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December 18, 2009

Senator Charles E. Grassley
United States Senator
Ranking Member of the Committee on Finance

Dear Senator Grassley:

The Leukemia & Lymphoma Society (LLS) is pleased to respond to your letter of inquiry dated December 7, 2009 regarding disclosure of industry funding from pharmaceutical, medical device, and insurance companies to medical groups. LLS does receive financial support from pharmaceutical and allied health industries. A full disclosure of this support for the period of 2006-2009 is reported in the attached document. The LLS fiscal year is from July 1- June 30, therefore, the attached tables include reporting for the period from July 1, 2005 – June, 30 2009.

The Leukemia & Lymphoma Society a 501 (c) 3 organization (Tax ID # 135644916) is the world's largest voluntary health organization dedicated to funding blood cancer research and providing education and patient services. The LLS mission is to cure leukemia, lymphoma, Hodgkin's disease and myeloma, and improve the quality of life of patients and their families. Since its founding in 1949, LLS has invested more than \$680 million in research specifically targeting leukemia, lymphoma and myeloma. Last year alone, LLS made 4.9 million contacts with patients, caregivers and healthcare professionals through services provided at its Home Office and 64 chapters in the United States and Canada.

LLS accepts funding from corporate donors, including pharmaceutical, medical device and insurance industries when it identifies companies that will provide unrestricted support for LLS programs, research or fundraising events. Total funding for the period from 2006-2009 was \$54.1 million, roughly 5% of the total LLS revenue for that period. A table detailing this funding is attached. In FY2009 (ending 6/30/09) LLS received a total of \$21.8 million from pharmaceutical, medical device and insurance industries. This amount represented 7.6% of the total LLS 2009 revenue of \$288 million. All funds are in the form of grant requests for educational programs, research and sponsorship for fundraising events. Proposals that are submitted from LLS are reviewed by the corporate grant committees at each company. LLS does not allow corporate donors to influence content, format or delivery of its educational and research programs, nor does it allow any input around the LLS national and local fundraising programs. Support for public policy programs is directed towards education and outreach campaigns that have been developed by LLS staff, free of influence from any corporate donor. This policy is directed by the National Office of The Leukemia & Lymphoma Society and is followed by all LLS chapter offices as well.

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In the area of support for individual researchers, The LLS Medical & Scientific Affairs Committee, composed of volunteer scientists and physicians, makes the determinations about which researchers will receive support. Industry donations can be directed towards a researcher to whom LLS has already awarded a grant. The corporate donor has no influence on the research award, nor, does it have influence on the LLS researcher who is named to the grant award. The LLS researcher who is supported by a pharmaceutical grant to LLS does not have any relationship with that company. LLS is awarding the funds to the researcher, not the pharmaceutical company. The pharmaceutical company is awarding funds to LLS to support a researcher that is identified by LLS. In some cases, the grant award from a pharmaceutical company does not cover the full cost of the research award to the individual researcher or team of researchers.

The LLS Therapy Acceleration Program (TAP) was launched in fiscal year 2008 to address some of the hurdles associated with blood cancer drug development. The program focuses on efforts that reduce investment risk and accelerate clinical progress. TAP contributes to an end-to-end solution for development of new blood cancer therapies, and is comprised of three innovative strategies to hasten progress: the Academic Concierge Division, the Biotechnology Accelerator Division and the Clinical Trials Division. The Academic Concierge Division identifies LLS-funded research grant projects that have near-term clinical promise and provides the funding and support needed to advance selected projects to the product stage. Through the Biotechnology Accelerator Division, LLS allies with companies to combine scientific and financial resources and accelerate the development of promising therapies for blood cancer patients. Biotechnology companies are the focus of this program because of their reputation for innovation and successful drug development. Historically, pharmaceutical companies have resisted developing blood cancer treatments because they are perceived as having less potential for high reward due to relatively small patient populations. The Biotechnology Accelerator Division funds only projects that are close to generating data on clinical efficacy in blood cancer patients. This ensures that the company will be able to gain additional resources to complete the testing, registration and marketing of new treatments for patients. In the Clinical Trials Division, LLS partners with one or more of the country's leading clinical trial centers to build the infrastructure for broader access to blood cancer clinical trials and significantly increase enrollment of adult cancer patients. Planned is a network of Phase I and II clinical trial sites that will use new strategies to increase patient enrollment, especially among under-represented populations.

