

## **Klan Parenthood has its hands in the public purse yet again....under the ruse of National Security!!! This also comes to the economic detriment of local community pharmacies.**

Planned Parenthood calls the [abortifacient] morning-after pill “emergency contraception”. Evidently we now have “contraception as an emergency” or at least that’s what Democrats who slipped a provision to help Planned Parenthood into the emergency war funding bill must think.

Today (Thursday, March 15th) the Appropriations Committee in the House of Representatives is scheduled to take up a Supplemental Appropriations bill to fund the War in Iraq. This funding is counted under the budget as an emergency. Into this emergency bill the democrats have slipped a favor for the abortion lobby: The bill text (which is not currently online, though hard copies are available to those on the Hill) has a provision on page 155 with a lot of cross references.

The report language (also not yet available online) accompanying the text explains what the cross references in Section 6003 do:

“The bill includes technical corrections to the Deficit Reduction Act (DRA) regarding Medicaid. These corrections: ... (5) clarify current law that planned parenthood clinics and certain university clinics can continue to receive nominal drug prices; ...” (emphasis added, lowercase in original).

This is a somewhat complicated policy provision dealing with how Medicaid reimburses certain drug coverage (more technical info below and clips from college papers explaining the university effect), but what is not complicated is that the Democrat Appropriations Committee, likely with the blessing of the Democrat Leadership, inserted a provision that will enable Planned Parenthood (the nation’s largest abortion provider) to get drugs at a discount, and named that group in the official report for the war funding bill. The good news for Planned Parenthood is that it will continue to get the morning-after pill, for example, at a discount so that it can turn around and give it to little girls, as young as 9-years old, for free or at reduced prices and all behind their parents’ backs... It’s not yet clear if this provision also applies to cheaper RU-486 pills.

Planned Parenthood’s Federal PAC gave \$1.2 million in 2006, the bulk of it to pro-abortion, democratic candidates (see: <http://images.nictusa.com/cgi-bin/fecimg/?C00314617>). Some might say that money was well spent with this beginning-of-the-session pay back...

It should be noted without the pro-life democrats no pro-life provisions would pass the House. Unfortunately for the pro-life democrats, an emergency bill to continue funding the troops written by the democrat majority just wouldn’t be complete without an “emergency” favor slipped in for the abortion lobby. Guess for some democrats the war on the unborn is never worth withdrawing from...

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(Emphasis added)

Supplemental Appropriations Bill Language Page 155-156

(1) IN GENERAL.---Section 1927(c)(1)(D) of the Social Security Act (42 U.S.C. 1396r-8(c)(1)(D)), as added by section 6001 (d) (2) of the Deficit Reduction Act of 2005, is amended-

(A) in clause (i)-

(i) by redesignating subclause (IV) as subclause (V); and

(ii) by inserting after subclause (III) the following new subclause:

"(IV) An entity-

"(aa) that-

"(U) is described in

section 501(c)(3) of the Internal Revenue Code of 1986 and exempt from tax

under section 501(a) of such Act or is State-owned or operated; and

"(BB) would be a covered entity described in section 340B(a)(4) of the Public Health Service Act insofar as the entity provides the same type of services to the same type of populations as a covered entity described in such

section provides, but does not receive funding under a provision of law referred to in such section; or "(bb) that is operated by a health center of an institution of higher education, the primary purpose of which is to provide health services to students attending the institution."; and

(B) by adding at the end the following new clause:

"(iv) RULE OF CONSTRUCTION.- Nothing in this subparagraph shall be construed to alter any existing statutory or regulatory prohibition on services with respect to an entity described in clause (i)(IV), including the prohibition set forth in section 1008 of the Public Health Service Act."

(2) EFFECTIVE DATE. – The amendment made by paragraph (1) shall take effect as if included in the amendment made by section 6001(d)(2) of the Deficit Reduction Act of 2005.

Report Language Section 6003.

