors. As part of the health reform legislation that I expect Congress to enact this year, pharmaceutical companies will extend discounts on prescription drugs to millions of seniors who currently are subjected to crushing out-of-pocket expenses when the yearly amounts they pay for medication fall within the doughnut hole any payments by seniors not covered by Medicare that fall between \$2700 and \$6153.75 per year. The existence of this gap in coverage has been a continuing injustice that has placed a great burden on many seniors. This deal will provide significant relief from that burden for millions of American seniors".

"The agreement by pharmaceutical companies to contribute to the health reform effort comes on the heels of the landmark pledge many health industry leaders made to me last month, when they offered to do their part to reduce health spending \$2 trillion over the next decade. We are at a turning point in America's journey toward health care reform. Key sectors of the health care industry acknowledge what American families and businesses already know - that the status quo is no longer sustainable. The agreement reached today to lower prescription drug costs for seniors will be an important part of the legislation I expect to sign into law in October. I want to commend House chairmen Henry Waxman, George Miller and Charles Rangel for addressing this issue in the health reform legislation they unveiled this week. This is a tangible example of the type of reform that will lower costs while assuring quality health care for every American".

COMMITTEE ON FINANCE
NEWS RELEASE



Max Baucus, Chairman

<http://finance.senate.gov>

For Immediate Release
June 20, 2009

Contact: Scott Mulhauser/Erin Shields
(202) 224-4515

**BAUCUS, PHARMACEUTICAL COMPANIES ANNOUNCE DEAL
TO REDUCE PRESCRIPTION DRUG COSTS FOR SENIORS**

Finance Chair Secures \$80 Billion Commitment, Ensures Drug Discounts for Medicare Recipients
as Part of Effort to Reform Health Care, Reduce Costs, Ensure Quality

Washington, DC – Senate Finance Committee Chairman Max Baucus (D - Mont.) announced he secured an \$80 billion commitment from the pharmaceutical industry to reduce Medicare prescription drug costs for seniors. The deal struck by Baucus and the nation's pharmaceutical companies with the participation of the White House includes a provision to narrow the gap in coverage, often called the "doughnut hole," with payments from the drug companies to cover up to 50 percent of the cost of brand-name medicine in Medicare's Part D prescription drug program.

"The Medicare prescription drug benefit we created helped address the problem of skyrocketing prescription drug prices for millions of seniors. Today, we helped fill the gap in coverage and finished the job," Baucus said. **"This new coverage means affordable prices on prescription drugs when Medicare benefits don't cover the cost of prescriptions. This benefit is part of our continued commitment to seniors and our ongoing effort to reform health care by lowering health care costs and ensuring all Americans have access to the quality, affordable health care coverage they deserve."**

"Today marks an important first step toward our shared goal of providing high-quality, affordable health care to everyone in America. We applaud President Obama and Senate Finance Committee Chairman Baucus for their commitment to comprehensive health care reform – one of the most challenging issues of our lifetime. Health care reform is important to patients, the economy and the future of America," said Billy Tauzin, President and CEO of the Pharmaceutical Research and Manufacturers of America (PhRMA). **"Millions of uninsured and financially-struggling Americans are depending on us to accomplish comprehensive health care reform this year. Today, America's pharmaceutical research and biotechnology companies are signaling their strong support for these critically important efforts. This is a once-in-a-lifetime opportunity and, working together, we can make this hope for a better tomorrow a reality today."**

--more--

The agreement includes prescription drug discounts for Medicare recipients that would dramatically increase government savings. This commitment is a critical part of the ongoing effort to reform health care both by reducing costs and ensuring quality, affordable care for every American. Sen. Baucus plans to include this and other legislative elements of this agreement in comprehensive health care reform legislation he plans to consider in the Finance Committee in the coming weeks.

The doughnut hole refers to a gap between initial coverage in Medicare prescription drug costs, the majority of which is covered under Medicare, and a higher threshold, when so-called "catastrophic" coverage that covers all but a small co-payment, begins. The deal struck today provides a 50 percent discount on the costs of brand-name medicines covered under Medicare that currently fall into the doughnut hole.

The agreement would give the Secretary of Health and Human Services the authority to create the new Medicare Prescription Drug Discount Program on July 1, 2010 and the program would be administered by an independent third party. The agreement includes a provision to discourage private employers from dropping prescription drug coverage currently provided to retirees. It also establishes audits of drug company manufacturers to ensure the discounted prices are appropriately set.



Published on PhRMA (<http://www.phrma.org>)

[Home](#) > PhRMA Statement on the Health Care Reform Agreement

PhRMA Statement on the Health Care Reform Agreement

PhRMA Washington, D.C. (June 21, 2009) — Pharmaceutical Research and Manufacturers of America (PhRMA) [1] President and CEO **Billy Tauzin** [2] issued the following statement regarding the agreement with the **White House** [3] and the **Senate Finance Committee** [4] to help close the coverage gap in the **Medicare prescription drug program** [5]:

“This marks an important first step toward our shared goal of providing high-quality, affordable health care to everyone in America. We applaud President Obama and Senate Finance Committee **Chairman Baucus** [6] for their commitment to comprehensive health care reform – one of the most challenging issues of our lifetime. Health care reform is important to patients, the economy and the future of America.

“Millions of uninsured and financially-struggling Americans are depending on us to accomplish comprehensive health care reform this year. America’s pharmaceutical research and biotechnology companies are signaling their strong support for these critically important efforts. This is a once-in-a-lifetime opportunity and, working together, we can make this hope for a better tomorrow a reality today.”

The Pharmaceutical Research and Manufacturers of America (PhRMA) represents the country’s leading pharmaceutical research and biotechnology companies, which are devoted to inventing medicines that allow patients to live longer, healthier, and more productive lives. PhRMA companies are leading the way in the search for new cures. PhRMA members alone invested an estimated \$50.3 billion in 2008 in discovering and developing new medicines. Industry-wide research and investment reached a record \$65.2 billion in 2008.

PhRMA Internet Address: www.phrma.org [1]

For information on how innovative medicines save lives, visit: www.innovation.org [7]

For information on the Partnership for Prescription Assistance, visit: www.pparx.org [8]

For more information on public health emergencies, visit: www.rxresponse.org [9]

For information on the danger of imported drugs, visit: [w](http://www.buysafedrugs.info) [10]www.buysafedrugs.info [10]

Source URL: <http://www.phrma.org/media/releases/phrma-statement-health-care-reform-agreement>

Links:

- [1] <http://www.phrma.org/>
- [2] http://www.phrma.org/about_billy/
- [3] <http://www.whitehouse.gov/>
- [4] <http://finance.senate.gov/>
- [5] <http://www.medicare.gov/pdphome.asp>
- [6] <http://baucus.senate.gov/>
- [7] <http://www.innovation.org/>
- [8] <http://www.pparx.org/>
- [9] <http://www.rxresponse.org/>
- [10] <http://www.buysafedrugs.info/>

White House Visitors Records

Released Publicly on November 25, 2009

Last Name	First Name	M.I.	Time of Arrival	Time of Departure	Appointment Date	Total People	Visitee Last Name	Visitee First Name	Meeting Location	Meeting Room
331 SHIELDS	ERIN	E			6/17/2009 5:45:00PM	5	EMANUEL	RAHM	WH	WW
332 LAMBREW	JEANNE		6/18/2009 3:08:07PM	6/18/2009 5:34:48PM	6/18/2009 3:00:00PM	1	SCHILIRO	PHIL	WH	WW
333 AGRAST	MARK				6/19/2009 4:45:00PM	22	SCHILIRO	PHIL	OEOB	276
334 BOYD	APRIL				6/19/2009 4:45:00PM	22	SCHILIRO	PHIL	OEOB	276
335 DIONNE	GARY	A			6/19/2009 4:45:00PM	22	SCHILIRO	PHIL	OEOB	276
336 GANESAN	ARAVINTH				6/19/2009 4:45:00PM	22	SCHILIRO	PHIL	OEOB	276
337 GOMEZ	GABRIELLA		6/19/2009 5:02:41PM	6/19/2009 6:08:42PM	6/19/2009 4:45:00PM	22	SCHILIRO	PHIL	OEOB	276
338 GRESHAM	DANA				6/19/2009 4:45:00PM	22	SCHILIRO	PHIL	OEOB	276
339 HARDEN	KRYSTA				6/19/2009 4:45:00PM	22	SCHILIRO	PHIL	OEOB	276
340 KENNEDY	BRIAN		6/19/2009 4:58:00PM	6/19/2009 6:02:17PM	6/19/2009 4:45:00PM	22	SCHILIRO	PHIL	OEOB	276
341 KING	ELIZABETH				6/19/2009 4:45:00PM	22	SCHILIRO	PHIL	OEOB	276
342 KOVAR	PETER				6/19/2009 4:45:00PM	22	SCHILIRO	PHIL	OEOB	276
343 LETTRE	MARCEL				6/19/2009 4:45:00PM	22	SCHILIRO	PHIL	OEOB	276
344 LEVY	JONATHAN				6/19/2009 4:45:00PM	22	SCHILIRO	PHIL	OEOB	276
345 MANSOUR	CHRISTOPHER				6/19/2009 4:45:00PM	22	SCHILIRO	PHIL	OEOB	276
346 PALM	ANDREA				6/19/2009 4:45:00PM	22	SCHILIRO	PHIL	OEOB	276
347 SATCHER	DARAKA	E			6/19/2009 4:45:00PM	22	SCHILIRO	PHIL	OEOB	276
348 SHAND	TANIA				6/19/2009 4:45:00PM	22	SCHILIRO	PHIL	OEOB	276
349 TURNER	KATHLEEN				6/19/2009 4:45:00PM	22	SCHILIRO	PHIL	OEOB	276
350 VANDIVIER	DAVID				6/19/2009 4:45:00PM	22	SCHILIRO	PHIL	OEOB	276
361 VERMA	RICHARD				6/19/2009 4:45:00PM	22	SCHILIRO	PHIL	OEOB	276
352 WEICH	RONALD				6/19/2009 4:45:00PM	22	SCHILIRO	PHIL	OEOB	276
353 WIGGINS	CHANI				6/19/2009 4:45:00PM	22	SCHILIRO	PHIL	OEOB	276
354 WOLF	HARRY	A			6/19/2009 4:45:00PM	22	SCHILIRO	PHIL	OEOB	276
355 LEAMOND	NANCY	A			6/22/2009 11:30:00AM	3	JARRETT	VALERIE	WH	WW
356 RAND	ADDISON	B			6/22/2009 11:30:00AM	3	JARRETT	VALERIE	WH	WW
357 ROTHER	JOHN				6/22/2009 11:30:00AM	3	JARRETT	VALERIE	WH	WW
358 ADAMS	KIRK		6/30/2009 12:26:14PM	6/30/2009 1:02:53PM	6/30/2009 12:30:00PM	6	EMANUEL	RAHM	WH	WESTWING
359 DACH	LESLIE	A	6/30/2009 12:26:26PM	6/30/2009 1:03:01PM	6/30/2009 12:30:00PM	6	EMANUEL	RAHM	WH	WESTWING
360 FEDER	JUDITH		6/30/2009 12:26:34PM	6/30/2009 1:02:30PM	6/30/2009 12:30:00PM	6	EMANUEL	RAHM	WH	WESTWING
361 NAWAR	MICHELLE		6/30/2009 12:26:47PM	6/30/2009 1:02:39PM	6/30/2009 12:30:00PM	6	EMANUEL	RAHM	WH	WESTWING
362 PODESTA	JOHN	D	6/30/2009 12:26:54PM	6/30/2009 1:02:16PM	6/30/2009 12:30:00PM	6	EMANUEL	RAHM	WH	WESTWING
363 RIVERA	DENNIS				6/30/2009 12:30:00PM	6	EMANUEL	RAHM	WH	WESTWING

THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release

June 22, 2009

**REMARKS BY THE PRESIDENT
ON THE MEDICARE PART D "DOUGHNUT HOLE"
AND AARP ENDORSEMENT**

Diplomatic Reception Room

11:58 A.M. EDT

THE PRESIDENT: Thank you. Well, first of all, I want to thank Barry Rand for the introduction, but also AARP, the organization he so ably represents, for coming together with us on this critical issue today.

Last week, in my address to the American Medical Association, I spoke about the urgent need for health care reform and what will be required to achieve it. And one of the things that will be required, I said, was that everyone in our health care community is going to have to come together and do their part.

In recent days, Chairman Baucus, who has been doing an outstanding job leading the finance committee on this issue, as well as members of my administration, have been in discussions with the pharmaceutical industry to find a way to bring down costs of prescription drugs for America's seniors. And I'm pleased to report that over the weekend we reached an understanding that will help close the notorious "doughnut hole" in Medicare Part D. This is a significant breakthrough on the road to health care reform -- one that will make the difference in the lives of many older Americans.

I think many of you in the press are familiar with the issue. The "doughnut hole" refers to a gap in prescription drug coverage that makes it harder for millions of Medicare beneficiaries to pay for the medication they need. The way the program is structured, Medicare covers up to \$2,700 in yearly prescription costs and then stops, and the coverage starts back up when the costs exceed \$6,100. Which means between \$2,700 and \$6,100 folks are out of luck. And this gap in coverage has placing a crushing burden on many older Americans who live on fixed incomes and can't afford thousands of dollars in out-of-pocket expenses.

Chris Dodd, who has been an outstanding leader on a whole host of health care issues throughout his career and who is helping to lead the HELP Committee while Senator Kennedy is undergoing his treatment for his illness -- Chris, I think, will tell you that as we travel around the country, seniors would constantly be coming up to us and saying, how do we deal with this extraordinary burden? And as a consequence, you'd have seniors who would be taking half their medication, even though the doctor said that is not going to be as effective; you are putting your life at risk. They had no other choice.