Disclosure of pharmaceutical support to LLS is acknowledged in all educational programs and printed materials. Invitations & announcements to live and online programs that have been supported by grant funding from pharmaceutical, medical device and insurance industries acknowledge corporate support and recognition for each program. Sample invitations are attached along with educational publications that show how LLS discloses its corporate donors to the public. Disclosure of all corporate donors and funding levels is listed in the LLS Annual Report, which is distributed to LLS individual, corporate and foundation donors (copy attached). The LLS Annual Report is also available as a PDF document on the LLS Web site, as are all LLS educational programs and printed materials.

LLS has a Co-Pay Assistance Program that is funded entirely with monies from pharmaceutical companies. Total donations to this program from 2007-2009 is just over \$28 million. Patients who meet the income qualifications for the program (500% of the federal poverty level, can qualify for up to \$5,000 per year to subsidize their co-payments for pharmaceuticals, infusions, co-insurance or physician visits related to their treatment for a blood cancer. A copy of the program brochure is attached. For this program, a pharmaceutical company can restrict its support for a specific disease, but not for a specific product or method of administration (oral, infusion or injection). LLS requested an opinion letter from the Office of Inspector General (OIG) to begin this program three years ago. In this letter (attached) the OIG summarized its opinion by stating that LLS had developed a Co-Pay Assistance Program that provided "sufficient insulation so that the Requestor's (LLS) proposed subsidies should not be attributed to any of its donors." The opinion letter goes on to state the: "donors will not be guaranteed that any of their patients, clients, or customers will receive any financial assistance whatsoever from the Requestor (LLS)." For this reason, LLS has chosen to keep all donations to the Co-Pay Assistance Program as anonymous. Patients who apply for funding do not know the identity of corporate donors to the program. Likewise, corporate donors do not know the identity of any patients who receive support from the LLS Co-Pay Assistance Program. Donors to the program are not acknowledged on any printed or electronic materials related to the program. A separate chart for Co-Pay donations is attached that does **not** disclose the individual companies who have made donations to the program. In order to disclose this information, LLS will need to seek guidance from the OIG.

Below are the responses to your specific questions:

- 1. Please describe the policies for accepting industry funding and whether or not LLS allows companies to place restrictions or provide guidance on how funding will be spent.**

The Leukemia & Lymphoma applies for industry funding through grant requests to individual companies. LLS will only accept industry funding that is free of influence as to the content, format or delivery of programs, research, fundraising or public policy outreach. LLS determines all of the content, format and delivery for all of its educational, research, public policy and fundraising programs. This policy is directed by the National Office of The Leukemia & Lymphoma Society and is followed by all LLS chapter offices as well. A copy of a memo to LLS Chapters is attached, which further describes the policy.

- 2. If LLS allows companies to place restrictions on industry funding, then please explain all restrictions and/or guidance for each transfer of value from industry. For every transfer of value with a restriction, please provide the following information: year of transfer, name of company, and restriction placed on funding.**
LLS does not allow companies to place restrictions on industry funding. See above.

3. **Please explain what policies, if any that LLS plans to adopt to ensure transparency of funding in order to provide a greater public trust in the independence of its organization.**

LLS will continue its policy of disclosing corporate funding sources for all educational, research and fundraising programs. It will continue to identify corporate donors in its Annual Report by funding level. LLS will not disclose funding sources for its Co-Pay Assistance Program, unless it receives additional guidance from the Office of Inspector General.