The bill includes technical corrections to the Deficit Reduction Act (DRA) regarding Medicaid. These corrections: (1) clarify that children can still receive Early Periodic Screening Detection and Treatment (EPSDT) benefits under benchmark plans, as was current law prior to DRA; (s) ensure that individuals applying for Medicaid have the same reasonable time period to procure documentation of citizenship as is allowed under other programs like food stamps and clarify that children born in U.S. hospitals meet Medicaid's citizenship documentation requirement, regardless of the immigration status of the parent; (3) correct a reference to foster children included in the DRA; (4) require the Secretary publish a list of which Medicaid provisions are waived or altered when approving benchmark benefits packages under section 1937 of the DRA; (5) clarify current law that planned parenthood clinics and certain university clinics can continue to receive nominal drug prices; and (6) clarify that the Medicare disproportionate share computation does not affect Medicaid eligibility.

Deficit Reduction Act Provision 6001(d):

(d) EXCLUSION OF SALES AT A NOMINAL PRICE FROM DETERMINATION OF BEST PRICE. –

(1) MANUFACTURER REPORTING OF SALES. – Subsection (b)(3)(A)(iii) of such section is amended by inserting before the period at the end the following: “, and, for calendar quarters beginning on or after January 1, 2007 and only with respect to the information described in subclause (III), for covered outpatient drugs”.

(2) LIMITATION ON SALES AT A NOMINAL PRICE. – Subsection (c)(1) of such section is amended by adding at the end the following new subparagraph:

“(D) LIMITATION ON SALES AT A NOMINAL PRICE. –

“(i) IN GENERAL. – For purposes of subparagraph (C)(ii)(III) and subsection (b)(3)(A)(iii)(III), only sales by a manufacturer of covered outpatient drugs at nominal prices to the following shall be considered to be sales at a nominal price or merely nominal in amount:

“(I) A covered entity described in section 340B(a)(4) of the Public Health Service Act.

“(II) An intermediate care facility for the mentally retarded.

“(III) A State-owned or operated nursing facility.

“(IV) Any other facility or entity that the Secretary determines is a safety net provider to which sales of such drugs at a nominal price would be appropriate based on the factors described in clause (ii).

“(ii) FACTORS. – The factors described in this clause with respect to a facility or entity are the following:

“(I) The type of facility or entity.

“(II) The services provided by the facility or entity.

“(III) The patient population served by the facility or entity.

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[NOTE: because the provision applies to Planned Parenthood and clinics like them, and not just universities, the provision isn't just about college students, as teens and pre-teens (and adults) get contraception at these clinics, as well]

CQ TODAY

March 14, 2007 – 11:30 p.m.

War Funding? Check. Minimum Wage? Check. Contraception?

By Jonathan Allen, CQ Staff

Tucked into the \$124.1 billion Iraq supplemental spending bill is a provision that would wage war on the high cost of college students' birth-control pills, among other prescription drugs.

One of the bill's provisions would add university health centers and certain clinics that do not receive federal funding to a list of entities eligible for "nominal" pricing under Section 340b of the Public Health Service Act (PL 91-572).

The report accompanying the supplemental states that the new provision would "clarify current law" to ensure that "planned parenthood clinics and certain university clinics" qualify for the lower prices.

It was not immediately clear where the request for cost-control language in the supplemental originated.

But if college newspaper coverage is any guide, the clinics' lack of access to discounted birth-control pills has been a hot topic on campuses around the country.

It was because of an act of Congress — cost containment language in the Deficit Reduction Act of 2005 (PL 109-171) — that the price of contraception pills has gone up.

Source: CQ Today

Round-the-clock coverage of news from Capitol Hill.

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Pitt News

[http://www.pittnews.com/home/index.cfm?event=displayArticlePrinterFriendly&uStory\\_id=df4ef0a7-947b-4776-b6dd-db46210e9294](http://www.pittnews.com/home/index.cfm?event=displayArticlePrinterFriendly&uStory_id=df4ef0a7-947b-4776-b6dd-db46210e9294)

Prices up for birth control

ANGELA HAYES

Staff Writer

Posted: 1/25/07

Joseph Mance remembers a time when packets of birth control pills cost \$8 each.

Today he is trying to spread the word to his student clientele that prices have hiked up once again, this time to the \$40 range.

"I hate telling these kids, 'We're raising your pill price,'" he said with a troubled look. "It's like pulling a gun on them."

Every winter, Mance, chief pharmacist at Pitt's Student Health Service pharmacy, sees pharmaceutical companies raise the price of their products, causing patients to pay more out-of-pocket. Recently, student clinic prices of four popular contraceptive products - Ortho Tri-Cyclen Lo, Nuva Ring, OrthoEvra and Dessagin - have increased from about \$15 per pack to prices in the \$40 range.

