

**“Nightside with Dan Rea”
WBZ-AM (CBS Affiliate)
Sept. 29, 2009**

DAN REA, host:

We’re going to change our focus and go from one issue which--horrible violence, to which the solutions seem insoluble, although they should be easy--to an issue that I think is very obvious. This is an issue dealing with the cost of prescription drugs. And if--we’re not talking about over the counter drugs here, we’re talking about when you go to the doctor and they give you the prescription and you gotta go--and you gotta go and take whatever medicine the doctor prescribes, prescription drugs.

In the studio, State Representative Peter Koutoujian who is a member of the state legislature and represents Watertown, parts of Newton...

State Representative PETER J. KOUTOUJIAN (Democrat, Massachusetts): And Waltham.

REA: ...and Waltham. Thanks very much, Peter, for--for joining us tonight.

You were on the committee if I’m not mistaken--are you the House Chair?

State Rep. KOUTOUJIAN: I’m the House Chair of the Financial Services Committee.

REA: But the committee that’s dealing with this issue is which committee?

State Rep. KOUTOUJIAN: Health Care Finance.

REA: Health Care Finance?

State Rep. KOUTOUJIAN: That’s right.

REA: OK. Explain to us--because this one, to me, seems like it’s an absolute no brainer--why, of all the 50 states in the Union, Massachusetts, as I understand it, is the only state where when you purchase your prescription drugs at your pharmacy, or if you go to purchase your drugs (sic), even if you have a coupon that--that would be recognized in any of the 49 other states, it’s not recognized or accepted here in Massachusetts.

State Rep. KOUTOUJIAN: That’s right. It’s a no brainer in 49 other states, but we make it a brainer here in Massachusetts.

REA: So why? I mean, we think of ourselves as being a progressive state. And this is one where we’re be--we’re behind the 8 ball in terms of New York, California, as well as Mississippi and Alabama. Doesn’t make a lot of sense.

State Rep. KOUTOUJIAN: That’s right. When I was first filing this, we were one of like five or seven states. And then it got to be six, and five, and four and three. And now, we’re the very last. So it’s really a matter of principle.

It was some years ago, Dan, that Massachusetts applied a federal law prohibiting--prohibiting the use of rebates and discount coupons for programs by patients covered by federally funded health care programs, like Medicare, Medicaid and Medicare Part D, to commercially insured consumers. And it was largely to prohibit inducements for referrals and services by physicians.

REA: So is this only for Medicare and Medicaid patients?

State Rep. KOUTOUJIAN: No, no, no. But that was the original spirit of that.

REA: OK.

State Rep. KOUTOUJIAN: To sort of protect the people--sort of the health--I guess the insurance companies and the--the consumers from physicians referring based upon, you know, 'Well, you can save a few bucks. Get this drug,' even though it might be much more expensive. So it was really to save money for the entire health care system.

But it has now been utilized in a way that is really unfair to consumers, particularly in light of the fact that you consider every other state allows its own residents and consumers to take advantage of sometimes significant monies that are offered even throughout a year of treatment.

REA: So--so my Libertarian friends--and I have very many Libertarians that say this is a great example of government being the "Big Daddy," or "Big Momma" of gonna protect us from ourselves. I--I--I think that's probably, in this case, fairly accurate.

State Rep. KOUTOUJIAN: I think it's absolutely accurate. And to be quite honest with you, the insurance plans don't need to accept the coupons, and they can actually lay it out in their own sort of terms of--of their contract. They don't need to accept these things. So really, what we're doing is disallowing those insurance plans from offering the opportunity to take advantage of some of these monies offered by the manufacturers.

REA: So give me an example, if you can, of the person, if this law gets changed, the profile of the person who might benefit from the change of this law.

State Rep. KOUTOUJIAN: Most of these are--are chronic illnesses, you know. There--they're long-term and--and serious illnesses. They're--they're--they're asthma and diabetes, and many others. But you know, this has the support of a number of sort of these disease constituency groups, consumer groups: AIDS Action, Alzheimer's, Gastroenterology, American Lung Association, Arthritis Foundation, Epilepsy, mental illness, Multiple Sclerosis, Kidney, Psoriasis, and so many others. Because these, in many cases, they're very--they're chronic and they're very--extremely expensive to treat.

And when you start speaking about a tier two or three drug, these co-pays can really add up and be--and really cause a person to not maintain the--the medical treatment, because they are cutting their medication down, or they're not treating. And so the patient compliance is really a problem, thus costing our health care system more money in the long run.