4. **Please explain your policies on disclosure of outside income by your top executives and board members**

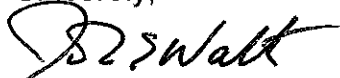
LLS Board and staff are required to file annual disclosures about conflict of interest. LLS does have three board members who are employed in the pharmaceutical industry. Consistent with the policy, these board members file annual disclosures about conflict of interest. To date, no conflicts have been registered.

5. **Please provide the disclosures of outside income filed with your organization by your top executives and board members.**

LLS Senior Staff are required to file annual disclosures about conflict of interest. To date, no conflicts have been registered.

We appreciate the opportunity to respond to this inquiry and look forward to answering any questions you may have about our response and supporting documentation. You may reach me directly at 914-821-8822 or via email at john.walter@lls.org.

Sincerely,



John E. Walter
President & CEO

JW:ahc

Attachments:

LLS Listing of Pharmaceutical, Medical Device and Industry Donations 2006-2009
LLS Listing of Pharmaceutical Donations to Co-Pay Assistance Program 2007-2009
Sample Invitation & Programs with disclosure of corporate donor
LLS Annual Report
Letter from Office of Inspector General regarding LLS Co-Pay Assistance Program.
LLS Chapter Memo regarding support from pharmaceutical companies
LLS update on Therapy Acceleration Program



DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of Inspector General

Washington, D.C. 20201

SEP 18 2006

John E. Walter
Executive Vice President and CFO
The Leukemia & Lymphoma Society, Inc.
1311 Mamaroneck Avenue
White Plains, NY 10605

Re: OIG Advisory Opinion No. 06-13

Dear Mr. Walter:

We are writing in response to your request for an advisory opinion regarding a nonprofit, tax-exempt, charitable organization's proposal to provide financially needy persons who have specific blood related cancers with grants to defray the costs of premiums and cost-sharing obligations under Medicare Part B, Medicare Part D, Medicare Supplementary Health Insurance, and Medicare Advantage (the "Proposed Arrangement"). Specifically, you have inquired whether the Proposed Arrangement would constitute grounds for sanctions under the civil monetary penalty provision prohibiting inducements to beneficiaries, section 1128A(a)(5) of the Social Security Act (the "Act"), or under the exclusion authority at section 1128(b)(7) of the Act or the civil monetary penalty provision at section 1128A(a)(7) of the Act, as those sections relate to the commission of acts described in section 1128B(b) of the Act, the anti-kickback statute.

You have certified that all of the information provided in your request, including all supplementary letters, is true and correct and constitutes a complete description of the relevant facts and agreements among the parties.

In issuing this opinion, we have relied solely on the facts and information presented to us. We have not undertaken an independent investigation of such information. This opinion is limited to the facts presented. If material facts have not been disclosed or have been misrepresented, this opinion is without force and effect.

Based on the facts certified in your request for an advisory opinion and supplemental submissions, we conclude that: (i) the Proposed Arrangement would not constitute grounds for the imposition of civil monetary penalties under section

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1128A(a)(5) of the Act; and (ii) while the Proposed Arrangement could potentially generate prohibited remuneration under the anti-kickback statute, if the requisite intent to induce or reward referrals of Federal health care program business were present, the Office of Inspector General ("OIG") would not impose administrative sanctions on The Leukemia & Lymphoma Society, Inc. under sections 1128(b)(7) or 1128A(a)(7) of the Act (as those sections relate to the commission of acts described in section 1128B(b) of the Act) in connection with the Proposed Arrangement. This opinion is limited to the Proposed Arrangement and, therefore, we express no opinion about any ancillary agreements or arrangements disclosed or referenced in your request letter or supplemental submissions.

This opinion may not be relied on by any persons other than The Leukemia & Lymphoma Society, Inc., the requestor of this opinion, and is further qualified as set out in Part IV below and in 42 C.F.R. Part 1008.

I. FACTUAL BACKGROUND

The Leukemia & Lymphoma Society, Inc. (the "Requestor") is a non-profit, tax-exempt charitable organization dedicated to funding blood cancer research, education, and patient services. It offers a comprehensive array of services to blood related cancer patients and their families, including educational programs, support groups, and financial aid. The Requestor has helped patients who demonstrate significant financial need by providing financial assistance to cover a portion of their medical costs.