The price increase took effect as a result of legislation that excludes student health clinics from receiving the discounts offered to other clinics, including family planning centers who serve the nation's most vulnerable patients, who generally have fixed incomes and little or no insurance. The Deficit Reduction Act of 2005, which was enacted in February 2006, limits which health care providers qualify to purchase drugs at "safety net" provider prices - which are 10 percent of average cost or less.

Pitt's Student Health pharmacy does not participate in the federal drug discount program known as the 340B drug discount program. Under this program, drug manufacturers must offer qualified entities, including some family planning clinics, deeply discounted prices on drugs. The Deficit Reduction Act limited which health care providers could receive low-cost drugs to entities that participate in the 340B program, as well as a few other government-funded programs. Therefore, Pitt's Student Health no longer qualifies to receive these low prices. Manufacturers can still sell drugs at low prices to clinics that do not participate in the 340B program, but doing so will lower their prices to other federal purchasers like Medicaid.

Gloria Vanderham, communications manager for Ortho Women's Health and Urology, said that the company does not have any control in deciding who qualifies for the low prices. Ortho notified ineligible clinics in November 2006 of the new legislation updates to make sure their clients had time to prepare. Since Mance received the letter that informed him of the price increase, he stocked up on the affected products at discounted price before Dec. 17 so he could sell them to students as long as he had the supply. He and his team have also been warning every patient that comes in to purchase any of the four products. He hopes that they haven't missed telling anyone. "We've tried to help people for 30 years here, but sometimes the situation is out of your hands," Mance said about the price increases. "We really struggle to be the least pricey."

He said that most students opt to pay for their products regardless of cost because student health pricing is still cheaper than alternative pharmacies like CVS, where product price ranges from \$28 to \$60 for uninsured patients. The cost of Ortho Tri Cyclen Lo is \$56.99 at CVS. Mance also suggests that patients consider switching to a generic brand of birth control, which would come cheaper.

But not all products have a generic counterpart, including Ortho Tri Cyclen Lo, and to some patients, messing around with their products is not an option. Every woman is slightly different in which birth control will work for her, said Jennifer Lockwood-Shabat, director of public policy for the National Family Planning and Reproductive Health Association. Products such as Ortho Tri-Cyclen Lo do not come in generic form.

"In some cases, this particular pill might be the one that works best for that individual," she said. Lockwood-Shabat has been working with members to try to remove the provision to the Deficit Reduction Act in hopes that they will allow clinics to go back to their discounted prices. "We're hopeful that with a Democratic change, we will be able to make some headway on this provision," she said.

Lon Newman, executive director for Family Planning Health Services, is also active in the fight for lower priced contraception. On Feb. 1, he will attend a drug pricing work group to discuss family planning issues to bring up in the NFPRHA board meeting on Feb. 2.

With NFPRHA, Newman is working towards getting two bills passed - The Unintended Pregnancy Prevention Act and the 340B Revision and Expansion Act. The first would make it easier for people to have access to the Medicaid family planning waiver program, which allows women ages 15 through 44 to receive free reproductive services, including contraceptive services and supplies. According to Newman, students in college would qualify for these free services.

Wisconsin, where Newman is public affairs chair for the Wisconsin Family Planning and Reproductive Association, is a major player in family planning. Wisconsin is one of 24 states that participate in the Medicaid family planning waiver.

"Wisconsin has so much vision," he said, referring to family planning service support from their state government. "You can do it in Pennsylvania, too," he said.

The second bill would make sure family planning and other clinics, including student health clinics, would have access to low price hormonal contraceptives.

"Someone has to start talking to people who understand how family planning works," he said.

Newman suggests that, in order to bring the Medicaid family planning waiver to Pennsylvania, students must get politicians "on board."

"I hate to say it, but it's all on you," he said.

Newman expressed a concern that young women often get forced to pay whatever necessary to receive contraception or any reproductive health service, while most young men don't carry such a burden.

"Most women don't get pregnant without someone from the other sex," Newman said with a laugh. "We don't believe in immaculate conception for all."

Jaime Sidani, health educator for Pitt's Student Health Services, acknowledges Newman's point and often suggests that women in relationships who are on birth control ask their partners to pay half of its cost.

