

Exhibit Number: 3

SB 324

“The Affordable RX ACT”

The following exhibit is a folder that has an assortment of writings, pamphlets, and other documents that cannot be scanned it exceeds the 10-page maximum. A few documents have been scanned to assist you with your research. The exhibit is on file at the Montana Historical Society and can be viewed there.

INDEX

- Handout Senate Bill 324 Montana RX Plus
- AARP Internet printout
- Handout “Market Watch”
- 2004 Federal Poverty Guidelines handout
- AARP Montana SB 324 The Affordable RX ACT
- AARP RX Watchdog Report Summer 2004 4 page booklet
- AARP Prescription Drug Affordability: A 2004 AARP Montana Survey 18 pages
- Pamphlets:
 1. Safe Effective Ways to Save on Pharmacy Bill
 2. Reduce your Drug Costs in Three Easy Steps
 3. AARP: Medicare Changes

Montana Historical Society Archives, 225 N. Roberts, Helena, MT 59620-1201; phone (406) 444-4774. For minutes in paper format, please contact the Montana State Law Library, Justice Building, 215 N. Sanders, Helena, MT 59620; (406) 444-3660. Tapes and exhibits are also available at the Historical Society (tapes are retained for five years). Scanning done by: Susie Hamilton



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SUPPORT SB 324

THE AFFORDABLE Rx ACT

By Request of the Governor
Sponsored by Senator Tester and
Representative Roberts



EXHIBIT **3**
 DATE **2.9.05**
 # **324**

Senate Bill 324 Montana Rx Plus
How the Prescription Drug Discount Cards Work
 Sections 5-8 of SB 324