REA: OK, I'm fairly lucky in terms of--my wife's company has a great health care plan. I'm covered by that. And the most that I end up paying on a prescription co-pay, for the most part, is ten bucks. But some of the folks who are dealing with these chronic illnesses are paying significantly more.

REA: They're significant. And particularly, when you think about in Massachusetts, we require everyone to have health care. And the Kaiser Foundation showed that tier two pays for, you know, preferred name--brand name drugs. They increased 3 percent from 2000 - 2008. And so, you know, that can range from \$30 to \$50, even sometimes a month that consumers are having to pay that they could actually save with the use of a rebate from the manufacturer.

REA: So--so again, we say it's a no brainer.

The--the drug companies make these coupons available. I mean, we all get coupons in the mail, you know. We think about, you know, you got a coupon the CVS. Come in and buy the CVS brand product at \$1 off.

Yeah, I got coupons today in the mail from, as I say, Target (pronounced Tar-jay). I think it's in your district if I'm not mistaken. Target Stores, buck off this, buck off that. I don't call it Target, it's Tar-jay to

my friends, OK? And we all understand the concept of--of coupons.

So the drug manufacturers make these coupons available, what's in it for them?

State Rep. KOUTOUJIAN: I don't really know. I think at one point there might have been. But now, since every state is offering it, I think it's a point of pride for them.

They really want people to be able to comply with sort of their disease treatment. They want to make sure that they're buying the medications and taking the medications as necessary. Because if not, it causes more problems for them. So I--

REA: So was it--you've got three or four companies offering the same drug, let's say, is there a concern that somehow, a company that's offering the least effective drug might offer the most effective coupon? Is that one of the arguments against it? I'm trying to come up with an argument against it.

State Rep. KOUTOUJIAN: I honestly can't. It's the final step in the process. And really, the physician and the insurance companies are the ones that decide which drug the patient is going to take. It's not like the patient says, 'This is the drug I want to take because I have a coupon.' It's the tail end of the process.

And--and at that point, if there is an ability for a rebate to be offered to this person, then they should be able to take advantage of it. And to be quite honest with you, Dan, many of these rebates are not just a one time thing, these are very expensive chronic diseases where they have extremely expensive pharmaceuticals they're taking, and they're taking them monthly. And many of these rebates are allowed to be considered month, after month after month, thereby saving sometimes thousands of dollars for a consumer.

REA: So--so these rebates are not the dollar coupon you get in the Sunday Globe for--you know--an extra jar of peanut butter. We're talking about coupons that could be \$25, \$30, \$40.

State Rep. KOUTOUJIAN: That's right.

REA: Big--big money...

State Rep. KOUTOUJIAN: Per month.

REA: ...per month.

State Rep. KOUTOUJIAN: Right.

REA: Multiply that over...

State Rep. KOUTOUJIAN. That's right.

REA: ...a 12-month period or over ten years or whatever it is, a significant amount of money.

So who's--the other question is who's hiding it? I mean hope--there's gotta be someone. If this isn't moving through the legislature, this is one I would think that my good friend and baseball teammate, Bob DeLeo, would gavel you guys in a session. 'Let's have a vote, Oh, here. Hey. Acclimation, let's move on.'

State Rep. KOUTOUJIAN: Well certainly I hope so, Dan. But that's a decision for him to make.

Listen, I think--I think, you know, I think that people simply don't understand it. And they might think, 'Well, the manufacturers are driving you to use their drug, which is more expensive.' Or they're using--they--they're using these to drive you away from generics and into a brand name drug,' which is simply not the case.

I mean, in Rhode Island, which passed it in 2003, there's a--it's also a heavy generic-using state. They found that the the--the use of generics actually increased after these manufacturers were able to offer coupons. So it simply doesn't make sense to me. And--and--I--I just can't understand the objections.

I know that the insurance plans themselves don't want to use these because they're afraid--they--they're just afraid it's going to drive up their costs. I've not seen that happen in any state to date.

REA: So the insurance companies are the guys here who, I'm assuming, through their lobbyists, are trying to do what every they can to raise concerns, raise doubts in the mind of legislators. It's not like there's some specific legislator here who has the poison pill that--we're not talking about bad legis--we're talking about maybe some lobbyists who have sprinkled some doubt into the minds of their state legislators.

State Rep. KOUTOUJIAN: Yeah, I think there's fear. We're al--you're always fearful when you come to serve health care costs.

REA: Change.

State Rep. KOUTOUJIAN: ...and you're dealing with this sort of pharmaceutical manufacturers. And the fact is, that even if this law were to become--if this were to become law, the insurance companies themselves don't need to accept the coupons. They can still refuse to accept the coupons. So if they're concerned about that, they can still control their own destiny.

