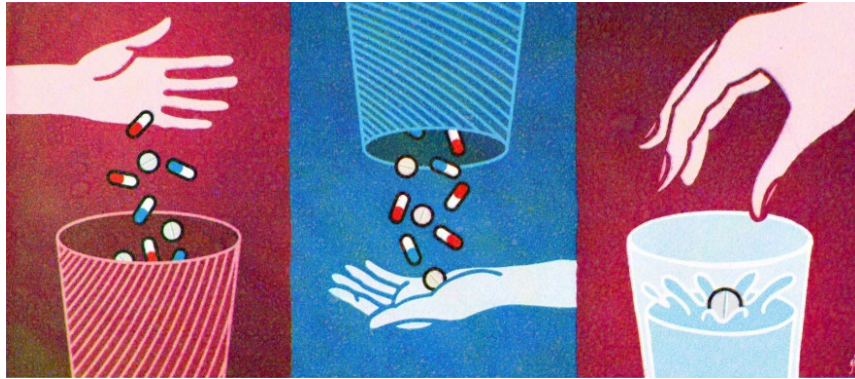




June 20, 2016



IS THIS THE PRESCRIPTION FOR AMERICA'S DRUG PROBLEM?

WHY YOU SHOULD CARE

Because this is about affordable medication and has nothing to do with the Affordable Care Act, for once.

When Cynthia Anderson lost her job after 23 years, she didn't know how she'd afford her husband's stroke medication. Paying cash was out of the question, she says as she rests her hand gently on his shoulder. Skyrocketing Bay Area rents had already forced the Andersons to move in with Cynthia's sister. Never mind the cost of her own medication for an old injury. Or the fact she suffers from major depression. Things were dire, and she was completely lost.

Then, a few months ago, she heard about SIRUM (Supporting Initiatives to Redistribute Unused Medicine), a nonprofit that matches unused prescription drugs with pharmacies and clinics that serve low-income patients. She showed up at Better Health Pharmacy in San Jose expecting to pay at least a small fee for her husband's medication. When she found out it was free, tears welled up in her eyes. "It was surreal," Anderson says. "I could finally sleep."

Some 35 million Americans don't take their medicine because they can't afford it, according to a 2015 study by the Commonwealth Fund, a New York-based foundation that works on the U.S. health system. For people with mental health issues, medication is often a fragile barrier between themselves and the ER or psych ward or county jail. Meanwhile, an estimated \$5 billion in unused prescription drugs are dumped into incinerators or trash dumps each year, or just down the drain — and into our soil and groundwater.

The solution may seem glaringly obvious in the era of Tinder, Etsy and other online brokers: Match

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surplus meds with needy patients. Yet until recently, only a handful of regional organizations did anything like it — the Iowa Prescription Drug Corporation, for instance, as well as programs in Tulsa, Ohio and New Hampshire solicit excess drugs from manufacturers and then distribute them to local patients in need. SIRUM takes a different tack, one focused on setting up a platform for exchange. Its web-based service connects the hospitals, pharma distributors and other donors to recipient clinics and pharmacies, letting the organization play Yente, in essence, to almost 150,000 “medical marriages” since 2011. So far, it’s connected about 220 facilities in 80 cities in California, Ohio, Oregon and Colorado, and it’s tripled in size over the past year. “It was almost horrifying,” says Kiah Williams, one of SIRUM’s founders, describing simultaneous medical waste and need. If we can recycle a soda can, she thought, why can’t we recycle a medication?

It’s all very Silicon Valley: Take something that’s not working, add software and presto! You’ve got a solution. The SIRUM founders did it the very Silicon Valley way too, bootstrapping nights and weekends before quitting their day jobs or dropping out of school. Williams was at the Clinton Foundation in New York, Adam Kircher was in his first semester at Harvard Business School and George Wang was a postdoc biologist at Stanford. Throw in a stint at Y Combinator, the prestigious startup accelerator and a social entrepreneur residency at Stanford’s Haas Center for Public Service, and you’ve got the secret sauce.