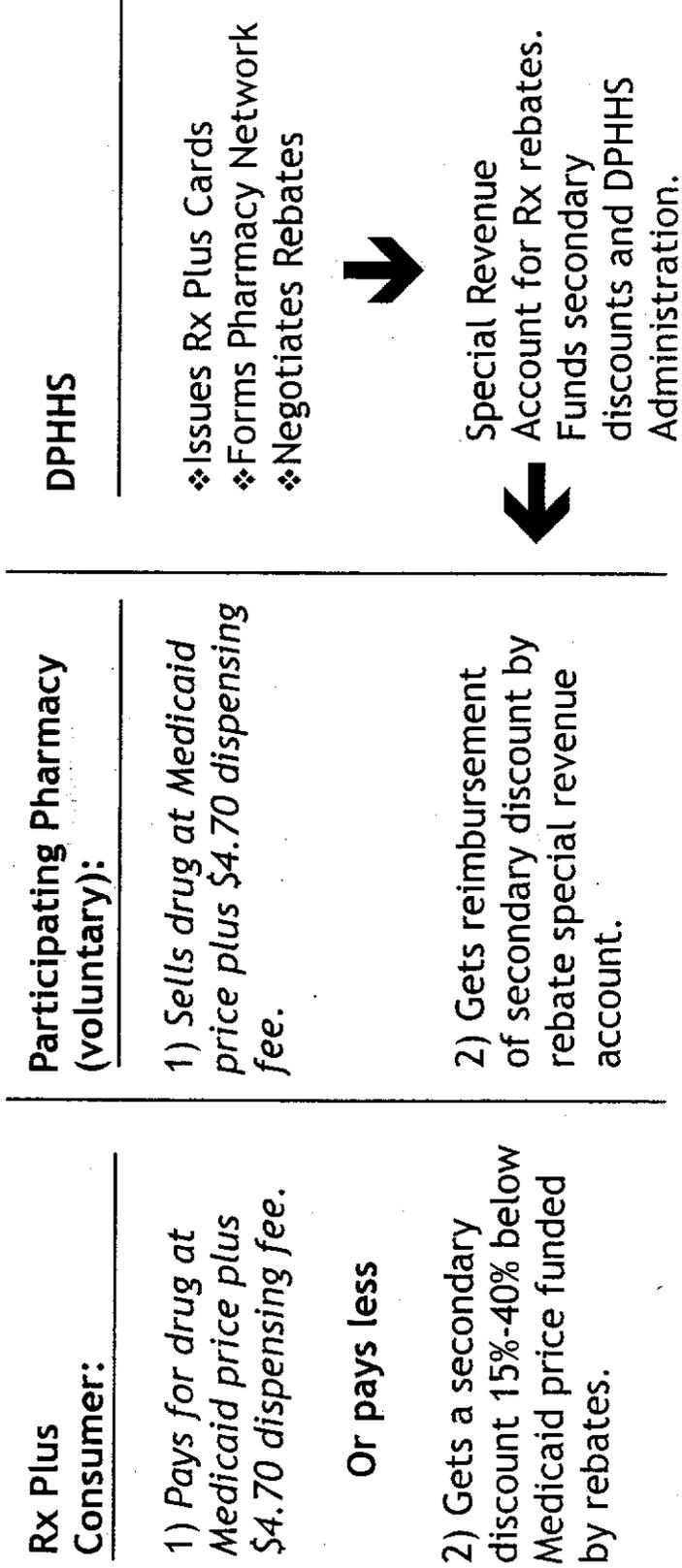




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[«previous page](#)URL: <http://www.aarp.org/or/Articles/a2004-05-10-or-affordabledrugs.html>

Online Tool Can Help You Find Effective and Affordable Rx Drugs

Thousands of Oregonians are using a powerful online tool to significantly lower their drug costs, and you can too.

Unbiased, scientific studies listed on the AARP Oregon Web site compare the safety and effectiveness of the most popular prescription drugs, allowing consumers to consult their physicians and pharmacists and then determine the best drug at the best price for them.

Madras, OR resident Jeanne Fifield is a prime example of how the Web site can help. Fifield, 72, cut her monthly drug bill by 62%, saving almost \$2 a day by using the information on the AARP Oregon Web site and then consulting her physician. She was taking Lipitor, a widely-advertised medication for high cholesterol.

Fifield heard about the AARP Oregon Web site, which offers a comparison of selected prescription drugs, and went online to check it out. There, she found several drugs similar to Lipitor. She then discussed the different drugs reviewed on the Web site with her doctor.

Fifield's goal? Find the safest, most effective and affordable prescription drug for high cholesterol. Her physician explained that Lovastatin would be just as effective as Lipitor.

By making this change, Fifield went from paying \$96 a month for prescription drugs to paying \$36 a month — a yearly savings of \$720.

Evidence-Based Research

The Oregon Health Resources Commission (HRC), a state-appointed panel of experts whose role is to encourage the rational and appropriate allocation and use of medical technology for the benefit of Oregonians, is taking action to help health care consumers and their providers make better, cost-effective decisions about medications.

Oregon was the first state to join a recently established national group of states to fund evidence-based research related to prescription drugs. The research evaluates scientific literature from around the world to see what it says about the relative effectiveness and safety of prescription drugs. This research is being done by skilled, independent health researchers at the Center for Evidence-Based Research at Oregon Health and Science University in Portland, Oregon.

The group is the first to evaluate scientific literature regarding the relative effectiveness and safety of comparable prescription drugs. This information can be used when you talk with your physician and pharmacist about selecting the medications that are right for you and lowering your monthly prescription

drug costs.

The nine drugs included in the review process to date are:

- High Cholesterol (Statins)
- Heartburn, Stomach Acid (Proton Pump Inhibitors)
- Chronic Pain (Long-Acting Opioids)
- Joint/Muscle Pain-Arthritis (Non-Steroidal Anti-Inflammatory)
- Muscle Spasms (Skeletal Muscle Relaxant)
- Type-2 Diabetes (Oral Hypoglycemic)
- Overactive Bladder (Urinary Incontinence)
- Menopausal Symptoms (Estrogen)
- Migraine Headaches (Triptan)

"The researchers found that the newest, highest-priced drugs were not necessarily the most effective," said Jerry Cohen, AARP State Director. "The research provides crucial information similar to a consumers' guide. We have consumer guides for televisions and toasters—why not drugs?"