So as part of the health care reform I expect Congress to enact this year, Medicare beneficiaries whose spending falls within this gap will now receive a discount on prescription drugs of at least 50 percent from the negotiated price their plan pays. It's a reform that will make prescription drugs more affordable for millions of seniors, and restore a measure of fairness to Medicare Part D. It's a reflection of the importance of this single step for America's seniors that it has earned the support of AARP, which has been fighting for years to address this anomaly in the system on behalf of older Americans. AARP is committed, as I am, to achieving health care reform by the end of this year. And I'm committed to continuing to work with AARP to ensure that any reforms we pursue are carried out in a way that protects America's seniors, who know as well as anyone what's wrong with our health care system and why it's badly in need of reform.

Our goal -- our imperative -- is to reduce the punishing inflation in health care costs while improving patient care. And to do that we're going to have to work together to root out waste and inefficiencies that may pad the bottom line of the insurance industry, but add nothing to the health of our nation. To that end, the pharmaceutical industry has committed to reduce its draw on the health care system by \$80 billion over the next 10 years as part of overall health care reform.

Real health care reform that reduces the spiraling costs of health services and extends quality, affordable health coverage to all Americans will require these kinds of commitments throughout the system. And drug and insurance companies stand to benefit when tens of millions more Americans have coverage. So we're asking them, in exchange, to make essential concessions to reform the system and help reduce costs. It's only fair. Today marks a major step forward. But it will only be meaningful if we complete the journey.

So I want to commend the House for coming together last week to produce a health care reform bill -- a bill, I might note, that protects seniors and has received the support of the AARP. I will continue to work closely with the relevant chairs in the House and the Senate, and leaders like Senator Dodd and Senator Baucus, and with members of both parties who are willing to commit themselves to this critical task. Our families, our businesses, and our long-term fiscal health demands that we act and act now. Today, we are. And I'm grateful to all those who helped make this day possible. And to those who, here in Washington, who've grown accustomed to "sky is falling" prognoses and the certainties that we cannot get this done, I have to repeat -- revive an old saying we had from the campaign: Yes, we can. We are going to get this done.

Thank you very much, everybody.

The White House Blog

A Significant Breakthrough to Assist Our Seniors

Posted by Katherine Brandon on June 22, 2009 at 02:29 PM EDT



[download .mp4 \(159.8 MB\)](#) | [read the transcript](#)

Today, the President announced a landmark agreement with pharmaceutical companies, who pledged \$80 billion in prescription drug discounts over the next 10 years. This compromise is the latest step towards a new consensus amongst health care stakeholders to help reduce costs and provide quality care for all Americans – last month a coalition of health care industry leaders agreed to \$2 trillion in savings over 10 years.

The President was joined by Senators Max Baucus and Chris Dodd, and introduced by AARP President Barry Rand, who called the plan a "new opportunity" for those who have been burdened by the costs of prescription drugs.



(President Barack Obama speaks about the agreement to lower drug costs for seniors, Monday, June 22, 2009, in the Diplomatic Reception Room of the White House. With the President are, from left, CEO of AARP Barry Rand, Senator Max Baucus (D-MT) and Senator Chris Dodd (D-CT). Official White House Photo by Chuck Kennedy)

The agreement, which was reached between Sen. Baucus, Administration officials, and the nation's pharmaceutical companies, will ultimately reduce the price of prescription drugs by half for millions of America's seniors. As part of the upcoming health care reform legislation, drug manufacturers that participate in Medicare Part D will either pay a rebate to Medicare or offer a substantial discount of at least 50 percent on prescription drugs to seniors who fall within the infamous "doughnut hole"—payments between \$2700 and \$6153.75 not covered by Medicare. The deal will help close this unfair gap in coverage, providing relief for millions of seniors who have been burdened by these out-of-pocket expenses, making it easier for them to get the prescriptions that they need.

In addition to providing half-price discounts, the pharmaceutical companies will offer other discounts and savings to total an \$80 billion reduction in costs. The President said this historic compromise marks a turning point in the journey towards health care reform that will lower costs for all Americans:

So as part of the health care reform I expect Congress to enact this year, Medicare beneficiaries whose spending falls within this gap will now receive a discount on prescription drugs of at least 50 percent from the negotiated price their plan pays. It's a reform that will make prescription drugs more affordable for millions of seniors, and restore a measure of fairness to Medicare Part D. It's a reflection of the importance of this single step for America's seniors that it has earned the support of AARP, which has been fighting for years to address this anomaly in the system on behalf of older Americans. AARP is committed, as I am, to achieving health care reform by the end of this year. And I'm committed to continuing to work with AARP to ensure that any reforms we pursue are carried out in a way that protects America's seniors, who know as well as anyone what's wrong with our health care system and why it's badly in need of reform.

Our goal – our imperative – is to reduce the punishing inflation in health care costs while improving patient care. And to do that we're going to have to work together to root out waste and inefficiencies that may pad the bottom line of the insurance industry, but add nothing to the health of our nation. To

that end, the pharmaceutical industry has committed to reduce its draw on the health care system by \$80 billion over the next 10 years as part of overall health care reform.

THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release

June 22, 2009

PRESS BRIEFING

BY

PRESS SECRETARY ROBERT GIBBS

2:45 P.M. EDT

Q Two topics, please. On the Medicare prescription drug agreement, is there still -- is there some glitch in that agreement, or still are negotiations going on and would that be why PhRMA wasn't represented there today?

MR. GIBBS: Well, I would direct you to the finance committee. I think as they say, I think in the story that you wrote, that they're still continuing to work through some of the details on that. But again, today's event was focused on --

Q What do you mean by some of the details? That sounds sort of sketchy.

MR. GIBBS: I would point you to talking to Ken, who you've already talked to, and to the finance committee.

But again, I think -

Q The White House is party to this, so can't you speak about it?

MR. GIBBS: Well -- but the legislation that's being written up on Capitol Hill -- I do think, though -- again, today represented the endorsement of this broad agreement by the largest group representing seniors in this country to make good not simply on helping seniors that fall into that coverage gap after Part D ends and before catastrophic coverage kicks in, but also to make good on several of the ideas that the President has outlined over the past several weeks in order to make health care more efficient.

Q How much will the government save with this arrangement that was announced here at the White House today?

MR. GIBBS: I don't have that figure with me.

Q Zero is the figure, actually. So I'm curious why --

MR. GIBBS: I actually don't think that's the case.

Q No, that is the case, because in the "doughnut hole" there's no coverage, and so that's a benefit for the seniors.

MR. GIBBS: No, no -- but, again, let me --

Q At least that's how it's been explained to me.

MR. GIBBS: Well, let me -- I think as I said -- you've noted what I said earlier on different subjects -- as I said earlier, some portion of this is going to go to the pharmaceutical industry making good on the savings proposals that the President has outlined to make health care more efficient, which will impact the amount that the government pays. The President I think outlined almost \$100 billion in savings through efficiency that he would like to see as a result of the pharmaceutical industry. So I guess it's somewhere between zero and, say, a hundred billion dollars.

Q But that's not a direct government cost, though. That may be an efficiency within a private sector, but it's not a government cost.

MR. GIBBS: No, no. The President can't lay on the table savings to pay for health care that the government doesn't pay. That's the whole definition of CBO scorability that makes our proposal --

Q We had a \$2 trillion event here at the White House which isn't CBO scorable --

MR. GIBBS: No, no, but this isn't part of \$2 trillion; this is part of the \$948 billion that the President laid on the table as part of a down payment on health care reform. So this is -- the fact that this is zero money for the government is simply just not true.

Q You don't know how much, though?

MR. GIBBS: I don't have an exact number with me.

Q In discussing the \$80 billion agreement that he was praising today, he talked about it in a context of the broader Medicare -- the broader health care reform he's thinking of passing. Is this in any way hooked to the passage of X, Y, Z, or does -- will this agreement stand alone even if everything else blows up?

MR. GIBBS: I think PhRMA is better to answer that, but obviously to get broad-based savings in health care we're going to need comprehensive health care reform.

Q Back on health care. Yesterday former Labor Secretary Robert Reich said he was worried that the Obama White House had over-learned the lessons of the Clinton years -- deferring too much to Congress when it came to crafting legislation. What is your response to that critique, which I should add George Stephanopoulos seemed to agree with?

MR. GIBBS: Well, I don't want to weigh into network politics on this. And I quite honestly don't want to -- don't think there's a whole lot of utility in me getting involved in a debate about tactically whether the pursuit of what we're doing versus how or when it was pursued 16 years ago is appropriate, except to say, as I said earlier, the President envisioned, as he said throughout the campaign, a big table of negotiations in order to get long-term, comprehensive health care reform that cuts costs.

Q Was their reform too messy?

MR. GIBBS: I don't see, based on the notion that the pharmaceutical industry who, again, was on the other side of the political debate, not even at the table 16 years ago -- I think if where AARP was 16 years ago -- I think regardless of what we have or haven't learned, I think the process that the President is moving forward with negotiations with all those stakeholders involved is making progress toward long term reform. I think that's what's important.

But, Sam, as I said, there's been a point throughout each of the five months where the pundits, as Chip talked about, like to talk about how everything is amiss, off the rails, and dead on arrival.

Q But these are people involved in the Clinton effort -- not just pundits.

MR. GIBBS: I understand, but not necessarily working each and every day on what we're doing to move that reform forward. Again, I don't want to get into a debate with Secretary Rice, but, again, I don't -- I think the announcement today of AARP thinking this is a step toward meaningful reform and supporting that is in itself different than what we had 16 years ago.

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6/18/2009	Speech to Blue Cross Blue Shield Association Board of Directors. Speech to LifePoint Hospitals, Inc.
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EXECUTIVE OFFICE OF THE PRESIDENT
WASHINGTON, D.C. 20503

June 24, 2009

The Honorable Henry A. Waxman
U.S. House of Representatives
Washington, D. C. 20515

Dear Chairman Waxman:

Thank you for your letter to the President of June 8, 2009 regarding the establishment of a pathway for the Food and Drug Administration (FDA) to approve generic biologics. Biologic medicines are improving and saving the lives of patients everyday. Safe, affordable and effective generic biologics are a vital element to lowering costs for American consumers and businesses, as well as the Federal government. Making certain that Americans have access to these therapies is an important goal in reforming our health care system.

As you know, the Administration's FY 2010 Budget proposes to establish a new regulatory pathway for FDA approval of generic biologics. The policy in the FY 2010 Budget strikes the appropriate balance between innovation and competition by providing for seven years of exclusivity. Innovation is driven by appropriate competition, and the Administration's policy will spur that competition.

The Federal Trade Commission recently released a report, "Emerging Health Care Issues: Follow-on Biologic Drug Competition" that found innovation and investment will be sustained even without this level of exclusivity. The FTC directly assessed the arguments that the pharmaceutical industry has made regarding their need for 12-14 years of exclusivity; the FTC rejected those arguments. They found that giving such lengthy periods of exclusivity will harm patients by diminishing innovation and unnecessarily delaying access to affordable drugs. Therefore, the seven year policy in the FY 2010 Budget is a generous compromise between what the FTC research has concluded and what the pharmaceutical industry has advocated.

The Administration is working closely with the FDA to ensure the agency is prepared to implement an abbreviated approval pathway for generic biologics. As part of this effort, a serious review of FDA's existing authorities is underway to ensure that we are effectuating this critical policy as quickly as possible. In addition, we continue to analyze the impact of generic biologics on national healthcare expenditures and the potential for additional Federal savings over the long-term, as well as the potential impact of generic biologics on patients, businesses, and insurers. As you know, the President is focused on health care cost containment – generic biologics are a key element to reducing both our federal health care spending and national health care expenditures.

The President is greatly encouraged by the progress you and your colleagues in Congress have made in developing legislation that will provide American consumers with access to safe, affordable and effective generic biologics.

Yours, *PC and*

Sincerely,

Nancy-Ann DeParle

Nancy-Ann DeParle
Director,
Office of Health Reform

Peter Orszag

Peter Orszag
Director,
Office of Management and Budget

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THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release

June 25, 2009

**PRESS BRIEFING
BY PRESS SECRETARY ROBERT GIBBS**

James S. Brady Press Briefing Room

2:44 P.M. EDT

...

Q Thank you, Robert. I have two quick ones on health care. The first one, in the speeches about the \$80 billion deal with the pharmaceutical companies, I haven't heard anything about negotiating price -- Medicare negotiating price with the pharmaceutical industry. I wanted to know if that was one of the tradeoffs for getting this \$80 billion was that we're not going to pursue that now.

MR. GIBBS: Well, look, again, the structure of part of that agreement was to use a portion of that \$80 billion to pay up to -- for the pharmaceutical industry to pay up to 50 percent of the cost for a name brand drug for a senior that falls between the point at which Medicare Part D stops providing help, and when catastrophic coverage -- I think it is \$6,500, a little bit more than \$6,500 -- level kicks in. So filling in that -- what's commonly known as -- ironically, in health care -- the doughnut hole, about -- that up to 50 percent of the name brand -- the price for that name brand drug would be paid for, and I think that provides a hefty discount that will bear appreciable benefits for seniors all over the country.

Q Has there been an agreement not to pursue a Medicare --

MR. GIBBS: I don't know the answer.

Q I'm talking about S. 330.

MR. GIBBS: What was that?

Q Senate bill 330?

MR. GIBBS: You're 330 bills ahead of me on that. (Laughter.) I will check on it.

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6/18/2009	Speech to Blue Cross Blue Shield Association Board of Directors. Speech to LifePoint Hospitals, Inc.
6/23/2009	Meeting with Nancy LeaMond, AARP. Meeting with Antonio Perez, CEO, Eastman Kodak. Meeting with Denis Cortese, M.D., CEO, Mayo Clinic.
6/24/2009	Meeting with President Obama and hospital CEOs. Attendees included: 1. Cleveland Clinic Foundation, Delos "Toby" Cosgrove, CEO and President 2. Catholic Healthcare West, Lloyd H. Dean, CEO, President and Director 3. Duke University Health System, Victor Dzau, President and CEO, also Chancellor for Health Affairs, Duke University 4. Virginia Mason Health System, Gary S. Kaplan, Chairman and CEO 5. BJC Health Care, Steven H. Lipstein, President and CEO 6. University of Texas M.D. Anderson Cancer Center, John Mendelsohn, President 7. Johns Hopkins Medicine, Edward Miller, CEO 8. Partners Health Care, James J. Mongan, President and CEO 9. University of Pennsylvania Health System, Ralph Muller, CEO 10. University of Pennsylvania Medical Center, Elizabeth B. Concordia, Executive Vice President 11. New York-Presbyterian Hospital and New York-Presbyterian Healthcare System, Dr. Herbert Pardes, President and CEO 12. Greenville Hospital System, Michael C. Riordan, President and CEO Meeting with President Obama and Governors Jim Douglas (VT), Jennifer Granholm (MI), Jim Doyle (WI), Deval Patrick (MA), Mike Rounds (SD), and Chris Gregoire (WA). ABC Town Hall with President Obama and approximately 164 individuals.
6/25/2009	Meeting with AMA representatives.
6/30/2009	Meeting with Karen Ignagni, AHIP. Meeting with hospital representatives and Congressional staff. Meeting with Business Forward representatives.