But that simple tale belies the fight for the right to recycle. Getting states to pass laws supporting reusing medication hasn’t been easy, like the seemingly commonsense campaign to allow restaurants to give leftover food to the homeless. As parts of the country struggle with an epidemic of opioid addiction, some worry that the drugs will get into the wrong hands. But in 2012, when California debated a law designed to expand donation and distribution legislation enacted in 2005, it wasn’t politicians on one side of the aisle that objected: Rs and Ds alike voted in favor of the bill. Instead, the California Board of Pharmacy “lobbied against the bill right up until the 12th hour,” says former State Senator Joe Simitian, who has worked on drug-recycling legislation for years. It wasn’t until SIRUM stepped up, he says, and went “gangbusters” that the bill went from a piece of paper to law. (The California Board of Pharmacy did not comment.)

Today, thanks in part to SIRUM’s efforts, some 40-plus states have laws that permit the creation of drug collection and redistribution programs. However, in most cases programs are notional; few have been created. Some allow only the recycling of cancer drugs; adding more prescription drugs to the roster is slow going. Painkillers and other opiates are still banned from the list, something Williams says remains an issue for those chronic-pain patients who can’t afford costly, daily medication. Critics say that the barrier to access cheap recycled meds is too low, since patients need only a prescription and an ID, and no income statement, to obtain recycled meds. The objection is often lobbed at socially minded services: Are well-off people gaming the system? Are they really in need? “That’s a risk we take for the better good,” says Jennifer Youn, assistant director of pharmacy services for Santa Clara county, which includes Silicon Valley.

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For Cynthia and her husband, that need was clear: Recycled meds made the difference between life and death. With such high demand and so many unused meds headed for medical incinerators, or worse, down toilets, one might hope that SIRUM and their counterparts launch the next big chain of pharmacies. But this time the customers would be low-income Americans.

San Francisco Chronicle

October 7, 2016

Pharmacy gives donated drugs to those in need

By Victoria Colliver

Macario Ortiz of San Jose discovered he had no health insurance coverage last week when he tried to refill his cholesterol-lowering medication.

The newly retired 66-year-old high school teacher, who has been a Kaiser member for 36 years, suspects he was erroneously dropped when he moved to Kaiser's Medicare policy. But he was frustrated to learn it would take 30 days for his coverage to be reinstated.

"I said, 'What am I going to do in the meantime? I'm completely out of meds,'" Ortiz said, recounting his conversation with a Kaiser representative. "They said, 'Well, we can't help

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Pharmacy dispenses donated drugs

you.’”

A Social Security worker referred Ortiz to Better Health Pharmacy, the first and still the only pharmacy in the state that exclusively distributes donated medicines. The pharmacy dispenses needed medications to any patient regardless of insurance status, with no payment due.

“As long as you have a valid prescription and I have medication in stock, we will fill it for you,” said Khanh Pham, lead pharmacist for the non-profit pharmacy, which accepts donated medications from health facilities and wholesalers, but not from individuals.

When Santa Clara County health officials opened Better Health in San Jose just over a year ago, they hoped to help chip away at more than \$100 million in unused, unexpired medications that get destroyed in California each year.

With the rising cost of prescription drugs, a growing number of patients, even those with health insurance, are having trouble getting or paying for their medications.

Huge price increases, such as last year’s 5,000 percent rise in a drug critical for some AIDS and cancer patients orchestrated by now-disgraced pharmaceutical investor Martin Shkreli or the more recent EpiPen crisis, have led to congressional inquiries and become presidential campaign fodder. Even as millions of Americans are struggling to afford the cost of their drugs, billions of dollars’ worth of drugs get incinerated by nursing homes and other health facilities, often because the patient who was prescribed the drug died or no longer needs those medications.

Accepting donated medication became legal in California through a law, authored by then-Sen. Joe Simitian, D-Palo Alto, and passed in 2005, that allows counties to recover surplus prescription drugs from nursing homes, pharmaceutical manufacturers and wholesalers and redistribute them to those who need them. In 2012, Simitian, who is now a Santa Clara County supervisor, expanded the supplier list and made it easier for counties to opt into the program.

San Mateo and Santa Clara counties became the first two counties to approve a drug donation program under the law. But, despite the law’s expansion, Better Health Pharmacy remains the only public pharmacy in the state dedicated to giving away donated drugs.

Over the past year, the pharmacy has filled more than 6,000 prescriptions, estimated conservatively to be worth at least \$200,000, for more than 1,200 patients, pharmacy officials said. Open just 16 hours a week, the pharmacy has increased staff and plans to be



Photos by Laura Morton / Special to The Chronicle

Macario Ortiz thanks the pharmacist after picking up his prescription at the Better Health Pharmacy in San Jose. The public pharmacy collects unused, unexpired medications from health facilities and gives them to any patient with a prescription.