Consumers are urged to:

1. **Read** the online research that AARP Oregon has made available in a consumer-friendly format.
2. **Compare** the prices of the different drugs at your pharmacy.
3. **Consult** with your physician to find the best drug at the best price for you.

Tell Us Your Story

Have you used the AARP Oregon Web site to assist in lowering the cost of your prescription drugs? Tell us about it — it will help others. Call toll-free 1-866-554-5360.

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MARKET WATCH

Illness And Injury As Contributors To Bankruptcy

Even universal coverage could leave many Americans vulnerable to bankruptcy unless such coverage was more comprehensive than many current policies.

by David U. Himmelstein, Elizabeth Warren, Deborah Thorne, and Steffie Woolhandler

ABSTRACT: In 2001, 1.458 million American families filed for bankruptcy. To investigate medical contributors to bankruptcy, we surveyed 1,771 personal bankruptcy filers in five federal courts and subsequently completed in-depth interviews with 931 of them. About half cited medical causes, which indicates that 1.9-2.2 million Americans (filers plus dependents) experienced medical bankruptcy. Among those whose illnesses led to bankruptcy, out-of-pocket costs averaged \$11,854 since the start of illness; 75.7 percent had insurance at the onset of illness. Medical debtors were 42 percent more likely than other debtors to experience lapses in coverage. Even middle-class insured families often fall prey to financial catastrophe when sick.

If the debtor be insolvent to serve creditors, let his body be cut in pieces on the third market day. It may be cut into more or fewer pieces with impunity. Or, if his creditors consent to it, let him be sold to foreigners beyond the Tiber.
—Twelve Tables, Table III, 6 (ca. 450 B.C.)

OUR BANKRUPTCY SYSTEM works differently from that of ancient Rome; creditors carve up the debtor's assets, not the debtor. Even so, bankruptcy leaves painful problems in its wake. It remains on credit reports for a decade, making everything from car insurance to house payments

more expensive.¹ Debtors' names are often published in the newspaper, and the fact of their bankruptcy may show up whenever someone tries to find them via the Internet. Potential employers who run routine credit checks (a common screening practice) will discover the bankruptcy, which can lead to embarrassment or, worse, the lost chance for a much-needed job.²

Personal bankruptcy is common. Nearly 1.5 million couples or individuals filed bankruptcy petitions in 2001, a 360 percent increase since 1980.³ Fragmentary data from the

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David Himmelstein (dhimmelstein@challiance.org) is an associate professor of medicine at Harvard Medical School and a primary care physician at Cambridge Hospital in Cambridge, Massachusetts. Elizabeth Warren is the Leo Gottlieb Professor of Law at Harvard Law School in Boston. She was chief adviser to the National Bankruptcy Review Commission. Deborah Thorne is an assistant professor in the Department of Sociology and Anthropology at Ohio University in Athens. Steffie Woolhandler is an associate professor of medicine at Harvard, where she codirects the General Medicine Faculty Development Fellowship Program. She practices primary care internal medicine at Cambridge Hospital.

2004 Federal Poverty Guidelines

EXHIBIT 3
 DATE 2.9.05
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| Family Size | 100% | 135% | 150% | 175% | 200% | 250% |
|---------------------|----------|----------|----------|----------|----------|----------|
| 1 | \$ 9,310 | \$12,568 | \$13,965 | \$16,293 | \$18,620 | \$23,275 |
| 2 | \$12,490 | \$16,861 | \$18,735 | \$21,858 | \$24,980 | \$31,225 |
| 3 | \$15,670 | \$21,154 | \$23,505 | \$27,423 | \$31,340 | \$39,175 |
| 4 | \$18,850 | \$25,447 | \$28,275 | \$32,988 | \$37,700 | \$47,125 |
| For each additional | \$3,180 | \$4,293 | \$4,770 | \$5,565 | \$6,360 | \$7,950 |