White House Visitors Records

Released Publicly on November 25, 2009

Last Name	First Name	M.I.	Time of Arrival	Time of Departure	Appointment Date	Total People	Visitee Last Name	Visitee First Name	Meeting Location	Meeting Room
331 SHIELDS	ERIN	E			6/17/2009 5:45:00PM	5	EMANUEL	RAHM	WH	WW
332 LAMBREW	JEANNE		6/18/2009 3:08:07PM	6/18/2009 5:34:48PM	6/18/2009 3:00:00PM	1	SCHILIRO	PHIL	WH	WW
333 AGRAST	MARK				6/19/2009 4:45:00PM	22	SCHILIRO	PHIL	OEOB	276
334 BOYD	APRIL				6/19/2009 4:45:00PM	22	SCHILIRO	PHIL	OEOB	276
335 DIONNE	GARY	A			6/19/2009 4:45:00PM	22	SCHILIRO	PHIL	OEOB	276
336 GANESAN	ARAVINTH				6/19/2009 4:45:00PM	22	SCHILIRO	PHIL	OEOB	276
337 GOMEZ	GABRIELLA		6/19/2009 5:02:41PM	6/19/2009 6:08:42PM	6/19/2009 4:45:00PM	22	SCHILIRO	PHIL	OEOB	276
338 GRESHAM	DANA				6/19/2009 4:45:00PM	22	SCHILIRO	PHIL	OEOB	276
339 HARDEN	KRYSTA				6/19/2009 4:45:00PM	22	SCHILIRO	PHIL	OEOB	276
340 KENNEDY	BRIAN		6/19/2009 4:58:00PM	6/19/2009 6:02:17PM	6/19/2009 4:45:00PM	22	SCHILIRO	PHIL	OEOB	276
341 KING	ELIZABETH				6/19/2009 4:45:00PM	22	SCHILIRO	PHIL	OEOB	276
342 KOVAR	PETER				6/19/2009 4:45:00PM	22	SCHILIRO	PHIL	OEOB	276
343 LETTRE	MARCEL				6/19/2009 4:45:00PM	22	SCHILIRO	PHIL	OEOB	276
344 LEVY	JONATHAN				6/19/2009 4:45:00PM	22	SCHILIRO	PHIL	OEOB	276
345 MANSOUR	CHRISTOPHER				6/19/2009 4:45:00PM	22	SCHILIRO	PHIL	OEOB	276
346 PALM	ANDREA				6/19/2009 4:45:00PM	22	SCHILIRO	PHIL	OEOB	276
347 SATCHER	DARAKA	E			6/19/2009 4:45:00PM	22	SCHILIRO	PHIL	OEOB	276
348 SHAND	TANIA				6/19/2009 4:45:00PM	22	SCHILIRO	PHIL	OEOB	276
349 TURNER	KATHLEEN				6/19/2009 4:45:00PM	22	SCHILIRO	PHIL	OEOB	276
350 VANDIVER	DAVID				6/19/2009 4:45:00PM	22	SCHILIRO	PHIL	OEOB	276
351 VERMA	RICHARD				6/19/2009 4:45:00PM	22	SCHILIRO	PHIL	OEOB	276
352 WEICH	RONALD				6/19/2009 4:45:00PM	22	SCHILIRO	PHIL	OEOB	276
353 WIGGINS	CHANI				6/19/2009 4:45:00PM	22	SCHILIRO	PHIL	OEOB	276
354 WOLF	HARRY	A			6/19/2009 4:45:00PM	22	SCHILIRO	PHIL	OEOB	276
355 LEAMOND	NANCY	A			6/22/2009 11:30:00AM	3	JARRETT	VALERIE	WH	WW
356 RAND	ADDISON	B			6/22/2009 11:30:00AM	3	JARRETT	VALERIE	WH	WW
357 ROTHER	JOHN				6/22/2009 11:30:00AM	3	JARRETT	VALERIE	WH	WW
358 ADAMS	KIRK		6/30/2009 12:26:14PM	6/30/2009 1:02:53PM	6/30/2009 12:30:00PM	6	EMANUEL	RAHM	WH	WESTWING
359 DACH	LESLIE	A	6/30/2009 12:26:26PM	6/30/2009 1:03:01PM	6/30/2009 12:30:00PM	6	EMANUEL	RAHM	WH	WESTWING
360 FEDER	JUDITH		6/30/2009 12:26:34PM	6/30/2009 1:02:30PM	6/30/2009 12:30:00PM	6	EMANUEL	RAHM	WH	WESTWING
361 NAWAR	MICHELLE		6/30/2009 12:26:47PM	6/30/2009 1:02:39PM	6/30/2009 12:30:00PM	6	EMANUEL	RAHM	WH	WESTWING
362 PODESTA	JOHN	D	6/30/2009 12:26:54PM	6/30/2009 1:02:16PM	6/30/2009 12:30:00PM	6	EMANUEL	RAHM	WH	WESTWING
363 RIVERA	DENNIS				6/30/2009 12:30:00PM	6	EMANUEL	RAHM	WH	WESTWING



Published on *PhRMA* (<http://www.phrma.org>)

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PhRMA Statement on House Health Care Reform Bill



Washington, D.C. (October 29, 2009) – Pharmaceutical Research and Manufacturers of America (PhRMA) Senior Vice President Ken Johnson released the following statement regarding the House health care reform bill:

“Our top priority is to help ensure that a comprehensive health care reform bill gets to the President's



desk this year so that

[1] millions of uninsured Americans have access to high-



quality, affordable health care coverage and

[2] services. However, we continue

to oppose the approach the House is taking to achieve this goal.

“The 1,990-page House draft bill – which we are currently reviewing – contains a number of problematic provisions for seniors, patients, and the continued development of new therapies that not only improve or save lives, but ultimately help reduce the burden of health care costs in America.

“PhRMA and its member companies share the goal of closing the Medicare Part D coverage gap for affected seniors and have agreed to provide a 50 percent discount on brand-name medicines purchased in the so-called “doughnut hole”. However, the Congressional Budget Office (CBO) has warned that the House bill, which imposes mandatory rebates in Part D, would ultimately lead to a 20 percent increase in Part D premiums paid by beneficiaries.

“What's more, according to CBO, imposing a mandatory rebate on Part D prescription drugs would reduce incentives to invest in the research and development of new discoveries for diseases – such as Alzheimer's and Parkinson's disease – that disproportionately affect the elderly. This could have devastating consequences for millions of American patients and their families.

“We continue to believe that the Senate Finance Committee bill holds the most potential to improve the quality of care for all Americans. In the meantime, we will continue to play a constructive role in making sure that a health reform bill that is good for all Americans is enacted this year.”

The Pharmaceutical Research and Manufacturers of America (PhRMA) represents the country's leading pharmaceutical research and biotechnology companies, which are devoted to

Remarks of President Barack Obama
As Prepared for Delivery
Saturday, August 7, 2010
Washington, DC

Forty-five years ago, we made a solemn compact as a nation that senior citizens would not go without the health care they need. This is the promise we made when Medicare was born. And it's the responsibility of each generation to keep that promise.

That's why a report issued this week by the Trustees who oversee Medicare was such good news. According to this report, the steps we took this year to reform the health care system have put Medicare on a sounder financial footing. Reform has actually added at least a dozen years to the solvency of Medicare – the single longest extension in history – while helping to preserve Medicare for generations to come.

We've made Medicare more solvent by going after waste, fraud, and abuse – not by changing seniors' guaranteed benefits. In fact, seniors are starting to see that because of health reform, their benefits are getting better all the time.

Seniors who fall into the "doughnut hole" – the gap in Medicare Part D drug coverage – are eligible right now for a \$250 rebate to help cover the cost of their prescriptions. Now, I know for people facing drug costs far higher than that, they need more help. That's why we negotiated a better deal with the pharmaceutical companies for seniors. So starting next year, if you fall in the doughnut hole, you'll get a 50-percent discount on the brand-name medicine you need. And in the coming years, this law will close the doughnut hole completely once and for all.

Already, we have put insurance companies on notice that we have the authority to review and reject unreasonable rate increases for Medicare Advantage plans. And we've made it clear to the insurers that we won't hesitate to use this authority to protect seniors.

Beginning next year, preventive care – including annual physicals, wellness exams, and tests like mammograms – will be free for seniors as well. That will make it easier for folks to stay healthy. But it will also mean that doctors can catch things earlier, so treatment may be less invasive and less expensive.

And as reform ramps up in the coming years, we expect seniors to save an average of \$200 per year in premiums and more than \$200 each year in out of pocket costs, too.

This is possible in part through reforms that target waste and abuse and redirect those resources to where they're supposed to go: our seniors. We're already on track to cut improper payments in half – including money that goes to criminals who steal taxpayer dollars by setting up insurance scams and other frauds. And we won't stop there. Because by preventing the loss of these tax dollars, we can both address the runaway costs of Medicare and improve the quality of care seniors receive – and we can crack down on those who prey on seniors and take advantage of people.

So we are no longer accepting business as usual. We're making tough decisions to meet the challenges of our time. And as a result, Medicare is stronger and more secure. That's important. Because Medicare isn't just a program. It's a commitment to America's seniors – that after working your whole life, you've earned the security of quality health care you can afford. As long as I am President, that's a commitment this country is going to keep.

The White House

Office of the Press Secretary

For Immediate Release

September 22, 2010

**Remarks by the President in a Backyard Discussion on Health Care Reform and the
Patient's Bill of Rights
Brayshaw Residence
Falls Church, Virginia**

SECRETARY SEBELIUS: Well, just as the President said, one of the things that will become clear when the new Medicare information comes out -- about the 8th of October you'll have a reenrollment period -- is I think two pieces of good news on the drug side. One is that we made plans be clearer about what drugs are covered so seniors can make the right choices. If you need heart medication or liver medication, you make sure you sign up for the right plan. In the past, that was very unclear.

And secondly, starting in January, this year there was a one-time \$250 check. Next year a 50 percent decrease in all of the brand-name drugs in the doughnut hole will go into effect. And we received some good news from companies that every company is going to participate in that. So the kind of feature that begins to phase out the doughnut hole, it starts next year and half of it will be gone. And that's going to be a huge help.

So \$250 didn't cover a lot of the drugs that you have to buy in the doughnut hole, but next year they will be essentially a 50 percent decrease. And that applies across the board to all companies. And Congressman, I know that was a big issue in the House and one that people felt very strongly had to be part of the Affordable Care Act, getting rid of the doughnut hole. The President certainly supported that. But it's going to be very good news. People said it would never happen and drug companies all stepped up and said, we will continue to participate, and yes, it will happen.

The New York Times

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June 21, 2009

Drug Makers Agree to Offer Medicare Discounts

By REUTERS

WASHINGTON (Bloomberg News) — Drug makers have offered to spend \$80 billion over 10 years to help older Americans afford medicines and to lower the cost of a proposed overhaul of the health care system, officials said Saturday.

In a statement, President Obama said an agreement reached between drug makers and Senator Max Baucus, a Montana Democrat who is the chairman of the Finance Committee, narrowed the “doughnut hole” in the Medicare prescription-drug program that raises costs for many seniors.

“As part of the health reform legislation that I expect Congress to enact this year,” Mr. Obama said, “pharmaceutical companies will extend discounts on prescription drugs to millions of seniors who currently are subjected to crushing out-of-pocket expenses.”

Congressional Democrats have been working on draft legislation to fulfill one of his top campaign promises: expanding health care coverage and lowering the cost of a system that makes up 17 percent of the economy.

Republicans questioned the price tag of an overhaul when the Congressional Budget Office estimated that a version of the plan being considered by Mr. Baucus’s panel would cost at least \$1.6 trillion. The United States Chamber of Commerce began a campaign against the plan, criticizing provisions being proposed, like a mandate on employers to provide health insurance to their workers.

The agreement would commit companies to cover as much as 50 percent of the cost of brand-name medicines in Medicare’s Part D prescription drug program.

Under Medicare’s prescription drug benefit program, patients buy medicines through conventional or mail-order pharmacies. They pay the first \$295 of costs, then the plan covers 75 percent of the purchases until the total reaches \$2,700, according to Medicare’s explanation of the program. Patients must then pay all costs until spending \$4,350 out of pocket. Thereafter, patients pay a small co-payment for each drug until the end of the year.

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Drug Makers Agree to Offer Medicare Discounts

[» RESULTS](#)

On Tuesday, the nation's largest drug companies agreed to offer discounts to Medicare beneficiaries, a move that could save the government billions of dollars over the next decade.

The plan, which was reached after months of negotiations between the companies and the government, would require pharmaceutical companies to offer a 30 percent discount on their Medicare prescription drugs to seniors.

Under the plan, seniors would receive a 30 percent discount on their Medicare prescription drugs, which would save the government billions of dollars over the next decade.

The plan, which was reached after months of negotiations between the companies and the government, would require pharmaceutical companies to offer a 30 percent discount on their Medicare prescription drugs, which would save the government billions of dollars over the next decade.

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Drug companies may narrow Medicare coverage gap

AP foreign, Sunday June 21 2009

DAVID ESPO

AP Special Correspondent= WASHINGTON (AP) □□□ The pharmaceutical industry would finance improved coverage under the Medicare prescription drug program and help defray the cost of President Barack Obama's health care legislation under an \$80 billion deal with key lawmakers and the White House that officials said Friday night was close to agreement.