Many drugs come to the pharmacy in bulk or blister packs and must be removed and repackaged before they are dispensed.

open full time as soon as next month.

While the concept makes a lot of sense, it takes a lot of work to make it happen.

“We need a lot of space. We need a lot of help. We need a lot of manpower. The dispensing is just half of the work,” Pham explained.

“There’s a lot of tedious and time-consuming processes that go into getting the drugs on the floor.”

Better Health Pharmacy relies on a small cadre of volunteers — retired pharmacists, pharmacy and college students, and even a high school senior — to do everything from catalog the medications to answer phones. Many of the drugs come in bulk or blister packs and have to be removed and repackaged before they are dispensed.

But it also takes a commitment on the part of local government. Santa Clara County

had to agree to implement the state law, and then it chipped in \$90,000 in one-time startup costs to renovate and convert an existing county facility into the pharmacy, said Jennifer Yoon, the pharmacy’s assistant director. Ongoing costs are modest, she said.

Better Health Pharmacy partners with Sirum, a non-profit founded by Stanford University students in 2009, to collect the bulk of its medications from noncounty facilities to supply to the pharmacy.

“Better Health Pharmacy is definitely a pioneer in this space, and we’re hoping it will serve as a national model,” said Kiah Williams, a co-founder of Sirum, which has provided more than \$7 million worth of drugs to patients since operations began in 2011.

California is not the only state to have passed drug donation laws. Twenty states have active repository pro-

Better Health Pharmacy

Who it serves: Anyone with a valid prescription who needs medications.

What it accepts: Unused, unexpired, unopened medications from health facilities, mainly skilled nursing homes. Donations from individuals are not accepted.

Unacceptable drugs: Controlled substances like Vicodin, Percocet and other narcotic pain relievers; Ritalin and other hyperactivity disorder drugs; anxiety medications including Valium and Ativan.

Location: 725 E. Santa Clara St., Suite 202, San Jose.

Hours: Mondays, Tuesday and Wednesdays: 4 to 8 p.m. Saturdays: 9 a.m. to 1 p.m.

Source: Santa Clara County Health Department

grams, according to the National Conference of State Legislatures. These are distinct from drug “take back” laws, which allow for proper drug disposal.

Another 18 states have enacted legislation but are not operating their programs due to a variety of reasons such as the lack of a central authority to operate and fund the program and the added work of running these repositories.

Sirum works with three other states: Ohio, Oregon and Colorado. Sirum runs its own charitable, free-standing pharmacy in Hillsboro, Ore., outside Portland.

Like most states, California’s law does not allow for reuse of “controlled substances” like narcotic pain medications.

Better Health Pharmacy also refuses drugs that have to be kept refrigerated because it cannot ensure they have been stored in proper conditions. While the pharmacy publishes an inventory of available drugs, it’s not always updated and some medications may not be in stock.

Henry Holguin, a sheet-metal worker who lives in San Jose, learned that when he tried to get two different blood pressure medications. The pharmacy had one in stock, but lacked the correct dosage of his second prescription.

Holguin, 54, said his employer offers health insurance, but it comes with too-high premium contributions, deductibles and co-payments. “Right now, we’re going through some tough times,” said Holguin, adding that his wife has become disabled. He purchased his second medication at a drugstore for about \$47.

Ortiz was in luck. The pharmacy had his medication in stock. He said he still had a stash of the other prescription drug he takes, a generic blood-pressure-lowering drug, but he’s not worried about running out. “Now I know where to go,” he said.

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POLITICO

October 29, 2020

Innovative Santa Clara County pilot program to provide three, common life-saving meds to insured residents who can't afford their copays

BY VICTORIA COLLIVER
10/29/2020 09:26 PM EDT

Santa Clara County will begin a pilot program next week that will provide three life-saving prescription drugs at no cost to residents with health insurance.

Under the six-month program beginning Monday, the county will cover the cost of insulin, asthma inhalers and epinephrine auto-injectors, or EpiPens, for 380 residents at risk of not being able to afford their medications.

Impact: The goal is to test the feasibility and impact of subsidizing these drugs, with an eye toward preventing more serious health problems that come with higher hospital costs.