REA: Boy, this certainly does sound like a no brainer.

My guest is State Representative Peter Koutoujian who represents all of Watertown?

State Rep. KOUTOUJIAN: No, about 1 percent of Waltham (sic), 3 percent in Newton, and about half of Waltham (sic).

REA: Oh. And--but also Watertown?

State Rep. KOUTOUJIAN: Yes, yeah.

REA: But you have Watertown in its entirety?

State Rep. KOUTOUJIAN: No, no, just one precinct in Watertown.

REA: Oh, just one?

State Rep. KOUTOUJIAN: Yes.

REA: OK. I identify you more--

State Rep. KOUTOUJIAN: Well, Armenian, Watertown. One might make that mistake, Dan. We all do it.

REA: Oh, my friendly Eurasian brothers over there. Absolutely no doubt about that.

State Rep. KOUTOUJIAN: Easter clothing, absolutely.

The number to Boston is 617-254-1030. My guest in studio is State Representative Peter Koutoujian. We're talking about a piece of legislation which has been brought to my attention which seems like a no brainer.

We are in the midst of this great health care debate in--in Washington, DC, where I think there are

interesting arguments on both sides. I don't see the argument on the other side here. If the big drug manufacturers are willing to offer coupons to help individuals, particularly who are dealing with chronic diseases, and with the expensive prescription drugs that they have to refill on a monthly basis, to deal with whatever condition. And Representative Koutoujian just read some of the terrible conditions that any and all of us at some point in our lives, might have to deal with.

Why would we be the only state? Look, I remember Massachusetts, the one and only. Don't blame us, we voted for McGovern. OK, there was a sense of pride there that Massachusetts marched to the beat of a little bit different drummer. Does--there's no reason why Massachusetts should be marching to the beat of a different drummer.

Give us a call. Let us know if you would like to see this piece of legislation passed. And if you have any questions about it, and if you happen to--if you can show me why the--what the problem is, give us a call as well, 617-254-1030.

This will mean real money in the pocket of real people: your neighbors, maybe you. Give us a call.

Be back. NIGHTSIDE WITH DAN REA, State Representative Peter Koutoujian, back right after this.

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(Commercial Break)

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REA: 617-254-1030's the number. My guest is State Representative Peter Koutoujian, represents several Western suburbs. We've gone over that already.

We're talking about a piece of legislation that seems to be an absolute no brainer. Why are we the only state in Massachusetts (sic)--the only state in the commonwealth (sic)--in America I should say, Commonwealth of Massachusetts which does not allow patients who have to get prescription drugs, sometimes very expensive prescription drugs, to avail themselves of coupons that the drug companies are willing to make available?

And we're trying to figure out who is out there and is--is--how many years you been filing this bill? Five or six?

State Rep. KOUTOUJIAN: Yeah.

REA: Five or six years? Well' we'll try to give it a little oxygen tonight.

And let's go right to the phones. Let's go to Kevin up in Malden.

Hey, Kevin. Thanks for starting us off here on this hour of NIGHTSIDE. Say hello to State Representative Peter Koutoujian.

KEVIN (Caller from Malden): Hey, State Representative--I'm sorry, is it Koutugi?

REA: Koutoujian.

KEVIN: Koutoujian.

REA: Yeah.

KEVIN: I'm sorry.

State Rep. KOUTOUJIAN: Hi, Kevin.

REA: Hey, how--I mean, Kevin--I mean, don't--you don't need to be sorry. He's the guy with the last name of Koutoujian. Think about it. I mean--go right ahead, Kevin. We're only kidding.

KEVIN: How are you, Dan?

REA: Great.

KEVIN: I've heard you for a number of years, and listen to you on TV.

You know, I'll pick up my voice. I know I tend to, you know, to mutter. But anyway--

REA: Got to get that energy level up here, right?

KEVIN: Yeah.

REA: Keep the energy level up.

KEVIN: I--I have--I had an experience that I thought I'd never have, you know.

I'm 32. I lost my sight when I was 15, but you know, it wasn't a big deal to me because, you know, it happened at an age where I think you easily adjust, you know, for me anyways. But I don't know. I think any time you're a teenager or young kid, it just doesn't really--it kind of--it's not really something that affects you.

You know, I was fortunate enough to go to Perkins where--

REA: How--how did you--by the way, Kevin, did you lose it spontaneously, or was it through an accident or anything?