These officials said the 10-year proposal under discussion would have drug firms pay as much as half of the cost of brand-name drugs for lower and middle-income seniors in the so-called "doughnut hole."

Medicare patients with incomes up to about \$80,000 would realize some benefit. The term "doughnut hole" refers to a feature of the current drug program that requires beneficiaries to pay the entire cost of prescriptions after initial coverage is exhausted but before catastrophic coverage begins.

Additionally, officials said any agreement would reduce anticipated payments for the pharmaceutical industry under government-run health programs such as Medicare and Medicaid. The government would use those savings to help pay for legislation expanding health insurance to millions who now lack it.

One official close to the talks said agreement had been reached, but there was no immediate confirmation. All officials spoke on condition of anonymity to discuss private negotiations.

Nor was it known whether other elements might be envisioned that could ease the sting for the industry.

Any agreement with Pharmaceutical Research and Manufacturers of America, or PhRMA, which represents drug companies, would mark a major accomplishment for Sen. Max Baucus, the chairman of the Senate Finance Committee, who is attempting to draft legislation that can command bipartisan support in Congress. The Montana Democrat has been negotiating with several outside interests — hospitals, doctors and insurance companies among them — in hopes they would accept lower-than-planned payments from government-run health care programs. A deal with drugmakers would presumably increase pressure on other groups to do the same.

It would also counter a recent series of stumbles that, while common with any major legislation, have contributed to the impression that the drive to enact health care legislation was sputtering.

Ken Johnson, senior vice president of the PhRMA, declined to comment, except to say, "We remain committed to comprehensive health care reform and we are still in discussions with the administration and congressional leaders about ways we can make a positive contribution to this important effort."

The industry is under pressure, particularly in the House, where senior Democrats are considering legislation that could cut more deeply than drug companies would accept on their own. Additionally, some lawmakers have sought for years to permit the importation of prescription drugs from Canada and other countries, a step the industry has fought and was able to fend off while Republicans controlled Congress.

Rep. Henry Waxman, D-Calif., chairman of the Energy and Commerce Committee, said during the day drug makers reaped a "windfall of billions of dollars" from the Medicare prescription benefit and Congress wants some of it back. He was referring to seniors who had been covered under Medicaid, which requires rebates from drugmakers. Many were switched to Medicare, which does not.

Obama has called for \$75 billion worth of savings in government payments to drug companies from Medicare and Medicaid over the next decade to help pay for his health legislation, which he says must not add to the deficit.

Under the drug program for Medicare, which began in 2006, most plans included a gap in coverage. Under a standard plan in effect, the benefit covered costs until the beneficiary and government together had spent \$2,250. At that point, beneficiaries had

to pay all their drug costs until their out-of-pocket costs reached \$5,100 for the year. Benefits then resumed, paying 95 percent of any additional expenses.

Republicans and the Bush administration, who designed the program, created the "doughnut hole" to hold down the government's cost.

Democrats attacked the bill, taking particular aim at the doughnut hole; and pledged to narrow or close it if they won a majority. Even so, they made no concerted effort to do so after winning majorities in the 2006 elections.

But now, many leading Democrats have vowed to make better Medicare prescription drug coverage a part of a health care overhaul.

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Pharmaceutical Companies Offer \$80 Billion Toward Health Care Reform

The U.S. pharmaceutical industry agreed Saturday to spend \$80 billion over the next 10 years to reduce drug costs for seniors and help pay for President Barack Obama's proposed health care reform plan.

Under the deal, brokered by Sen. Max Baucus, D-Mont., chairman of the Senate Finance Committee, drug companies agreed to pay half the cost of prescription drugs that fall under the "doughnut hole" in the Medicare Part D prescription drug benefit. Now, Medicare beneficiaries are responsible for paying the full cost of their prescription drugs once they exceed \$2,700 per year, up to \$6,154 per year.

President Obama welcomed the agreement in a statement Monday.

"This is a significant breakthrough on the road to health care reform, one that will make a difference in the lives of many older Americans," he said.

Listen to the full statement here:

 LISTEN

Analysts say that the drug companies' decision was strategic -- they accepted the payment cuts now in order to gain a seat at the bargaining table and stave off potentially more drastic cuts later.

"We recognize that there has to be a shared sacrifice if we're going to extend high-quality, affordable health-care coverage to everyone in America," said Ken Johnson, senior vice president for the Pharmaceutical Research and Manufacturers of America trade group, according to the Wall Street Journal.

The agreement, which will take effect only if Congress passes health-care reform legislation, is one of a series of cost-cutting measures the government is aiming to implement in order to pay for the reform.

President Obama has said he is aiming to sign a health care reform bill into law by October, but efforts hit a series of stumbling blocks in Congress last week, as the Congressional Budget Office estimated the cost of one version of a bill in the Senate at about \$1.6 trillion over 10 years.





KAISER HEALTH NEWS

Obama To Formally Announce Medicare Drug Cuts Today

TOPICS: INSURANCE, MARKETPLACE, HEALTH REFORM, UNINSURED, POLITICS, MEDICARE

JUN 22, 2009

The pharmaceutical industry agreed Saturday to reduce Medicare drug costs as part of health overhaul in an attempt to stave off potentially more-burdensome givebacks under the Democrats' health-overhaul plan. Today, President Obama will make a formal announcement about the deal.

The Wall Street Journal reports: "Drug makers on Saturday outlined a proposal to forgo \$80 billion in revenue over largely by covering more of the cost of brand-name prescription drugs under the federal government program for seniors. This would make up part of the \$313 billion in government health-spending cuts that President Barack Obama has proposed over a decade to help pay for the overhaul plan. ... The agreement is the latest in a series of cost-cutting deals the government has made with insurance companies, doctors, hospitals and medical-device manufacturers as it seeks to find ways to pay for proposed changes to the health-care system, including expanding insurance coverage to 46 million uninsured Americans."

The deal seeks to help seniors who fall in Medicare's "doughnut hole." The Wall Street Journal reports: "Under the proposed pharmaceutical deal, drug companies would pay half of the cost of a prescription when it isn't covered under a gap in Medicare Part D prescription benefit. In the current system, Medicare beneficiaries are responsible for paying drug costs once they exceed \$2,700 and up to \$6,154 per year."

The Journal also reports that "Drug companies have been raising the prices of many drugs this year in advance of expected health-system changes, analysts say. Pharmaceutical companies say the increases are fair and necessary as drugs mature, but analysts say the companies are trying to eke out as much revenue from the treatments as they can before their patents expire and health-care changes drive down prices" (Adamy and Rockoff, 6/22).

The Associated Press/Wall Street Journal reports on how the deal marked a major triumph for Sen. Max Baucus, chairman of the Senate Finance Committee, as well as the Obama administration. The AP reports that President Obama said: "The agreement by pharmaceutical companies to contribute to the health reform effort comes on the heels of the landmark pledge many health industry leaders made to me last month, when they offered to do their part to reduce health spending \$2 trillion over the next decade. We are at a turning point in America's journey toward health care reform."

The AP reports: "Sen. Baucus's announcement said drug companies would pay half of the cost of brand-name drugs to seniors in the so-called doughnut hole -- a gap in coverage that is a feature of many of the plans providing prescription drug coverage under Medicare. Other officials said wealthier Medicare beneficiaries would not receive the same break, but there was no mention of that in the statement. In addition, the entire cost of the drug would count toward a patient's out-of-pocket costs, meaning their insurance coverage would cover more of their expenses than otherwise."

"While none of the changes in the prescription drug program would directly lower government costs, several officials said the industry agreed to measures that would give the Treasury more money under federal health programs. In officials said drug companies would likely wind up paying higher rebates for certain drugs under Medicaid, the that provides health care for the poor. Those funds would be used to help pay for legislation expanding health ins millions who now lack it" (6/21).

The Washington Post reports that "Barry Rand, chief executive of AARP, will join President Obama at the White House to announce the endorsement of an organization that boasts 40 million highly engaged, politically active members. The offer by the Pharmaceutical Research and Manufacturers of America (PhRMA) is part of its effort to convince skeptical lawmakers that it backs major health care legislation. Though the agreement represents a fraction of the total cost of health care reform, it has been managed for maximum public relations exposure" (Connolly, 6/22).

Meanwhile, the Washington Post's Daily Dose notes: "The pharmaceutical industry is aggressively lobbying for a comprehensive health bill that would lock in insurance coverage for up to 50 million new customers. The real question however is whether the Senate Finance Committee will be able to reach consensus this week on a bill that costs more than \$1 trillion over the next decade, guarantees basic health coverage to the majority of Americans and raises the cost of care nationwide. Several senators hit the Sunday talk show circuit to deliberate whether to include a new government insurance program in reform legislation" (Connolly, 6/22).

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US News and World Report

Political Bulletin

Obama Announces \$80 Billion Pharma Deal

June 23, 2009

President Obama's announcement of a \$80 billion deal with the pharmaceutical industry to cut prescription drug costs received favorable media coverage from a wide range of sources, but was only briefly mentioned by one network, ABC. Some coverage, however, noting the fine print of the deal, is cast in somewhat negative terms.

The Washington Post reports the President "announced an offer by drug manufacturers to contribute \$80 billion over the next decade to narrow the controversial gap in Medicare prescription drug coverage, a deal the president said moves the nation a step closer to comprehensive health-care reform." The President "was joined at the White House today by Barry Rand, head of the influential senior citizens' advocacy group AARP, which endorsed the deal."

ABC World News reported, "In what he called a big step forward, the President announced a pledge by drug companies to give \$80 billion in discounts to help older Americans on Medicare pay for their prescriptions." CNN's The Situation Room reported it "will be a major benefit for most beneficiaries for brand name medicines purchased in what's called the 'doughnut hole' gap in coverage. That involves drug costs for seniors between \$2700 to \$6100 a year that are not covered right now by the Medicare Part D plan."

McClatchy reports while "details of the agreement were still being worked out, the understanding announced over the weekend by lawmakers and the White House involves drug makers giving up \$80 billion over the next decade to trim federal costs and help cash-strapped seniors." USA Today reports the deal "also could boost drug industry profits and help Congress pay to overhaul the nation's health care system."

The Wall Street Journal reports the agreement "could yield new business for drug makers, and provide them more certainty about how big a hit they'll take from government cost-cutting." The New York Times reports it was "not immediately clear how much the government would reap in savings that could be used to pay for coverage of the uninsured."

The AP notes the deal is not without qualifications, and is "valid only if Congress succeeds in passing a comprehensive health care bill encountering strong opposition from Republicans, an industry spokesman said Monday."

Democrats More Confident About Public Option The AP, meanwhile, reports Democrats are "becoming bolder about their idea that middle-class families get the option of joining a government insurance plan in any overhaul of the health care system. Their fervor carries a risk." Liberals, "citing polls that show support for a public plan, say they are increasingly frustrated with negotiations to make the idea more palatable to Republicans."

Howard Dean, on MSNBC's Countdown said, "One of the problems in the Senate is it becomes about the Senate instead of what's good for the country. The idea that 40 members of a determined minority can obstruct what 72% of Americans want is ridiculous. ... A health insurance plan without a public health insurance option is not health care reform."

The New York Times

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June 23, 2009

Federal Saving From Lowering of Drug Prices Is Unclear

By ROBERT PEAR

WASHINGTON — The White House on Monday hailed what it described as a “historic agreement to lower drugs costs” for older Americans, but it was not immediately clear how much the government would reap in savings that could be used to pay for coverage of the uninsured.

As part of the agreement, pharmaceutical companies promised to help narrow a gap in Medicare coverage of prescription drugs that is known as the doughnut hole.

As Mr. Obama described the gap, “Medicare covers up to \$2,700 in yearly prescription costs and then stops, and the coverage starts back up when the costs exceed \$6,100.”

Drug companies said they would give most beneficiaries a 50 percent discount on brand-name medicines bought when they hit the gap in coverage.

This could be a boon to Medicare beneficiaries, and AARP praised the deal. But drug company lobbyists and Senate aides said that none of these savings would accrue to the government, which has no liability for a patient’s drug costs in the coverage gap. Indeed, that is the problem for beneficiaries: they are responsible for the entire cost of drugs in the gap.

Charles A. Butler, a pharmaceutical analyst at Barclays Capital, the investment bank, said the drug industry was offering an olive branch to Congress and the White House, in contrast to its “vociferous disagreement” with President Bill Clinton’s proposals in 1993-94.

In an interview, Mr. Butler said he did not think the latest concessions would have “a material adverse impact” on drug company earnings. “Because of the discounts,” he said, “Medicare beneficiaries are likely to continue filling prescriptions in the doughnut hole, whereas in the past many stopped taking their medications because the drugs were unaffordable to them.”

Congress and the White House are frantically seeking ways to help pay for legislation securing coverage for all Americans. The cost of the bill could top \$1 trillion over 10 years.

The lobby for drug companies, the Pharmaceutical Research and Manufacturers of America, or PhRMA, said it had pledged \$80 billion over 10 years to help “reform our troubled health care

system." The commitment came in a deal with the White House and Senator Max Baucus, Democrat of Montana and chairman of the Finance Committee.

Mr. Obama described the agreement as a "significant breakthrough on the road to health care reform."

But Senate aides and drug company lobbyists said the \$80 billion reflected total projected savings to the health care system and included unspecified future concessions, besides the drug discounts in the coverage gap.

Some of the \$80 billion reflects savings to the government. Some reflects savings to older Americans. But all the savings from closing the doughnut hole would go to beneficiaries, not the government, Senate aides said.

Reid H. Cherlin, a White House spokesman, said: "Of the \$80 billion, we estimate that \$30 billion could be used for the doughnut hole and passed on to seniors. The other \$50 billion could go to health care reform, but these savings have not been identified at the moment."

The House bill would go further. It would gradually eliminate the coverage gap and require drug companies to pay rebates to the government on drugs for low-income Medicare beneficiaries.

Ken Johnson, a spokesman for the drug manufacturers group, said the industry's \$80 billion commitment would include "significant scorable savings to the government," though details were not available.