Even with insurance, patients now may forego life-saving medications due to copayments averaging \$500 a month, said Santa Clara Supervisor Joe Simitian, who proposed the plan and serves as chairman of the county's Health and Hospital Committee. "These copays are a killer," he said. "Not just figuratively, but literally."

The details: The program costs about \$1 million for the six-month pilot. In one part, Santa Clara Valley Medical Center in San Jose will administer the program involving the three medications for 330 people enrolled in the county's Healthcare Access Program, which helps subsidize health costs for residents at county clinics and hospitals.

Santa Clara County's Better Health Pharmacy, the first and only pharmacy in the state dedicated to dispensing donated medications, will provide insulin to 50 residents at no cost as part of the second but related pilot.

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The program also allows patients in the county program to enroll in a medication therapy management pilot, which provides them with a pharmacist to help them adhere to their medication schedules, manage side effects and address other issues related to their prescriptions.

"The goal isn't just to save people money, the goal is to have better health outcomes with fewer folks showing up in the emergency department, fewer folks having bad health outcomes as result of rationing or cutting their medications in half," Simitian said.

The "missing middle": While other programs give uninsured people access to medications, Simitian said this approach is different because it focuses on what's often referred to in housing terms as the "missing middle," or those who don't make enough money to afford housing where they live and work.

The "missing middle" in health care, he said, are those with high-deductible insurance and unaffordable copayments. It's unclear how many residents in the relatively wealthy Silicon Valley county can't afford their medication copays, but nearly 400,000 people, or 20 percent, are estimated take one of the three medications.

Rep. Anna Eshoo (D-Calif.) said in a statement the county's pilot programs "will save lives, save families' budgets, and save taxpayer dollars." She serves as the chair of the House Energy and Commerce Health Subcommittee.

What's next: Simitian acknowledges that expanding the Santa Clara program to anyone in need could be a heavy financial lift, but he said the first step is to test the concept. "We've got a lot of work to do figuring out how to scale a program like this after it's proven itself," he said.

Once the pilot is completed, county staff will present their findings to the county's Health and Hospital Committee for follow up and consideration of how it could serve a greater number of residents. That report is expected back in 2021.

April 1, 2022

HEALTH CARE

Santa Clara County offers prescription drug cost reimbursement to chronically ill residents

MedAssist program aims to target the 'missing middle'

By Eli Walsh and Sue Dremann

Santa Clara County has begun offering financial support to residents with chronic illnesses who struggle to pay their prescription drug costs, county officials said Tuesday.

The program supports those who have illnesses like asthma, diabetes or severe allergies by partially or fully reimbursing the costs of insulin, inhalers and EpiPens.

The program, called MedAssist, was developed to help people who fall through the cracks and don't receive assistance from other programs to cover their high out-of-pocket costs for drugs that, if used consistently, can prevent hospitalizations and even death.

The out-of-pocket cost of some medications can be in the hundreds of dollars. A one-month supply of insulin 20 years ago, for example, cost about \$21; today, it's \$275, county Supervisor Joe Simitian, who spearheaded the effort, said.

The cost for one asthma inhaler has jumped more than 50% in

medications improves their health and the community's overall health outcomes," Nari Singh, director of pharmacy services at Santa Clara Valley Medical Center, said.

Program grants range from \$39 to \$350 monthly with an average grant of \$141.45.

"That means the average program participant saves in excess of \$1,500 a year," Simitian said.

The cost to the county would also be significantly lower by preventing severe illness through these medical preventative measures, the county said.

MedAssist is available to Santa Clara County residents ages 18 and older who use retail pharmacies like CVS and Walgreens, including individuals and families with middle incomes. Eligible residents who participate in the MedAssist program will receive a check each month to help them pay for their prescription costs, including those filled at retail pharmacies, according to the county.

A resident's annual income also must be below a certain threshold



File photo/Sammy Dallal

Santa Clara County's MedAssist program aims to help residents afford the cost of expensive prescription drugs.

which prevent severe, life-threatening allergic reactions.

The county initially started a MedAssist pilot program in 2020 and turned it into a permanent program during the 2021-2022 fiscal year.

MedAssist program applicants must be adults living in Santa Clara County, have a valid prescription for the relevant medications and meet the program's income requirements.

"Our goal is simple: keep people alive and well, affordably," Simitian said. "MedAssist can help make that happen."

Application information for the MedAssist program and income thresholds for various household sizes can be found at www.sevcmc.org.

Eli Walsh is a reporter for the Bay City News Foundation.