KEVIN: Oh no. It was just hereditary. It's Lebers (sic). But I--I actually just lost my aunt about a week ago. Passed away. But just poor living, you know, smoking and stuff. But State Representative Koutu--

REA: Koutoujian.

KEVIN: Koutoujian, I'm sorry.

State Rep. KOUTOUJIAN: No problem.

KEVIN: You know, you represent Watertown, right?

State Rep. KOUTOUJIAN: That's right.

KEVIN: Fine school, Perkins School for the Blind where I went for--

REA: It's a great school, Kevin, yes.

State Rep. KOUTOUJIAN: Saw Steve Rothstein just this morning, Kevin.

KEVIN: Yeah.

State Rep. KOUTOUJIAN: Does a great job over there.

KEVIN: Everyone is wonderful. It's a wonderful place, isn't it? (Unintelligible-muffled, slurred speech) for anyone.

State Rep. KOUTOUJIAN: A beautiful place.

KEVIN: But any time you want to get away and would like to clear your head, it's a great place to go for anyone.

REA: OK, Kevin, let me get--what--what's your--what do you want to add to our conversation tonight?

KEVIN: OK, here I am. I--I have a disease that can't be cured. And it's not the blindness. I never saw the blindness as a problem cause I went to Perkins and I got independent living skills. But I was diagnosed with cancer two years ago, and melanoma. And so--it was a late diagnosis, so--but they took me at Dana and at Brigham. And they ended up having to take out quite a few lymph nodes, although they only started to spread to a couple. But they got in there right away after I went there from a referral.

But my problem is while I was there, the surgeon kept these JPs in too long. It could have been anyone. But I had developed cellulitis (unintelligible-muffled, slurred speech) which I'm not sure if anyone is familiar with. And--

REA: Kevin, I--Kevin, I don't want to be insensitive, OK.

KEVIN: OK. All right. All right. Here we go.

REA: Let me just--I'm not trying to be insensitive. And--and God knows, you have--you have done--you have been dealing with so many issues.

KEVIN: Well, it's a chronic disease I have.

REA: Right.

KEVIN: Lymphodema. Now, lymphodema is a wound disease, but it's also a compression disease, meaning you carry about 30 to 40 pounds of water, or your lymph nodes were taken out, whether they were taken out in your arms, your breast, or in your legs and stomach, in that manner, for me. So I'm carrying around--I was always like 160. Now, I'm about 220. So I'm like--and I--and now, they won't cover compression. They don't see it as a--you know--as something that is a--a necessity, which it is.

And I've had doctors write me so many scrips and see it as one of the biggest--

REA: So who won't--who won't cover this, Kevin?

KEVIN: Well, my doctor--my insurance.

REA: Your insurance.

KEVIN: My Mass Health, Medicare (inaudible).

REA: Well, unfor--unfortunately, on this one, Kevin, we're--we're--I think we're getting a little off issue here.

KEVIN: Well, I have something else, too. There--there's--there's wound medicine, like lazod (sp). I might not be pronouncing it right, but it covers up the wounds. And if I don't get the wounds covered up, I develop cellulitis again.

REA: Right. No. No, but what I'm saying--what I'm trying to get at, Kevin--and again, please bear with

me for one second--you have some issues here that maybe the insurance companies need to be prodded to look at.

And--and the question we're trying to deal with here is coupons that--that might be available from the--the drug companies for folks like yourself who, you know, need prescription drugs chronically. Are--does that affect you? Would that help you if these coupons were available?

KEVIN: I have--I have to pay \$125 a month out of my own poc--me and my wife have our own pockets--

REA: Yeah.

KEVIN: ...to buy this med. It's like a mud that goes over the wounds. And if it does--it only heels, it only stays for about a week, and I got eight wounds that are about--if I didn't patch them up, they're about four inches to three inches deep in the legs.

And then, on top of that, you have to tape them up with gauze. Well, gauze is fine, but I can't--I--I can get these--

REA: So--

KEVIN: I can get the scrips from the doctors, but I--there is no coupons out there for this, you know. And there never has been any talk of any coupons out there for this.

REA: Well--well again, Kevin, we don't have--I don't--certainly I don't think Representative Koutoujian has the expertise and some of the specific, you know, afflictions and diseases you're dealing with. And God knows, our heart goes out to you. We're trying to look at the bigger picture here.

How--how much do you spend every month on various types of prescriptions?

KEVIN: Wound care and things of that nature?

REA: No, on prescription drugs, Kevin. How much do you spend?

KEVIN: Prescription drugs and wound care, I'd say about close to \$320.