Steven D. Findlay, a health policy analyst at Consumers Union, said: "It's great that PhRMA has stepped up to the plate with a proposal to help lower seniors' drug costs. But this still leaves the doughnut hole in place and hundreds of thousands, perhaps millions, of seniors on the hook for drug costs they cannot afford. We hope Congress will eventually do away with the doughnut hole."

Congressional reaction suggested that the industry's voluntary price concessions had whetted the appetite of lawmakers for broader, deeper discounts.

Senator Olympia J. Snowe, Republican of Maine, said the \$80 billion commitment amounted to "a modest percentage" of national spending on prescription drugs. The Department of Health and Human Services estimates that drug spending will total \$3.3 trillion over 10 years.

Even as Mr. Obama welcomed the new agreement, drug companies opposed another significant part of his agenda: a proposal that would prohibit brand-name drug companies from paying generic drug makers to delay the marketing of generic products, which often cost much less.

In his budget, Mr. Obama said such “anticompetitive agreements” kept generic drugs off the market. Jon Leibowitz, chairman of the Federal Trade Commission, said these deals would cost consumers tens of billions of dollars in the next decade.

A House subcommittee has approved a bill to ban such “pay-for-delay settlements.” A Senate committee is poised to approve a similar bill this week.

Mr. Leibowitz said, “Drug companies are lobbying furiously against the legislation because they want to preserve their monopoly profits at the expense of consumers.”

But Diane E. Bieri, executive vice president of the drug manufacturers association, said the settlements sometimes benefited consumers because they avoided litigation and allowed generic drugs to enter the market before drug patents expired.

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Details remain unclear on Medicare drug deal

Published on June 23, 2009 at 11:43 PM .

The White House formally announced the drug manufacturers' plan to lower Medicare drug prices Monday. While details still remain unclear, it appears drug companies may benefit from the deal.

The New York Times reports: "The White House on Monday hailed what it described as a 'historic agreement to lower drugs costs' for older Americans, but it was not immediately clear how much the government would reap in savings that could be used to pay for coverage of the uninsured. As part of the agreement, pharmaceutical companies promised to help narrow a gap in Medicare coverage of prescription drugs that is known as the doughnut hole."

"Drug companies said they would give most beneficiaries a 50 percent discount on brand-name medicines bought when they hit the gap in coverage. This could be a boon to Medicare beneficiaries, and AARP praised the deal. But drug company lobbyists and Senate aides said that none of these savings would accrue to the government, which has no liability for a patient's drug costs in the coverage gap. Charles A. Butler, a pharmaceutical analyst at Barclays Capital, the investment bank, said the drug industry was offering an olive branch to Congress and the White House, in contrast to its 'vociferous disagreement' with President Bill Clinton's proposals in 1993-94." Mr. Butler told the Times that "he did not think the latest concessions would have 'a material adverse impact' on drug company earnings."

The New York Times reports: "The lobby for drug companies, the Pharmaceutical Research and Manufacturers of America, or PhRMA, said it had pledged \$80 billion over 10 years to help 'reform our troubled health care system.' The commitment came in a deal with the White House and Senator Max Baucus, Democrat of Montana and chairman of the Finance Committee." But Senate aides and drug company lobbyists said the dollar amount "reflected total projected savings to the health care system and included unspecified future concessions, besides the drug discounts in the coverage gap." Senate aides also said that "some of the \$80 billion reflects savings to the government. Some reflects savings to older Americans. But all the savings from closing the doughnut hole would go to beneficiaries, not the government."

The Times also notes "Congressional reaction suggested that the industry's voluntary price concessions had whetted the appetite of lawmakers for broader, deeper discounts. ... Even as Mr. Obama welcomed the new agreement, drug companies opposed another significant part of his agenda: a proposal that would prohibit brand-name drug companies from paying generic drug makers to delay the marketing of generic products, which often cost much less" (Pear, 22).

The Wall Street Journal reports that the concessions could have a bright side for drug makers. "The pharmaceutical industry's agreement to contribute \$80 billion over 10 years to a proposed health care overhaul could yield new business for drug makers, and provide them more certainty about how big a hit they'll take from government cost-cutting."

President Obama said that the money would help pay for health care reform. "But not all of the \$80 billion will go to offset the costs of covering the uninsured, officials said Monday. An estimated \$30 billion will help pay for a new program that discounts brand-name drugs for senior citizens who fall into a gap in Medicare prescription drug coverage, commonly known as the "doughnut hole," a White House official said. That new

program -- offering brand-name drugs at half price -- could create new business for the industry while also providing seniors with price breaks. Under the deal, these seniors can buy brand-name drugs at 50 percent off. For drug companies, it would be a loss if a senior currently was paying full price, but a win if a senior was not buying brand-name products at all. The \$30 billion represents the approximate lost revenue from all prescriptions filled by this group."

"The remainder of the contribution, approximately \$50 billion, will be available to offset the cost of the new subsidies that Congress and the president want to provide to the uninsured, estimated at least \$1 trillion over a decade. It's unclear how the government would realize this sum, but officials said one idea under active discussion was imposing lower prices on drugs purchased through the Medicaid program. ... Many analysts estimate expanded insurance coverage could increase yearly drug sales in the U.S. by \$9 billion to \$12 billion, or 3 percent to 4 percent of annual sales" (Meckler and Mundy, 6/23).

Congressional Quarterly also reports that the deal will not "provide much money to pay for a health overhaul, and details of the agreement remain murky." It notes: "Lawmakers intentionally created the 'doughnut hole' to hold down the cost of the prescription drug benefit when it was enacted in 2003. Ever since, the coverage gap has been a nuisance for seniors and their advocates in Washington. Members of Congress regularly make proposals to close the gap - something the Congressional Budget Office estimates would cost \$134 billion over the next ten years." (Wayne, 6/22).

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Drug deal valid if Congress overhauls health care

AP foreign, Wednesday June 24 2009

DAVID ESPO

AP Special Correspondent= WASHINGTON (AP) □□□ Hailed by President Barack Obama, a multi-billion-dollar promise by drug companies to narrow a Medicare drug coverage gap for seniors is valid only if Congress succeeds in passing a comprehensive health care bill encountering strong opposition from Republicans, an industry spokesman said Monday.

The commitment was "made in the context of comprehensive health care reform being enacted," said Ken Johnson, senior vice president of the Pharmaceutical Research and Manufacturers of America. "We recognize that there has to be a shared commitment if this is going to happen and this is our part of it."

The industry sealed a weekend deal with the White House and Sen. Max Baucus, D-Mont., chairman of the Finance Committee, to spend \$80 billion over the next decade defraying the cost of drugs for seniors and paying a portion of the cost of Obama's legislation. The president, in an appearance Monday at the White House, said the agreement was "a significant breakthrough on the road to health care reform, one that will make a difference in the lives of many older Americans."

The agreement marked a major triumph for Baucus, although the drive to enact a sweeping bill faces numerous obstacles and some of the timetables set by Democrats have begun slipping. Baucus has yet to produce a draft, even though he originally said it would be completed by last week. And officials said the Senate Health, Education, Labor and Pensions Committee would not be able to complete work on its version of the bill before Congress begins a one-week vacation at the end of the week.

Obama's appearance and the deal that prompted it underscored the extraordinary complexity of the political environment as the administration and Democrats try to remake the nation's health care system. While Obama and lawmakers praised the pact for helping millions of seniors, they acknowledged that it was just one step on the long road to overhaul.

While many details of the weekend deal remained unclear, so, too, was the agreement's impact on efforts by Baucus and the White House to gain similar concessions from insurance companies, hospitals, doctors and others.

Baucus has been negotiating for weeks, hoping to win agreement on hundreds of billions of dollars worth of savings for legislation expected to cost \$1 trillion or more over 10 years. He and the president have both said the legislation will not add to the deficit.

Obama made his appearance with A. Barry Rand, the president of the AARP, the seniors' advocacy organization whose support for health care legislation is coveted by the White House. "This is an early win for reform," Rand said in remarks that omitted any mention of the drug industry or PhRMA.

The drug industry's top official, PhRMA CEO Billy Tauzin, was not invited, although he is scheduled to be present at the White House on Wednesday for a town-hall meeting on health care.

The drug industry has long been aligned with Republicans in Congress, and the industry's decision to strike a deal with the White House and Democrats in Congress appeared calculated at least in part to head off a series of more costly demands as the legislation is drafted.

"Our initial take is that this is a win for the industry because it appears to short-circuit the prospect of direct government price negotiation ...," said Leerink Swann, a health care equity research company.

Many Democrats favor giving the government authority to negotiate directly for lower prices under Medicare with drug companies, a step they argue will hold down prices. The Congressional Budget Office has disputed that claim.

Industry also has been fighting a yearlong effort to prevent passage of legislation permitting the importation of prescription drugs from Canada and certain other countries where prices are lower than in the United States.

More pressing, House Democrats are drafting a bill that is expected to rely on \$61 billion from drug companies to completely fill the coverage gap under Medicare,

according to officials, as well as additional money to help defray the cost of subsidizing health coverage for millions who lack it.

The deal announced over the weekend appears less costly. Drug firms agreed to pay half the cost of brand-name medicines for seniors in the so-called "doughnut hole." That term refers to a feature of the current drug program that requires many beneficiaries to pay the entire cost of prescriptions after initial coverage is exhausted but before catastrophic coverage begins.

Lower-income seniors whose drugs already are subsidized heavily would be exempt, as would those whose income exceeded \$85,000 a year, \$170,000 a year for couples.

An estimated \$30 billion to \$35 billion of the \$80 billion would go to reduce the costs of Medicare beneficiaries. The balance would go toward paying for overall health care legislation, and likely will involve drug companies paying the government larger rebates for drugs taken by patients on Medicaid, the government health care plan for the poor.

Obama insists any bill not add to the deficit, and any costs not covered through cuts in Medicare or Medicaid most likely will have to be made up in higher taxes.

Figures compiled by Open Secrets.Org, which tracks political donations and lobbying, show pharmaceutical and health products industries have made donations totaling more than \$170 million over the past two decades, 64 percent of it going to Republicans.

The disparity was largest for the two years ending in the 2002 elections, when GOP candidates received 74 percent of the industry's donations.

The drug benefit under Medicare passed Congress in 2003, when Republicans controlled Congress and President George W. Bush was in the White House.

AARP supported the legislation, angering Democrats who had longed viewed the organization as an ally.

PhRMA's agreement drew a skeptical response from a spokesman from House Republican leader John Boehner of Ohio.

"Obviously, we hope seniors see lower costs, but there is a real concern that this will largely benefit the pharmaceutical industry, which wants seniors to use fewer generic medications and more costlier brand-name drugs, driving up costs for everyone," said Michael Steel.

POLITICO

Prescription drug deal breakdown

By: Chris Frates
July 1, 2009 04:31 AM EDT

As details emerge of the pharmaceutical industry's agreement to kick in \$80 billion to help pay for health care reform, the deal is facing increasing skepticism from inside and outside the health care industry.

The broad outlines of the proposal known since last week include \$30 billion to help defray seniors' drug costs and \$50 billion to pay for reform. But POLITICO has learned from industry insiders that the \$50 billion in savings will be broken down into four broad categories:

Medicaid: Drug companies will sell drugs at a bigger discount to the Medicaid program, increasing the discount rate from 15.1 percent to 23.1 percent off its average drug pricing. President Barack Obama's budget called for increasing the rate to 22.1 percent at a cost of about \$19.5 billion, but the extra percentage point and other modifications lawmakers are considering put the deal's cost between \$30 billion and \$35 billion, industry insiders said.

Biogenerics: The industry has agreed to the creation of a federal approval process for generic biologics, drugs such as insulin that are proteins made by living organisms. And while important details have yet to be worked out – including how long name-brand drug makers should be allowed to exclusively sell biologics – the industry has agreed to a pathway for biogenerics that will cost them about \$9 billion, according to

the president's budget.

Medicare: The industry will spend about \$30 billion to pay for drug discounts to seniors who find themselves paying the full-price for drugs under Medicare.

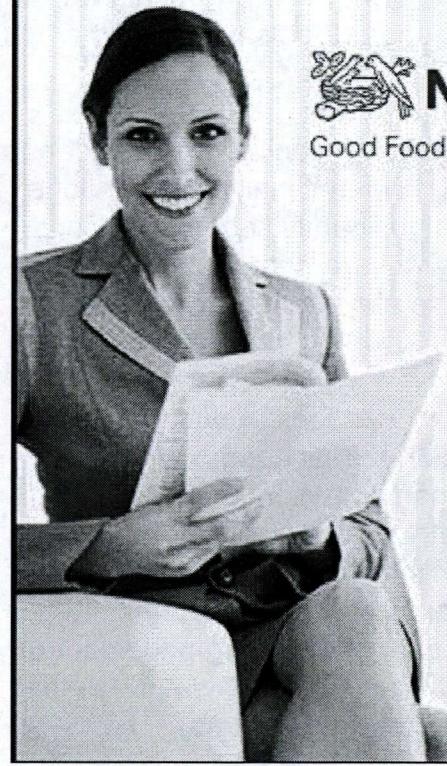
Reform fee: And finally, drug companies will pay some kind of health care reform

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POLITICO

fee to cover any difference between the cost of the Medicare, Medicaid and biogenerics programs and the \$80 billion the industry has committed to spending.

The \$30 billion to help seniors pay for Medicare drugs does not count toward paying for reform, but is a major priority for Obama and many congressional Democrats. The \$50 billion commitment will amount to real savings that can be counted by the Congressional Budget Office, the debate's official scorekeeper, say some industry insiders and lawmakers.

But others are beginning to wonder just how much money the deal will actually save taxpayers. The questions are reminiscent of the \$2 trillion in savings six major health industry groups recently promised to deliver to the administration, only to find that many of their savings proposals weren't counted, or "scored" as savings by the CBO.

Still, Ken Johnson, a senior vice president at PhRMA, said, "When it's all said and done, there will be significantly scorable savings for the federal government, but until CBO weighs in we're playing checkers in the dark."

There are also questions about how much goodwill PhRMA's deal bought among Democrats, many of whom would like to see the industry contribute even more toward reform's estimated \$1 trillion price tag. Some Democrats, particularly in the House, have suggested using price controls and importation to rein in costs — ideas that are deal killers for drug makers.