Under the Proposed Arrangement, the Requestor intends to institute a cost-sharing and insurance premium payment assistance program. Through this program, the Requestor will offer financial assistance for premium and cost-sharing obligations to financially needy individuals with specific blood related cancers, including Medicare beneficiaries under Medicare Part B, Medicare Part D, Medicare Supplementary Health Insurance ("Medigap"), and Medicare Advantage. With respect to Medicare beneficiaries enrolled in a Part D plan, the financial assistance may include assistance with any premiums and cost-sharing obligations (including during any deductible, coverage gap and catastrophic coverage periods).

The Requestor will operate its program as follows. All prospective grant recipients will complete an application. The Requestor will process grant applications in order of receipt on a first-come, first-served basis, to the extent funding is available.

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The Requestor has established objective criteria for determining eligibility for assistance, which are based upon the applicant's medical condition and financial need. The financial need criteria will be based on certain national standards of indigence. Grants will be awarded pursuant to a sliding scale based on the Requestor's assessment of applicants' individual needs. The Requestor will provide financial assistance for a specific period of time (up to one year), after which a recipient may reapply. Recipients will be required to notify the Requestor if their financial circumstances change during the grant period.

In most cases, premium assistance grants will be made directly by the Requestor to the patient's insurance company. Cost-sharing grants will be paid directly by the Requestor to physicians, providers and suppliers of items and services (including drugs). In cases where the insurance company or provider will not accept third-party payment, grants will be made payable to the patient, upon proof that the patient incurred costs.

Potential applicants will learn about the Requestor's programs from a variety of sources, including physicians, health care providers, patient advocacy groups, pharmaceutical manufacturers, the Requestor, and others. The Requestor will assess patient applications and make grant determinations without regard to: (i) the interests of any donor (or any donor affiliates); (ii) the applicant's choice of product, provider, practitioner, supplier, or insurance company; or (iii) the identity of the referring person or organization, including whether the referring person or organization is a donor. The Requestor also has certified that grant determinations will be made without regard to the amount of contributions made by any pharmaceutical company donor whose services or products are used or may be used by the patient.

Applicants will be under the care of a physician with a treatment regimen in place at the time of application. The Requestor has certified that its staff will not refer applicants to, recommend, or arrange for the use of any particular product, practitioner, provider, supplier, or plan. Patients will have complete freedom of choice regarding their products, practitioners, providers, suppliers, insurance companies, and treatment regimens. The Requestor will notify all grant recipients that they are free at any time to switch products, practitioners, providers, or suppliers without affecting their continued eligibility for financial assistance. The Requestor will also notify them that they are free to switch insurance plans when permitted by the Medicare program, without affecting their eligibility for assistance from the Requestor.

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Nearly all of the Requestor's funding for the Proposed Arrangement will be provided by manufacturers of drugs used to treat the blood related cancers that are covered by the Requestor's programs, and by suppliers of the types of services used by patients that the Requestor assists. The remainder of the Requestor's funding is (and will continue to be) provided by individual donors, corporations, and foundations. All donations will be either cash or cash equivalents. Donors may change or discontinue their contributions to the Requestor at any time. Donors may provide unrestricted donations. Alternatively, donors may earmark their contributions for the support of patients within a specific disease category; however, donations must be unrestricted within that disease category. No donor or affiliate of any donor (including, without limitation, any employee, agent, officer, shareholder, or contractor (including, without limitation, any wholesaler, distributor, or pharmacy benefits manager)) will exert any direct or indirect influence or control over the Requestor or any of the Requestor's programs.

Upon request, donors will be informed monthly of the aggregate number of applicants for assistance in particular disease categories and the aggregate number of patients qualifying for assistance in the disease category. No individual patient information will be conveyed to donors. The Requestor has certified that reports to donors will not contain any information that would enable a donor to correlate the amount or frequency of its donations with the number or medical condition of patients who use its products or services, or the volume of those products or services. Patients will not be informed of the identity of specific donors. Neither patients nor donors will be informed of the donations made to the Requestor by others, although, as required by Internal Revenue Service regulations, the Requestor's annual report and list of donors will be publicly available upon request.