"Any sexual decision should be a joint decision," she said.

Sidani offers 40 minute information sessions to students who need guidance in contraceptive decisions. She explains different methods and products available, their side effects and any other "trouble-shooting" issues. Sidani said she believes birth control use is a personal decision and urges sexually active students to use condoms. She said that for the women who do choose to use birth control, the pharmacy, and especially Mance, will do everything to accommodate them.

"He is really there for the students," she said.

To Mance, helping students is one of the greatest feelings in the world.

Until he runs out of his discounted supply, he will continue to encourage students to pursue his three step plan in cutting the monthly cost of contraceptives. With almost 30 years of experience at the student pharmacy, he can safely say that this is not the last time he will have to inform students of product price increases.

"You are better off loading up right now," he said. "Because nothing will be cheaper in the future."

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College of William and Mary

<http://www.flatatnews.com/news/298/as-congress-fights-deficits-birth-control-pill-prices-rise>

As Congress fights deficits, birth control pill prices rise

9 February 2007 | By Kara Starr, Flat Hat Staff Writer | The Flat Hat » news

The Deficit Reduction Act of 2005, a federal spending law that allocates drug prices, is causing an increase in the nominal – or minimum – cost of birth control.

The law also eliminates the group discount policy that allows many universities to purchase name-brand drugs for their campus pharmacies. Many family-planning and health organizations are outraged over the decision.

"We're definitely losing sleep over [the legislation]. It's very frustrating – there were already high deductibles because of the insurance companies and they're just getting higher," Advocacy Coordinator for Planned Parenthood Margie Rashti said. "Unfortunately, it makes us have to raise our prices."

The American College Health Association is now attempting to counter the price increases.

"I want the ACHA membership to know that we are pursuing several means in which we might lessen the impact that the DRA will have on your student health services," ACHA President Dorothy Kozlowski said in a letter sent to association members.

"We are actively engaging the support and expertise of the ACHA Advocacy Committee, which considers any legislation, regulation or policy development dealing with college students' access to reproductive health care ... This issue will also be a priority for the ACHA Board of Directors annual Capitol Hill visit in February 2007." Many groups who oppose the legislation are looking to Congress for change.

"[The increase] will definitely be a problem for quite a while. A lot depends on the Democrats in Congress and what they push. We support making birth control a part of basic health care that would be available to everyone. There's more of a chance for that with the Democrats in control," Rashti said.

At the College's health center, prices have remained fairly consistent. The pharmacy chooses to stock generic pills as opposed to their more expensive brand-name counterparts, allowing for a significantly lower cost to the consumer. Some of the pills offered are Tri-Sprintec, the generic form of Ortho Tri-Cyclen, and Aviane, the generic form of Alesse. All generic pills cost \$24 at the College pharmacy, whereas the name-brand costs would range from \$45-\$60 on a college campus.

"I don't foresee this law affecting students [at the College] because we will still be offering generic medications at a competitive price with CVS and other pharmacies," pharmacist Maureen Bounds said.

Generic versions of birth control do not equate a lower value because of a lower cost. It is more economical for the College to stock these drugs, and more convenient for students who are avoiding an expensive fee.

In her letter, Kozlowski "encouraged those who do not already do so to use generic contraceptives when possible as an alternative."

Planned Parenthood agrees, advocating generics as “just as effective, cheaper, and more available.” Although generic medicine costs will not rise, existing deals that the College pharmacy had with name-brand manufacturers will be terminated as a result of this law. The NuvaRing, which is now offered on campus for the low cost of \$20, will no longer be available. Also, Ortho Tri-Cyclen Lo, which is now sold for \$18 a month, will no longer be carried.

The pharmacy will recommend students to the local Planned Parenthood for these drugs. Planned Parenthood carries the NuvaRing for \$22 a month, a relatively low price compared to the average pharmacy’s cost of \$50 per month. However, this price will continue to rise with the new law.

The few name-brand pills offered at the College are more expensive. The cost of Plan B, also known as the “morning-after pill,” is \$35-50 and it is available over-the-counter to all females 18 years of age or older. Another name brand medication, Depo Provera, costs \$50 for the serum and the injection. Although it used to be quite popular, a recent study has shown that the drug may cause bone loss. Now the drug is only available by prescription, but its use has dropped significantly.