"Most of us downtown would not be ~~surprised~~ surprised if PhRMA continues to be in the sights of some pain here. This deal not being the end of the story," said a health care industry insider.

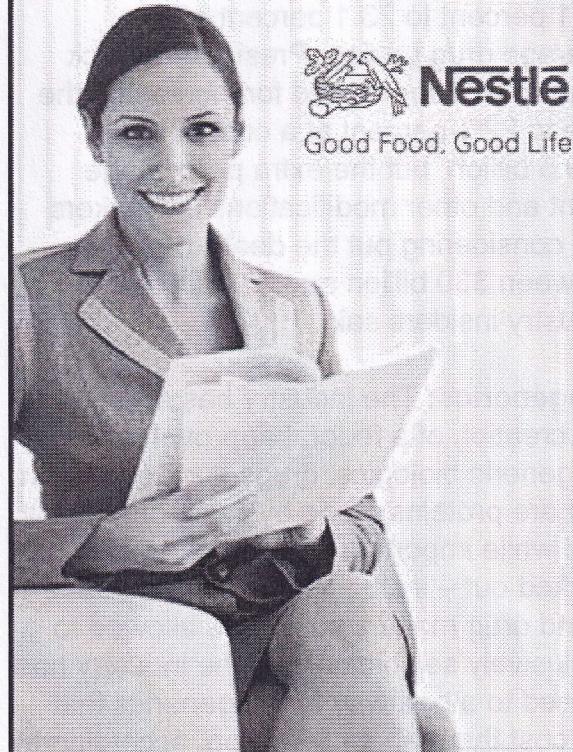
Indeed, even those within the industry acknowledged that the fight was far from over.

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"There will continue to be a number of outstanding issues everything from re-importation to biogenerics. But you do want to create some political goodwill. That's just smart politics," said a drug industry source. "At the end of the day, you want to be on the winning side of the scoreboard."

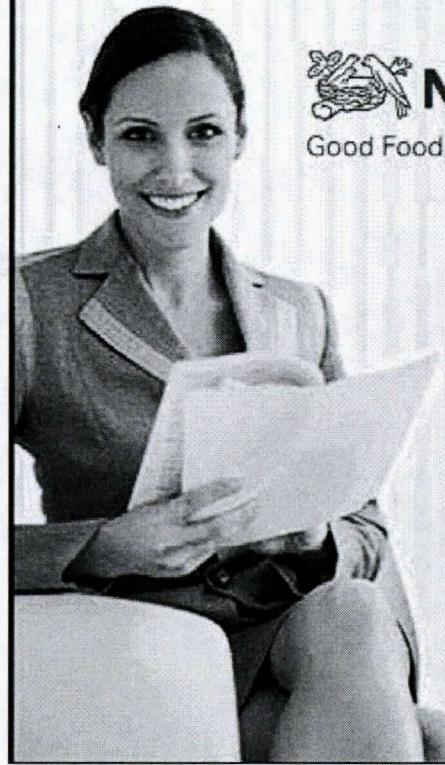
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W.H. rebuffs Waxman claim on Rx deal

By: Chris Frates
July 9, 2009 09:07 AM EDT

White House officials are rebuffing powerful House committee Chairman Henry Waxman in unusually blunt terms after Waxman claimed the administration was not bound to uphold an \$80 billion deal it struck with the pharmaceutical industry.

Waxman, the chairman of the House Energy and Commerce Committee, said Wednesday that White House officials told him they don't feel obligated to live up to the terms of a deal designed to find \$80 billion in savings and signed by the Pharmaceutical Research and Manufacturers of America, the drug makers' lobby.

"The White House is not bound. They tell us, they're not bound by that agreement," Waxman said Wednesday. And, he argued, neither was he obligated to include it in the House version of health reform legislation, which currently includes stringent drug price controls that are strongly opposed by PhRMA.

"We're certainly not bound by that agreement," Waxman said flatly.

But White House officials tell POLITICO that Waxman is wrong.

"We are absolutely part of these agreements and bound by them," an administration official said.

In fact, that point was driven home on

Tuesday when the chief executives of five drug companies and the industry's chief lobbyist, Billy Tauzin, went to the White House for a meeting with senior administration aides.

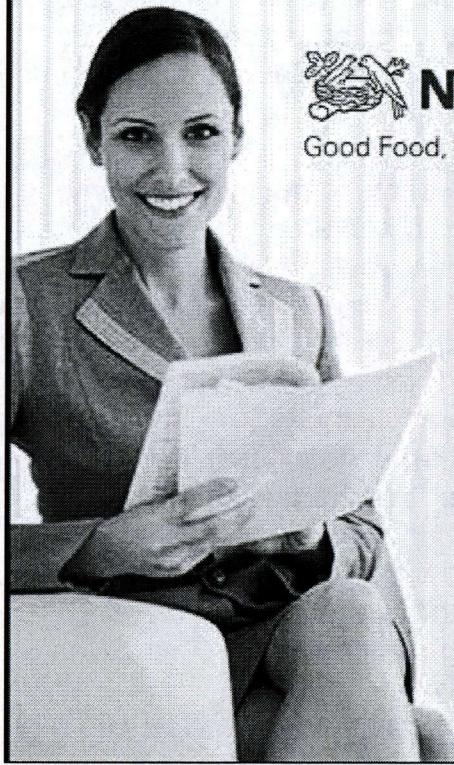
The meeting included White House Chief of Staff Rahm Emanuel, Deputy Chief of Staff Jim Messina, health care czar Nancy-Ann

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DeParle as well as Senate Finance Chairman Max Baucus.

"In the meeting, we assured the industry and the Senate that we are part of the deal and it's a good deal," the White House official said.

The unusually stark rebuke - from a Democratic White House to one of the House's most prominent Democratic chairmen - illustrates the high stakes in play in the health reform negotiations, where the White House is seeing delays and trouble spots flaring up in the Senate and doesn't need more problems on the House side, especially on a highly touted deal like the PhRMA one.

An Energy and Commerce Committee aide said Waxman appreciates the clarification from the White House, but emphasized that he is not bound by an agreement cut by the White House and Baucus and the drug industry.

There even seems to be ambiguity among the people who brokered the pharmaceutical deal over what was agreed to.

A source in Tuesday's White House meeting said the drug industry has "an ironclad commitment from the highest levels of the White House" that the president won't sign a bill that includes price controls favored by Waxman. But an administration source said that didn't come up in the meeting with the drug companies.

So it's no surprise that PhRMA helped

gather signatures from at least 66 Democratic members asking Waxman and fellow committee chairmen Charlie Rangel and George Miller, who are all critical to health reform, to substitute the PhRMA deal for the price controls currently being considered. The letter is expected to be sent Thursday.

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Meanwhile, the administration and Baucus announced a similar deal on Wednesday that has the nation's hospitals agreeing to kick in \$155 billion to help pay for reform.

Republicans have lampooned both deals for their lack of specificity and tried to turn the Democrats' mixed messages to their advantage.

"They're clearly trying to create the impression that these 'deals' mean more than they do," said House Republican leader John Boehner's spokesman Michael Steel. "The White House shouldn't be trying to hoodwink the American people on something this important."

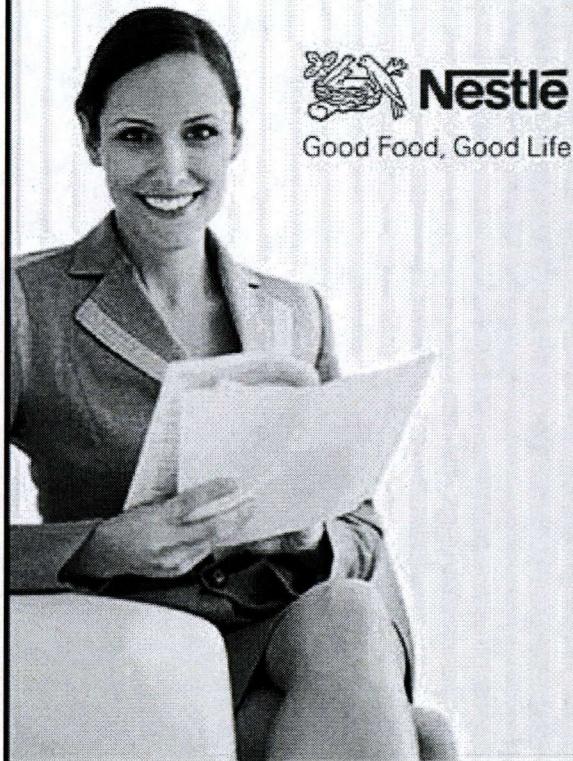
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The Globe and Mail (Canada)

July 17, 2009 Friday

Big Pharma dodges Obama's pill; Powerful lobby getting largely what it wants in health-care overhaul

BYLINE: ALICIA MUNDY AND LAURA MECKLER

SECTION: REPORT ON BUSINESS: THE WALL STREET JOURNAL; BIOTECHNOLOGY; Pg. B7

LENGTH: 949 words

DATELINE: WASHINGTON

The pharmaceutical industry that U.S. President Barack Obama promised to "take on" and "hold accountable" for drug prices is winning most of what it wants in the health-care overhaul, following vigorous lobbying virtually from the moment Mr. Obama took office.

The final contours of the legislation are far from settled, but the industry, led by a onetime powerful congressman, has already notched a string of victories.

Legislation expected soon in the powerful Senate finance committee will leave out key cost-cutting steps as part of side deals reached with the industry and the White House, according to congressional aides and lobbyists familiar with the matter.

The missing items include two planks of Mr. Obama's presidential campaign platform: allowing cheaper **drugs to be imported** from Canada and giving the federal government the right to negotiate Medicare **drug** prices directly with **pharmaceutical** companies.

Meanwhile, a separate Senate committee voted this week as part of its health bill to give branded biotechnology drugs - including cancer medicines that cost thousands of dollars a year - at least 12 years of market exclusivity, a significant defeat for makers of cheaper copycat medicines.

"This is the best year the drug industry has had in decades," said Nancy LeaMond of AARP, the seniors' lobby, which is seeking greater price-cutting on drugs.

Pharmaceutical companies say slashing drug prices would damage innovation and make it harder to bring new medicines to market, and say they are making sacrifices as part of the health-care overhaul.

Last month, the industry agreed to what Mr. Obama touted at the White House as \$80-billion (U.S.) over 10 years in givebacks to help pay for expanded health insurance. But only about \$50-billion of the total is available to help pay for the overhaul, expected to cost \$1-trillion over a decade.

The remainder comes from an agreement to sell more brand-name drugs to certain Medicare beneficiaries at a 50-per-cent discount - which saves those seniors money but also generates new business for the industry. White House spokeswoman Linda

Douglass said the deal represented "an unprecedented commitment" from "an industry that has opposed health-reform efforts in the past."

The early victories show the power of the pharmaceutical industry, which has a war chest it can use either to back a health-care bill or rally public support against it. For the Obama administration, retreat on some drug-industry issues might help it land a much bigger prize: a broad health-care bill that covers millions of uninsured Americans and reduces the growth in the nation's health costs.

Drug makers have told members of the U.S. Congress that they have set aside tens of millions of dollars for advertising on a health-care overhaul, according to industry lobbyists and congressional staffers. Already a blitz of radio spots has helped secure congressional support for extended protection for biotech drugs.

"The motivation for the White House and Finance Committee is to take [drug industry lobby] PhRMA and its money out of any possible opposition and that's really what's driving these agreements, along with the desire to get financing for the bill," said John Rother, another AARP lobbyist, referring to the Pharmaceutical Research and Manufacturers of America. "Think about who has money enough to cause a problem."

On Thursday, PhRMA and the liberal group Families USA unveiled television ads featuring "Harry and Louise," the fictional couple in ads that helped defeat health legislation during the Clinton administration. In the new ads, the couple now favours a health overhaul.

PhRMA didn't respond to requests for comment on its ad strategy.

Some Democrats, including Mr. Obama, have pushed Congress to establish a pathway for generic biological drugs. But the Senate health committee voted this week to give biologics 12 years of market exclusivity - separate from any patent protection they might enjoy. The White House had proposed seven years.

In a statement, the Biotechnology Industry Organization said the 12-year window is a "fair and reasonable period to ensure continued biomedical innovation."

PhRMA is headed by former Republican representative Billy Tauzin, who was chairman of the House energy and commerce committee and began reaching out to Democrats shortly after Mr. Obama was elected. He was among the first health-care lobbyists to sit down in negotiations with the administration when it took office. That effort came to fruition with the June announcement of the \$80-billion deal.

"I think they probably are the most effective and well-financed health stakeholder group in the country," said Ron Pollack, president of Families USA.

The House bill contains one particular measure that drug companies don't like. When the Medicare drug benefit went into effect, certain seniors who were getting drug coverage through Medicaid moved on to the new Medicare program. "It was like a \$2-billion-a-year windfall for drug companies," said California Democrat Henry Waxman, because Medicare prices are higher.

The House bill proposes rebates that would take back that money, but the Senate finance committee left that out, and the White House declined to say whether it supports Mr. Waxman's efforts to impose the rebates.

The finance committee had proposed using this policy as a stick to make sure that drug companies gave seniors the 50-per-cent discount they were promising as part of the \$80-billion deal.

Drug makers found that objectionable, and the announcement of the agreement was

delayed for 48 hours while they found another enforcement mechanism, according to one lobbyist involved.

LOAD-DATE: July 17, 2009

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The Boston Globe

July 28, 2009 Tuesday

Drug makers consider funding ads; m\$100 effort to be directed at healthcare

BYLINE: By Shannon Pettypiece and Timothy J. Burger, Bloomberg News

SECTION: BUSINESS; Pg. 8

LENGTH: 567 words

NEW YORK - Drug makers may spend \$100 million for an advertising campaign starting as early as September to push legislation that would overhaul the healthcare system, said a person familiar with the discussion.

Pharmaceutical Research & Manufacturers of America, the industry lobbying group, discussed funding the ad campaign during a meeting in Washington last week, the person said. A PhRMA spokesman, Ken Johnson, said no decision has been reached on the group's campaign strategy for when Congress reconvenes after the August recess.