REA: So that's--that's 300--that's \$4,000 a year just on prescription drugs. And then--none of that--none of that is rebated to you? That's all out of pocket.

KEVIN: And then, there's something else that--I know you said that you didn't think it tied in, but it really does. Compression wear, which is not something that you can buy over the counter, it's something you have to get from Germany. And they go anywhere from \$1,000 to \$3,000. They go on your legs. They go on your arms, your chest. These are women that lose their breasts. There's a breast cancer (sic).

And they're only made there. And you cannot buy them here in the states.

REA: Well, Kevin, I think the importance of your phone call is to point out that, you know, someone like yourself whose dealt with a series of, you know, serious medical problems, the additional burden that you're carrying, not only the conditions that you have to deal with, which are incomprehensible to most people, including me.

And, you know, any of us who-who are, like me, feel sorry for yourself. You get up in the morning with a little sore throat, we gotta think about folks like you who need some assistance and need some help. And hopefully, his piece of legislation.

KEVIN: There's one--

REA: Well, Kevin, unfortunately I'm coming up on a break.

KEVIN: OK, one last thing I gotta point out, and it is very important. A lot of people that go in for cancer surgery come out with some sort of ailment. And that ailment sometimes is losing nodes if it's malignant.

And--and if you do, you usually have to have abiding (sic) care, like constant care for the rest of your life.

REA: OK, fair enough. Kevin, you've made great points. I appreciate it. Let us hope that somehow, some way, this piece of legislation can pass and that you, the burden that's upon you and your wife, medical burden, the cost burden, can be somehow alleviated by the coupons.

KEVIN: Hey, thank you for the time. I really do appreciate it.

REA: Thanks, Kevin.

KEVIN: Hey, everyone go out to Perkins when you get a chance.

REA: Sure will. Thanks, Kevin.

Peter, I guess that this is an example of someone who's dealing with a whole bunch of issues. And I think Kevin is a great example of someone who would benefit from this legislation.

State Rep. KOUTOUJIAN: You're right. Kevin is exactly that type of person, with multiple and chronic diseases, that he's paying a large portion out of pocket, his own.

Dan, what you have to remember is the number one cause of bankruptcies in the United States now are medical costs. And so you think about these people that are barely making it. They have a number of issues going on. And whether or not they can work and earn a healthy living and earn enough money. And then on top of that, they're being eaten away at by these--now, Kevin might be eligible. I don't know whether or not he is. But it also may be the fact that because we don't offer this opportunity in the state, that no one has reached out with--with--with some rebate opportunities for him on some of the medications that he may be taking.

REA: Let's take a quick break. We'll be back with more phone calls for Peter Koutoujian. 617-254-1030, NIGHTSIDE WITH DAN REA.

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(Commercial Break)

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REA: All right, let's go right back to the phones. My guest in studio, State Representative Peter Koutoujian.

Let's go to Bobby in LaSalle. Bobby, welcome. You're next on NIGHTSIDE.

BOBBY (Caller from LaSalle): Hey, guys. Hi.

REA: How are you?

BOBBY: Good.

REA: Say hi to State Representative Koutoujian, Bobby.

BOBBY: Hi, Peter.

State Rep. KOUTOUJIAN: Hi, Bobby.

BOBBY: That's a little earlier than the Koutoujian part.

REA: I thought you were old friends the way you sounded. (Inaudible-crosstalk)

State Rep. KOUTOUJIAN: Sounded very familiar there.

BOBBY: Oh, well, we--actually we've met.

State. Rep. KOUTOUJIAN: Oh, all right.

REA: What's your thought about all of this?

BOBBY: Well, actually, it's not just people with chronic diseases and--and chronic issues that have huge drug expenses. I actually have a family of four: myself, my husband, and two kids. And I actually had an experience with I needed to get an update for eye drops, you know. And I had been getting this eye drop at the seasonal thing for several years. And all of a sudden, you know, with a new health care plan, all of a sudden, you know, a tiny little bottle of eye drops, even being--being covered was \$50, you know. And that went up very dramatically. We started adding that into, you know, the cost of a kid's allergy medication and inhalers for somebody else with asthma.

And all of a sudden, things started to add up. And that particular eye drop, I discovered, had an online coupon. So I went and filled out all the information. And then discovered, 'Oh, wait a minute. I can't use this because I live in Massachusetts.' So, you know, there--

REA: You're exactly the sort of person that Representative Koutoujian's bill is intended to help.

The question is this though, that--that I have, Bobby. And again, they--you know--look. When things don't happen, there's a reason for it, just like when things happen, there's a reason for it.