In August, PhRMA will be running television commercials in states where pharmaceutical companies have operations, asserting the **importance of the drug industry for the economy**, Johnson said. The drug makers, by offering to lower drugs costs by \$80 billion over 10 years, became one of the first industries to reach an agreement with the Obama administration in its efforts to revamp the healthcare system. The drug makers also would oppose legislation allowing the government to negotiate prices on medicines sold through the federal drug program of Medicare.

``We are always preparing to fight back against bad public policy that would hurt patients and our ability to discover and develop new life saving medicines, '' Johnson said Friday in a telephone interview.

Two people familiar with the discussions in Washington said the amount of money put into ads may increase to \$120 million.

Washington-based PhRMA represents 28 drug makers, including New York-based Pfizer Inc. and GlaxoSmithKline PLC, with headquarters in London.

The content of the ads will depend on the legislation drafted in the House and Senate, where different procedural and political dynamics are at play.

Representative Henry Waxman, a California Democrat and chairman of a House committee writing healthcare legislation, said earlier this month that the deal Pfizer and other companies made to discount brand-name drugs for the elderly with gaps in Medicare drug coverage was ``really a Senate agreement. ''

The industry's \$80 billion pledge was negotiated by Senator Max Baucus, chairman of the Senate Finance Committee and a Montana Democrat, along with senior White House aides. Baucus is struggling to reach a bipartisan deal on his panel before the Aug. 7 recess.

Democratic leaders postponed a vote by the full Senate until September. Leaders in the House, which is scheduled to adjourn Friday, are fighting to contain a party split over the \$1 trillion cost of the bill.

Drug makers have said they will fight efforts by Congress to allow drugs to be imported into the United States from Canada, where they are sold for less. No such proposal has been made under the current healthcare overhaul being discussed by Congress and the White House.

``We are strongly against reimportation from a safety standpoint,'' Richard T. Clark, chief executive officer of Merck & Co., said July 21 in a telephone interview. ``If it is an issue, we will have to fight that because we think that is the wrong thing to do from a patient standpoint.''

Pfizer chief executive Jeffrey Kindler said the industry supports the current healthcare overhaul proposal by the Obama administration. Pfizer opposes importing drugs from Canada or allowing the US government to directly negotiate Medicare Part D drug prices.

Merck and Pfizer spokespeople directed questions about the proposed \$100 million ad campaign to PhRMA.

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PUBLICATION-TYPE: Newspaper

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The New York Times

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August 6, 2009

White House Affirms Deal on Drug Cost

By DAVID D. KIRKPATRICK

WASHINGTON — Pressed by industry lobbyists, White House officials on Wednesday assured drug makers that the administration stood by a behind-the-scenes deal to block any Congressional effort to extract cost savings from them beyond an agreed-upon \$80 billion.

Drug industry lobbyists reacted with alarm this week to a House health care overhaul measure that would allow the government to negotiate drug prices and demand additional rebates from drug manufacturers.

In response, the industry successfully demanded that the White House explicitly acknowledge for the first time that it had committed to protect drug makers from bearing further costs in the overhaul. The Obama administration had never spelled out the details of the agreement.

"We were assured: 'We need somebody to come in first. If you come in first, you will have a rock-solid deal,' " Billy Tauzin, the former Republican House member from Louisiana who now leads the pharmaceutical trade group, said Wednesday. "Who is ever going to go into a deal with the White House again if they don't keep their word? You are just going to duke it out instead."

A deputy White House chief of staff, Jim Messina, confirmed Mr. Tauzin's account of the deal in an e-mail message on Wednesday night.

"The president encouraged this approach," Mr. Messina wrote. "He wanted to bring all the parties to the table to discuss health insurance reform."

The new attention to the agreement could prove embarrassing to the White House, which has sought to keep lobbyists at a distance, including by refusing to hire them to work in the administration.

The White House commitment to the deal with the drug industry may also irk some of the administration's Congressional allies who have an eye on drug companies' profits as they search for ways to pay for the \$1 trillion cost of the health legislation.

But failing to publicly confirm Mr. Tauzin's descriptions of the deal risked alienating a powerful industry ally currently helping to bankroll millions in television commercials in favor of Mr. Obama's reforms.

The pressure from Mr. Tauzin to affirm the deal offers a window on the secretive and potentially risky game the Obama administration has played as it tries to line up support from industry groups typically hostile to government health care initiatives, even as their lobbyists pushed to influence the health measure for their benefit.

In an interview on Wednesday, Representative Raul M. Grijalva, the Arizona Democrat who is co-chairman of the House progressive caucus, called Mr. Tauzin's comments "disturbing."

"We have all been focused on the debate in Congress, but perhaps the deal has already been cut," Mr. Grijalva said. "That would put us in the untenable position of trying to scuttle it."

He added: "It is a pivotal issue not just about health care. Are industry groups going to be the ones at the table who get the first big piece of the pie and we just fight over the crust?"

The Obama administration has hailed its agreements with health care groups as evidence of broad support for the overhaul among industry "stakeholders," including doctors, hospitals and insurers as well as drug companies.

But as the debate has heated up over the last two weeks, Mr. Obama and Congressional Democrats have signaled that they value some of its industry enemies-turned-friends more than others. Drug makers have been elevated to a seat of honor at the negotiating table, while insurers have been pushed away.

"To their credit, the pharmaceutical companies have already agreed to put up \$80 billion" in pledged cost reductions, Mr. Obama reminded his listeners at a recent town-hall-style meeting in Bristol, Va. But the health insurance companies "need to be held accountable," he said.

"We have a system that works well for the insurance industry, but it doesn't always work for its customers," he added, repeating a new refrain.

Administration officials and Democratic lawmakers say the growing divergence in tone toward the two groups reflects a combination of policy priorities and political calculus.

With polls showing that public doubts about the overhaul are mounting, Democrats are pointedly reminding voters what they may not like about their existing health coverage to help convince skeptics that they have something to gain.

"You don't need a poll to tell you that people are paying more and more out of pocket and, if they have some serious illness, more than they can afford," said David Axelrod, Mr. Obama's senior adviser.

The insurers, however, have also stopped short of the drug makers in their willingness to cut a firm deal. The health insurers shook hands with Mr. Obama at the White House in March over their own package of concessions, including ending the exclusion of coverage for pre-existing ailments.

But unlike the drug companies, the insurers have not pledged specific cost cuts. And insurers have also steadfastly vowed to block Mr. Obama's proposed government-sponsored insurance plan — the biggest sticking point in the Congressional negotiations.

The drug industry trade group, the Pharmaceutical Research and Manufacturers of America, also opposes a public insurance plan. But its lobbyists acknowledge privately that they have no intention of fighting it, in part because their agreement with the White House provides them other safeguards.

Mr. Tauzin said the administration had approached him to negotiate. "They wanted a big player to come in and set the bar for everybody else," he said. He said the White House had directed him to negotiate with Senator Max Baucus, the business-friendly Montana Democrat who leads the Senate Finance Committee.

Mr. Tauzin said the White House had tracked the negotiations throughout, assenting to decisions to move away from ideas like the government negotiation of prices or the importation of cheaper drugs from Canada. The \$80 billion in savings would be over a 10-year period. "80 billion is the max, no more or less," he said. "Adding other stuff changes the deal."

After reaching an agreement with Mr. Baucus, Mr. Tauzin said, he met twice at the White House with Rahm Emanuel, the White House chief of staff; Mr. Messina, his deputy; and Nancy-Ann DeParle, the aide overseeing the health care overhaul, to confirm the administration's support for the terms.

"They blessed the deal," Mr. Tauzin said. Speaker Nancy Pelosi said the House was not bound by any industry deals with the Senate or the White House.

But, Mr. Tauzin said, "as far we are concerned, that is a done deal." He said, "It's up to the White House and Senator Baucus to follow through."

As for the administration's recent break with the insurance industry, Mr. Tauzin said, "The insurers never made any deal."

Sheryl Gay Stolberg contributed reporting.

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White House Affirms Deal on Drug Cost - NYTimes.com

By JONATHAN S. CROWLEY and JEFFREY B. WEINER
August 6, 2009

President Obama's administration has agreed to a deal with pharmaceutical companies to limit the cost of prescription drugs, a move that could save consumers billions of dollars a year.

Under the agreement, companies will have to negotiate with the government on the price of their drugs, and the government will have the authority to set a maximum price for some drugs.

It is the first time the government has taken such a step, and it is intended to help reduce the cost of prescription drugs, which have been rising rapidly.

The deal, which was announced on Friday, is part of the administration's effort to control the cost of prescription drugs, which have been rising rapidly.

Under the deal, companies will have to negotiate with the government on the price of their drugs, and the government will have the authority to set a maximum price for some drugs.

The deal, which was announced on Friday, is part of the administration's effort to control the cost of prescription drugs, which have been rising rapidly.

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Dem Senators: White House Says It Cut No Deal With Drug Makers

First Posted: 08- 6-09 08:44 PM | Updated: 09- 6-09 05:12 AM

Important

Funny

Typical

Scary

Outrageous

Amazing

Innovative

Finally

Read More: [Big Pharma, Drug Makers Deal, Health Care Reform, Sherrod Brown, Sherrod Brown](#)
[Health Care Reform, White House Deal, Politics News](#)



A senior White House aide told Democratic senators Thursday that the administration did not make a deal with the pharmaceutical lobby that would prevent Congress from using the government's clout to negotiate for lower drug prices, according to three Democratic senators who were in the meeting.

The *New York Times* had reported on Thursday morning that the White House affirmed that a deal barring price negotiations had been struck.

AP

Sen. Sherrod Brown (D-Ohio) asked two top White House aides, David Axelrod and deputy White House chief of staff Jim Messina, if the administration had cut such a deal with PhRMA.

"He says there's no deal. I take him at his word," Brown told the Huffington Post.

The drug makers, according to the *Times*, had agreed to trim \$80 billion in costs over ten years and the White House agreed not to go after deeper cuts by negotiating lower drug prices as part of comprehensive health care reform. The paper reported that Messina confirmed the deal on the record.

Brown said the article inspired his question. Both Messina and Finance Committee Chairman Max Baucus (D-Mont.) answered.

"Baucus said there was no deal and the White House said there was no deal," said Brown, referring to the reported deal to bar the government from negotiating for lower drug prices.

Brown added that the answer didn't necessarily mean the White House was contradicting what it told drug makers.

"It contradicts what Billy Tauzin said [the White House] told the drug makers, but Billy Tauzin has not always been all that straight with the truth," said Brown, referring to PhRMA's president, a former Republican congressman from Louisiana. Tauzin pushed through the original law that barred the government from negotiating for lower prices. Shortly thereafter, he left to lobby for the drug makers.

"It was one of those things that was a well-crafted answer," Sen. Chris Dodd (D-Conn.) told the Huffington Post. "I think they said there was no deal. It was about three paragraphs, at the end of which, [he said] there was no deal. But it took three paragraphs. Maybe there's an answer somewhere in those three paragraphs."

Brown read it as a firm denial. "I take them at their word, but I also know that PhRMA doesn't ever give up and we keep watching them," he said.

Majority Whip Dick Durbin (D-Ill.) said that a White House representative told the caucus that "as far as he is concerned, there is no deal." Durbin made his comments on Bloomberg TV, but said that Axelrod, not Messina, had been the one to say there was no deal. Both Axelrod and Messina met with the Democratic caucus.

Democrats, said Durbin, were therefore free to craft legislation that allowed the government to negotiate for lower drug prices. "He told us there was no agreement, not in that regard," Durbin said of drug-price negotiations.

The White House reached the deal with the pharmaceutical lobby so that the powerful group wouldn't use its clout to crush health care reform. The *Times* article was a response to a demand from the drug makers that Obama publicly announce that the deal had been reached.

"Who is ever going to go into a deal with the White House again if they don't keep their word? You are just going to duke it out instead," Tauzin told the *Times*. A PhRMA lobbyist didn't immediately respond to an e-mail.

Tauzin and the drug companies had been surprised that the House bill ordered the Health and Human Services secretary to negotiate with drug companies to get lower prices.

Tauzin told the *Times* that the White House instructed him to negotiate with Max Baucus (D-Mont.), chairman of the Finance Committee, who it said was a party to the deal. Baucus is leading bipartisan negotiations in his committee.

But those negotiations don't seem to be taking into account whatever deal the White House struck with the drug makers. "As I understand it, the committees weren't in on this negotiation. I mean, I certainly wasn't," said Sen. Kent Conrad (D-N.D.), who has been actively negotiating with Baucus for months and is part of the bipartisan Gang of Six working on a compromise package.

A reporter told Baucus that when the deal had been announced earlier, questions had been deferred to Baucus, who was given credit for cutting the deal. "You know more than I know," said Conrad.

Even if a deal has been made by the White House and the drug makers, several members of Congress said they wouldn't feel bound to it no matter what Axelrod or Messina said.

Congress doesn't take kindly to such intrusions. Even Sen. Olympia Snowe of Maine, a Republican member of the Gang of Six, thought the White House was too lenient in the deal outlined in the *Times*. "I think we could do more, frankly," she said. Asked if she was surprised by the deal's explicitness, she said, "Yes, I was, and secondly there wasn't enough."

Conrad said the Senate was "not necessarily" bound by any deals the White House cuts.

"I don't think it flies," said Dodd. "I think if you went out on the floor today and said, 'Look, there can be no reimportation.' You've gotta do something with Medicare bulk purchasing and [the White

House] said, 'No, you can't do that now.' No, I don't think that would be warmly received. I don't think it would hold up."

Sen. Ron Wyden (D-Oregon) said that "No United States Senator gives up their election certificate," meaning that they would continue to act how they saw fit regardless of a deal.

"It's not up to him," said Sen. Jeanne Shaheen (D-N.H.). "It's up to Congress."

Using the government's purchasing power to reduce drug costs is a top priority of most Democrats and House Speaker Nancy Pelosi (D-Calif.) has repeatedly pushed for it, saying the House is not bound by any deals the White House makes.