I want to know, and--and I don't think if Peter knew, he would tell me. I want to know who is putting the pen in his legislation. It's a no brainer. Someone's out there. If I find out who's out there, I'll put the pen on them here in the radio.

BOBBY: Well, I actually do have kind of a--

REA: You're the suspect? You have a suspect?

BOBBY: I have a flipside to this.

REA: OK.

BOBBY: So once I discovered that I couldn't use this coupon, and I had a \$50 batch of eye drops, I started looking or options. So, you know, I went to the pharmacist. I said, "You know, this has been prescribed for me. Are there any other options?" And I got a different option, an over the counter eye drops which wasn't quote as good but it still solved a major problem.

And, you know, lo and behold, it cost \$11 a bottle, which is a lot closer to the \$10 co-pay I'd been paying previously.

So, you know, there is something to coupons that, you know, maybe they stopped you from doing a little

bit of comparison shopping.

REA: Well, one of our listeners has just sent me a Lipitor coupon available online, just exactly as you said. Lipitor, 33 Lipitor pills which, I guess, cholesterol pill, right? Or \$180 cash back. I mean, \$180, this particular person who sent this to us has directed me to the Web site. He's directed me to a couple of Web sites, is in Pennsylvania. So he can take advantage of these online coupons because he lives in Pennsylvania. But someone in Massachusetts--there's another one he just sent me here. Again, just as an example.

This is stuff online that people could--could go to their computer, enter Diovan (sic) Patient Savings Cards. I'm not sure what Diovan is, but say up to \$250. I guess it's also blood pressure medication. I'm not familiar with all of these medications. But that's a lot of money, Bobby.

BOBBY: Yeah. Oh, absolutely.

State Rep. KOUTOUJIAN: And I think, you know, it's important to note, I'm not--I'm--as I recall, Lipitor does not have a generic out there. So there's no sort of equivalent that you could go to. But I think Bobby raises a good point. The physicians themselves, then also, I guess, the insurance companies also have to watch where these monies are being spent. And if there's a less expensive and as good as alternative out there, that really should be the option in order to save health care costs.

This is not intended to drive people into something else. It is, in fact, hoping that consumers can save the money more directly

BOBBY: Yeah. I'm more than happy to go with an \$11 alternative than a \$50 alternative.

REA: Bobby, what town do you live in, and what community? You're on a cell phone. Where do you live?

BOBBY: I live in Lexington.

REA: Lexington, OK.

Peter Koutoujian, who would her state representative be?

State Rep. KOUTOUJIAN: That would be Jay Kaufman or Tom Stanley.

REA: All right.

BOBBY: But I work in Waltham, Peter.

State Rep. KOUTOUJIAN: That's me and Tom Stanley.

REA: All right. So you got to get on the phone tomorrow. The number, the main number at the State House where listeners can call.

State Rep. KOUTOUJIAN: 617-722-2000.

REA: 722-2000, and all you have to do is tell the operator where you live and they'll be able to direct you to your state representative and state senator.

BOBBY: Sounds good!

REA: Thanks very much, Bobby. Appreciate the call. Good night.

Let's go next to Michael in Quincy.

Hey, Michael. Welcome. You're next on NIGHTSIDE. Say hi to State Representative Peter Koutoujian.

MICHAEL (Caller from Quincy): Good evening, Representative Koutoujian, and you, too Dan.

State Rep. KOUTOUJIAN: Hi, Michael.

MICHAEL: Hi.

I guess, based on the people that have called in so far, I think maybe I'm the person that hits it most directly on the head. And that is that I'm a recent liver transplant patient. I had a liver transplant last month.

I'm on two immunosuppressant drugs, or anti rejection drugs, and I will be for the rest of my life. If I don't take these drugs I'll die.

The two drugs by the two companies that make them, the medications were prescribed by my surgeon. I've been on--I've been on them since the day after the transplant surgery. and when I got home from the hospital, in the mail I got coupon offers from both drug manufacturers that were offering upwards of \$100 a month for the first year. So get that--combined, that's \$2,400.

Each one of these drugs costs \$1,000 a month. I'm fortunate that I have a--

REA: So you're talking about \$24,000 a year for the cost of the drugs?

MICHAEL: That's right.

REA: And you would be able to save 10 percent.

MICHAEL: 10 percent, that's right.

REA: OK. Which--

MICHAEL: But let me go further and say that I'm fortunate that I have a--a generous health care plan through my employer. I'm currently out on disability until my doctor says that I'm healed enough to go back to work. Hopefully that's going to be in about another, oh month or so, six weeks 'cause I seem to be healing up pretty quickly.

REA: How old, if I could ask?

MICHAEL: I'm 59.

REA: 59.

MICHAEL: Yeah, I'm a young 59.

REA: And how are you feeling? I mean, how's--how's everything going? Pretty good?

MICHAEL: Pretty good. I had the surgery at the Leahy Clinic up in Burlington. They're one of the best places in the world.

I originally went through and consulted at a couple of different hospitals, and--and they were the ones that made me feel the most comfortable.

REA: Michael? Michael, let me just say this.

MICHAEL: Yeah.

REA: It's not a bad health system in America. And I don't want to make a political comment here...

MICHAEL: Oh, no, no, not at all.

REA: ...in front of my--my friend, Peter Koutoujian. But it's great that you're living in the Boston area where you have such access to great medical care, not only pre-surgery, but post-surgery as well, which is equally important.

MICHAEL: Absolutely. And--and through, you know, some--some great skilled hands, you know, that I'm here talking to you guys. I see the doctors, I used to be every week. Now, it's every two weeks. And--and theirs would be once a month. And then it'll be every three months. (Unintelligible-crosstalk)

REA: What you've got to do tomorrow--Michael, I know you're from Quincy. Your state senator is Mike Morrissey. I don't know who--

MICHAEL: I've already written them. I wrote--I sent you an email with the letter that I sent to Mike Morrissey, Steve Tolgren (sp), Ron Mariano, Bruce Ayres and Governor Patrick. The only ones that I head back from was Governor Patrick's office, who I got--I got an email from an aide, some sort of a constituent aide, saying that they passed it on to--my letter on to somebody with Health and Human Services.

And I have--

REA: Well, the problem is this. Here's the problem, Mike. WE got a lot of real complicated issues. And we talked earlier about our budget here in Massachusetts. So you got health care reform going on. This is the no brainer.

MICHAEL: Oh, absolutely!

REA: We are one of 50 states. If you lived in any the other 49 states, even states that we would not think of as enlightened as Massachusetts. And I'm not going to name Mississippi and Alabama.

MICHAEL: It's the ones down in the Southeast, yeah.

REA: Yeah, I'm not going to name any of those states, OK? You'd be--you'd be home free.

MICHAEL: Yes.

REA: Again, you got enough to worry about. Anything that could be done that's going to diminish your costs and expenses, your champion in this one's Peter Koutoujian. And help him out by continuing to put the pressure (sic). And have your neighbors put some pressure. Because I'll tell you--and I'm going to ask Peter this question, get him in on the conversation.

MICHAEL: Sure.

REA: How much of a difference does it make to you as a state representative, when you get, you know ten or eleven phone calls or letters on an issue? Not on something that say, you know, you stake out as an issue of principle, but on something that you maybe believe one way or the other. All of a sudden--and you realize your constituents are going in the other direction. Does it make a difference?

State Rep. KOUTOUJIAN: You know, Dan, yeah. You'll get sometimes, on issues that seem, you know, that they're not going to attract much attention. If you get five or ten, you notice it because, as you were saying, that's getting a lot more attention than I would have thought something like this issue would get. So even just a small number can make a difference.

And if--if Michael were to call those state representatives and--to be quite honest with you--a letter is something important, but it's that personal touch, maybe that phone call and Michael telling his very story, that it'll make all the difference in the world to make a believer out of any legislator that cares about their district.

MICHAEL: OK.

REA: Michael, appreciate the call so much. And best of luck, OK?

MICHAEL: Thank you very much. You, too.

REA: Many--hope you have many, many years of great health with that new liver.

MICHAEL: Well, the doctors tell me I--I was down to about a year or two. Now, I'm looking at maybe 20.

REA: Nothing wrong with that. We'll--

MICHAEL: Nothing wrong.

REA: Said you're how old? You're 52, did you say?

MICHAEL: No, 59.

REA: 59.

MICHAEL: 59, and my youngest daughter got married this past Saturday. So--

REA: Well, that's great. And if I was doing this talk show 20 years from now, which I won't, I want you to call back when you--on your 80th birthday, OK?

MICHAEL: Sounds great.

REA: Thanks, Michael. Good night.

MICHAEL: Thank you.

REA: 617-254-1030. Back with State Representative Peter Koutoujian right after this.

* * *

REA: Let's get right back to the phones. Try to get as many folks in as possible.

Joe down in Harwich on the cape. Joe, welcome. You're on NIGHTSIDE WITH DAN REA. State Representative Peter Koutoujian.