Brown, too, said that regardless of the White House answer, his branch of Congress isn't obligated to abide by a White House deal. But for now, he's glad there isn't one.

"I take them at their word. They got help from PhRMA, but they didn't make any deal," he said.

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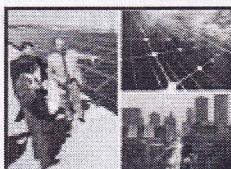
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August 9, 2009

Drug Industry to Run Ads Favoring White House Plan

By DAVID D. KIRKPATRICK

WASHINGTON — The drug industry has authorized its lobbyists to spend as much as \$150 million on television commercials supporting President Obama's health care overhaul, beginning over the August Congressional recess, people briefed on the plans said Saturday.

The unusually large scale of the industry's commitment to the cause helps explain some of a contentious back-and-forth playing out in recent days between the odd-couple allies over a deal that the White House struck with the industry in June to secure its support. The terms of the deal were not fully disclosed. Both sides had announced that the drug industry would contribute \$80 billion over 10 years to the cost of the health care overhaul without spelling out the details.

With House Democrats moving to extract more than that just as the drug makers finalized their advertising plans, the industry lobbyists pressed the Obama administration for public reassurances that it had agreed to cap the industry's additional costs at \$80 billion. The White House, meanwhile, has struggled to mollify its most pivotal health industry ally without alienating Congressional Democrats who want to demand far more of the drug makers. White House officials could not immediately be reached for comment.

Many Democratic lawmakers have railed for years against what they consider the industry's excessive profits and pointedly insisted in recent days that they do not feel bound by the White House's commitments.

Sources briefed on the drug industry's plans, speaking on condition of anonymity because the details remain confidential, say top officials of the industry's trade group, the Pharmaceutical Research and Manufacturers of America, or PhRMA, are scheduled to meet next week to finalize its fall plans. The final budget could be less or more than what was authorized, the sources said.

By comparison, President Obama's presidential campaign spent about \$236 million on television commercials while the campaign of the Republican candidate, Senator John McCain of Arizona, spent about \$126 million. Few expect the opponents of the health care overhaul to muster as much advertising muscle as its backers, including sympathetic business groups,

labor unions and ideological allies. The drug makers stand to gain millions of new customers from the expansion of health care coverage.

Ken Johnson, a spokesman for PhRMA, declined to discuss the specific sums. "Our board has agreed to make a significant investment in support of comprehensive reform," he said. "Our August plan is pretty much in place, but we have not finalized all the details of the fall campaign." He said it would include grassroots outreach as well. The scale of the drug industry's plans was first reported Saturday by The Associated Press.

The drug industry has already contributed millions of dollars to advertising campaigns for the health care overhaul through the advocacy groups like Healthy Economies Now and Families USA. It has spent about \$1 million on similar advertisements under its own name.

All of the commercials closely echo common Democratic themes about medical care for all, consumer protection and "health insurance reform." Some supporters of the overhaul have hired public affairs and advertising firms with close ties to the White House and Senate Democrats, including GMMB, which worked on the Obama campaign, and AKPD, which previously included David Axelrod, who is now the president's top political adviser.

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latimes.com/news/nationworld/nation/la-na-health-pharma14-2009aug14,0,5896090.story

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White House deal with drug firms draws flak

An \$80-billion pact with the pharmaceutical industry intended to advance the administration's healthcare reform goals has instead created confusion and discord.

By Tom Hamburger

August 14, 2009

Reporting from Washington

An \$80-billion deal with the drug industry that the White House thought would add momentum to its campaign for national healthcare reform has instead provoked a political tempest, frustrating and bewildering some of the president's most important allies.

advertisement

As complaints rolled in, the administration offered varying, sometimes contradictory explanations of the deal.

"I've heard a lot of confusion about what was agreed to," said Rep. Henry A. Waxman (D-Beverly Hills), chairman of the House Energy and Commerce Committee, who wrote healthcare legislation that would impose more cost on the industry than that contained in the White House agreement.

Under the deal, the Pharmaceutical Research and Manufacturers of America, or PhRMA, agreed to provide \$80 billion in cost savings over 10 years. It also promised to promote healthcare reform in a multimillion-dollar ad campaign. In return, the White House agreed to consider the \$80 billion as a cap on PhRMA's costs in the overhaul legislation. In addition, the White House agreed not to require rebates on sales of commonly prescribed drugs to patients enrolled jointly in Medicaid and Medicare.

Separately, the White House told PhRMA executives that legislation the industry has long opposed to permit importation of cheaper drugs from Canada and Europe would probably not be necessary if a healthcare overhaul bill passed.

The drug industry's chief lobbyist, PhRMA President W.J. "Billy" Tauzin, said the unwritten agreement was reached with Democratic Sen. Max Baucus of Montana, chairman of the Senate Finance Committee, and was closely monitored and "blessed" by the White House.

Since the agreement was announced June 20 -- with President Obama saying, "We are at a turning point in America's journey toward healthcare reform" -- critics from the left and right have criticized the accord. Business and conservative interests are angry that one of their most important traditional allies --

PhRMA -- is now working with Democrats to build support for the president's plan. Liberals say Obama gave away too much to the industry.

House Speaker Nancy Pelosi (D-San Francisco) said wryly that she thought if PhRMA agreed to \$80 billion in savings, it was likely that real savings could probably be twice that amount. She suggested that the House might not honor the White House-PhRMA-Senate deal. Sen. Bernie Sanders (I-Vt.) said that when he read news accounts suggesting that the White House had told PhRMA it would not pursue Canadian drug importation, he sought and received assurances from White House Chief of Staff Rahm Emanuel that there was no such deal.

After that conversation, however, White House healthcare spokeswoman Linda Douglass confirmed to reporters that the White House had discussed the importation provision with worried drug company executives, telling them that "health insurance reform that lowers costs, including pharmaceutical costs, would probably make such legislation unnecessary." Sanders views that as a dubious assumption and says he intends to continue to pursue the provision.

Waxman became concerned about other reports of what was in the agreement, in part because he feared it might undermine aspects of his healthcare bill. In an interview this week, he expressed alarm about Tauzin's claim -- since revised -- that the deal included a promise not to have Medicare seek further drug price discounts.

"It's ridiculous to have a program in which Medicare spends millions of dollars with drug companies as a customer and does not get a better deal on pharmaceutical prices," Waxman said.

After first declining to comment, the White House now says the topic did not explicitly come up in discussions with the industry.

"I think a lot of people in the room walked away with a different understanding of what was agreed to," Waxman said.

Tauzin, a former congressman from Louisiana, believed that he had an understanding that there would not be negotiations over Medicare drug prices in the future. Currently, government negotiations for lower prices are banned in the Medicare Part D program under a "noninterference" clause that the industry lobbied for several years ago.

This week, Tauzin's top aide at PhRMA, Ken Johnson, reiterated that view but said it was time to stop public discussions about whether it came up in the closed-door White House meetings.

From the time the industry was first asked to participate in crafting healthcare overhaul legislation, Johnson said that Tauzin told everyone: "We'll do everything we can to help. But we will not support price controls, because they will hurt patients by drying up research and development needed to find new cures, and they will kill jobs in a very fragile economy."

Tauzin thought the White House and others understood that meant there would be no change in the government prohibition on price negotiations for drugs. "We thought there was an underlying assumption on that key point," Johnson said.

At this stage, he added, "it's counterproductive to keep talking about it."

tom.hamburger@latimes.com

The New York Times

Prescriptions

The Business of Health Care

SEPTEMBER 12, 2009, 11:59 AM

Drug Makers to Back Baucus Plan With Ad Dollars

By DUFF WILSON

The drug industry's trade group plans to roll out a series of television advertisements in coming weeks specifically to support Senator Max Baucus's health care overhaul proposal, according to an industry official involved in the planning.

The move would be a follow-up to the deal that drug makers struck in June with Mr. Baucus and the White House. Under that pact, the industry agreed to various givebacks and discounts meant to reduce the nation's pharmaceutical spending by \$80 billion over 10 years.

Shortly after striking that agreement, the trade group — the Pharmaceutical Research and Manufacturers of America, or PhRMA — also set aside \$150 million for advertising to support health care legislation.

President Obama has cited the deal with the group as signifying a new era of cooperation. But some critics say the advertising fund could be wielded against alternative approaches to health care legislation. Some House Democrats, including Henry A. Waxman of California, are seeking drug industry givebacks not covered in the deal with Mr. Baucus and the White House.

Up to now, the trade group, led by former Representative Billy Tauzin, a Republican from Louisiana, has contributed \$12 million toward an advertising campaign coordinated by a coalition called Americans for Stable Quality Care. Early advertisements focused on general subjects like "Eight Ways Reform Matters to You."

But an industry official involved in the discussions said the group and its advertising money would now be aimed specifically at the approach being pushed by Mr. Baucus, Democrat of Montana and chairman of the Senate Finance Committee.

The group's advertising spending has been criticized by people who say drug makers should be forced to make deeper concessions than they have agreed to with Mr. Obama and Mr. Baucus.

James Love, director of the liberal nonprofit research group Knowledge Ecology International, is one of those critics. "Essentially what the U.S. got was not \$80 billion," he said, "but \$150 million in Obama campaign contributions."

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SENATE: Rejects Drug Importation Amendment to Health Reform Bill

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The Senate on Tuesday voted 51-48 to reject an amendment to the chamber's health reform [bill \(HR 3590\)](#) that would have permitted the importation of lower-cost prescription medications from Canada and other foreign countries, *Roll Call* reports (Pierce/Drucker, *Roll Call*, 12/15). The amendment, by Sen. Byron Dorgan (D-N.D.), would have waived current restrictions on the importation of the medications by licensed companies and individuals for personal use. The amendment failed because a floor agreement reached prior to the debate on the bill requires that all amendments must have 60 votes to be approved.

According to *CQ Today*, Dorgan's proposal previously received broad support as a stand-alone bill from Senate Democrats, including President Obama when he was a senator (Ethridge, *CQ Today*, 12/15). However, on Tuesday 24 Democrats who supported the bill in 2008 voted against the amendment, and 16 Republicans who previously had voted against the bill voted for the amendment. *Roll Call* reports that two GOP senators — Jim Bunning (Ky.) and John Ensign (Nev.) — switched their votes mid-vote from "aye" to "nay" when it appeared that the amendment would fall short of 60 votes (*Roll Call*, 12/15).

A compromise amendment offered by Sen. Frank Lautenberg (D-N.J.), which would have permitted the importation of drugs if federal health authorities declared them safe, also failed by a 56-43 vote (Mundy, *Wall Street Journal*, 12/16). *CQ Today* reports that Lautenberg's proposal drew the backing of the drug industry as well as 26 Democrats — including the chamber's two independent senators — who might have been looking for some political cover to support some importation language without risking a major financial deal for the overall reform bill (Ethridge, *CQ Today*, 12/15).

According to the *Los Angeles Times*, rejection of the Dorgan amendment was a "crucial victory" for the Obama administration and Senate Democratic leadership, who over the summer reached an [agreement](#) with the pharmaceutical industry to provide \$80 billion in cost savings to help fund reform legislation (Hook/Levey, *Los Angeles Times*, 12/16). According to the *Wall Street Journal*, several industry lobbyists and congressional staffers said that the agreement "included a private promise by the administration that it wouldn't support importation." The Pharmaceutical Research and Manufacturers of America and the White House declined to verify or comment on the private deal, the *Journal* reports.

In recent weeks, administration officials, Democrats and drug industry officials [opposed](#) to the amendment expressed concerns about the risk to consumers because the safety of imported drugs could not be guaranteed. In addition, FDA Commissioner Margaret Hamburg [noted](#) in a letter to senators that the amendment would be "logistically challenging" to implement (*Wall Street Journal*, 12/16).

Dorgan pushed for a vote on his amendment after the Congressional Budget Office reported that the proposal would generate as much as \$19.4 billion in savings over 10 years through increased competition with drugmakers (Ethridge, *CQ Today*, 12/15). Supporters of the amendment also noted that the proposal would help consumers save at least \$80 billion over the same period through greater and direct access to their medications from foreign and online retailers (*Wall Street Journal*, 12/16).

SENATE REJECTS DRUG IMPORTATION AMENDMENT TO HEALTH REFORM BILL

Senate Republicans rejected a proposal to allow Americans to buy prescription drugs from foreign companies, a move that would have added billions of dollars to the health care bill. The amendment, introduced by Sen. Tom Harkin (D-Ia.), would have given consumers the option to buy prescription drugs from foreign companies, and would have required pharmaceutical companies to sell their products at the same price in the U.S. as they do in other countries. The amendment was defeated 47-52.

Sen. Tom Harkin (D-Ia.) introduced the amendment to the Senate health care bill on Dec. 15, 2009. The amendment would have given consumers the option to buy prescription drugs from foreign companies, and would have required pharmaceutical companies to sell their products at the same price in the U.S. as they do in other countries. The amendment was defeated 47-52.

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Politico

PhRMA plans \$6 million pro-reform ad buy in 38 House districts

March 17, 2010

Categories:

PhRMA plans \$6 million pro-reform ad buy in 38 House districts

TIMELINE SLIPPING, DRUG ADS GREENLIGHTED – Democrats spent another day behind closed doors assembling a reform bill that many had hoped would be marked up in the House Rules Committee yesterday. If Democrats are going to stay true to their word to release a bill 72 hours before a vote, today is likely their last chance to release it in time to put a bill on the House floor before President Obama leaves for Indonesia on Sunday. A bit of good news for Democrats: PhRMA agreed Tuesday to fund an initial \$6 million ad buy in the districts of 38 wavering House Democrats. The pro-reform ads will come from the industry-funded coalition Americans for Stable Quality Care and could hit the airwaves as early as today, a top industry official said. The deep-pocketed trade group didn't decide how much it would spend in total on the campaign; officials are waiting to review the bill first. The decision to flip the switch on five or six days worth of advertising will come when the industry is comfortable with the bill's direction. The drug industry is really the only pro-reform group able to match the millions being spent by opponents like the Chamber of Commerce. And the White House had been pressuring the industry for days to OK the ads, industry sources said. So it appears Dems will be getting some air cover soon.