JOE (Caller from Harwich): Hey, Dan. How are you doing?

REA: Great, Joe.

JOE: And Representative Koutoujian.

State Rep. KOUTOUJIAN: Hi, Joe.

JOE: First of all, I want to commend you for supporting this bill. I--I think it's really important, because (unintelligible-crosstalk).

REA: He's doing more than supporting it, Joe. He's filed it.

JOE: Yeah. I mean, I--it's hard to believe that, you know, 49 states are wrong and Massachusetts is right. But I think more importantly, you know, we need to like just keep in mind is we have some of the best health care in the country in the Boston area, with the expertise and the knowledge that these physicians have, we need to--we really need to let them prescribe what they feel is the most appropriate medication for patients.

And there are checks and balances in place, and you know. There's a mandatory generic substitution law in place. So if there is a cheaper alternative, that will be dispensed. But if they feel as though, you know, a branded drug is the most appropriate, then who--who is the state to deny the patient the opportunity to save \$5, \$50 on a prescription that they could get elsewhere? And I'll just let you comment on that.

State Rep. KOUTOUJIAN: I agree. I think this is--too often, we get into the--the point of the state acting like people are children. 'We're going to tell you what's best for you.' It's a decision, really, between a--a physician, an insurance company and patient. And I--I just disagree with the fact that the government should be getting involved in saying, 'We don't trust you to make the right decision on behalf of your patient.'

REA: And where my concern is that there's some lobbyist up there who is putting the pen, or allowing someone to put the pen in legislation which is a no brainer, in my opinion. And--and you--Joe, you gotta get on--on the phone tomorrow, and I'm sure you probably have already, to your state rep., to your state senator, and let him know how you feel.

JOE: I will do that.

REA: Thanks, Joe. Appreciate the call.

JOE: Thanks, gentlemen.

REA: Thanks. Good night.

Let me go to Tamer. Tamer in Sharon. Tamer, have I pronounced your name correctly? Yes, correct.

TAMER (Caller Who's Also a Physician): I'm actually a practicing physician in (unintelligible-heavy accent) Massachusetts. I'm a diabetes specialist.

REA: Welcome.

TAMER: I just want to give you a little bit of a glimpse of what we go through on daily life, and the frustration that we deal with.

My typical diabetic (sic) have high blood pressure and high cholesterol. They are taking an average of two to three medications for the diabetes, two to three medicines for the blood pressure, one or two medicines for the cholesterol. And we didn't get to the rest of the other medical problem (sic). So we're talking about an average of six medications.

And unfortunately, generic medication doesn't get the job done in each one of those things. So at least half of those medication, if not the vast majority of it, are branded. So if you think about the co-pay that the patient has to pay, it's \$25 to \$30 per prescription. Multiply that by six, that's \$180 a month.

And you're probably familiar with the economy everywhere, and especially in the Fall River area, it's obviously not doing very well. So patients have to make a decision between paying the co-pay or--and settling for something that is not as effective. And at the end of the day, it doesn't actually help because most of the problem are not well controlled. And eventually, it will cost them more down the road because the complication (sic) is extremely high.

So I do not understand why, if we have the option, to make life much easier for the patient and for the physicians who are treating them? And at the end of the day, it's a much better quality of care? So I don't understand why, in Massachusetts, out of all the other states in the country, we have this ridiculous rule?

State Sen. KOUTOUJIAN: Dan, I've got to agree. Patient compliance is a real reason why we have increasing health care costs in this state. And--and Tamer makes a great point. The fact is that people, if--if--I mean, I've known seniors that have simply not been able to afford their medications. They'll take half the pill, or they won't get a prescription, or they'll get something that they think is an alternative medicine and they won't do what their doctor is asking them to do. And in the end, they do end up costing the state a great deal more money. And sometimes, in--in more--with these chronic conditions, they--they'll be visiting the emergency rooms, they'll be visiting their physicians much more. And patient compliance is a real reason why we need to allow people this relief.

REA: Tamer, I appreciate your call, particularly from your perspective as a physician. Unfortunately, we're flat out of time. And so gonna let you go. But please call--listen to NIGHTSIDE and call any time.

TAMER: Thank you very much.

REA: Thank you. We have a good quality audience here.

Peter Koutoujian, best of luck on this legislation. The number at the state house again: 722-...

State Rep. KOUTOUJIAN: 2000

REA: ...2000. Ask for your state representative. Let's get this thing done this year.

We will be back on the other--thanks very much, Peter, for coming in, particularly that late hour. We'll be back on the other side at 11:00.