The Requestor has certified that: (i) it will define its disease categories in accordance with widely recognized clinical standards and in a manner that covers a broad spectrum of available products;¹ and (ii) its disease categories will not be defined by reference to specific symptoms, severity of symptoms, or the method of administration of drugs. The Requestor has further certified that no donor or

¹ In rare circumstances, where there may be only one drug covered by Part D for the disease in a particular category or only one pharmaceutical manufacturer (including its affiliates) that makes all of the Part D covered drugs for the diseases in a particular category, the Requestor will use its best efforts to cover additional products and manufacturers as they become available.

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affiliate of any donor (including, without limitation, any employee, agent, officer, shareholder, or contractor (including, without limitation, any wholesaler, distributor, or pharmacy benefits manager)) will directly or indirectly influence the identification or delineation of the disease category.

II. LEGAL ANALYSIS

A. Law

Section 1128A(a)(5) of the Act provides for the imposition of civil monetary penalties against any person who gives something of value ("remuneration") to a Medicare or Medicaid program beneficiary that the benefactor knows, or should know, is likely to influence the beneficiary's selection of a particular provider, practitioner, or supplier of any item or service for which payment may be made, in whole or in part, by Medicare or Medicaid. The OIG may also initiate administrative proceedings to exclude such party from the Federal health care programs. Section 1128A(i)(6) of the Act defines "remuneration" for purposes of section 1128A(a)(5) as including "the waiver of coinsurance and deductible amounts (or any part thereof) and transfers of items or services for free or for other than fair market value."

The anti-kickback statute makes it a criminal offense knowingly and willfully to offer, pay, solicit, or receive any remuneration to induce or reward referrals of items or services reimbursable by a Federal health care program. See section 1128B(b) of the Act. Where remuneration is paid purposefully to induce or reward referrals of items or services payable by a Federal health care program, the anti-kickback statute is violated. By its terms, the statute ascribes criminal liability to parties on both sides of an impermissible "kickback" transaction. For purposes of the anti-kickback statute, "remuneration" includes the transfer of anything of value, directly or indirectly, overtly or covertly, in cash or in kind. The statute has been interpreted to cover any arrangement where one purpose of the remuneration was to obtain money for the referral of services or to induce further referrals. United States v. Kats, 871 F.2d 105 (9th Cir. 1989); United States v. Greber, 760 F.2d 68 (3d Cir.), cert. denied, 474 U.S. 988 (1985). Violation of the statute constitutes a felony punishable by a maximum fine of \$25,000, imprisonment up to five years, or both. Conviction will also lead to automatic exclusion from Federal health care programs, including Medicare and Medicaid. Where a party commits an act described in section 1128B(b) of the Act, the OIG may initiate administrative proceedings to impose civil monetary penalties on such party under section 1128A(a)(7) of the Act. The OIG may also

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initiate administrative proceedings to exclude such party from the Federal health care programs under section 1128(b)(7) of the Act.

B. Analysis

Two remunerative aspects of the Proposed Arrangement require scrutiny under section 1128A(a)(5) of the Act and the anti-kickback statute: the donor contributions to the Requestor and the Requestor's grants to patients. We address them in turn.

1. Donor Contributions to the Requestor

Long-standing OIG guidance makes clear that industry stakeholders can effectively contribute to the health care safety net for financially needy Medicare beneficiaries by contributing to independent, *bona fide* charitable assistance programs. Under a properly structured program, such donations should raise few, if any, concerns about improper beneficiary inducements.

In the instant case, the Requestor's particular design and administration of the Proposed Arrangement will interpose an independent, *bona fide* charitable organization between donors and patients in a manner that effectively insulates beneficiary decision-making from information attributing the funding of their benefit to any donor. Thus, it appears unlikely that donor contributions would influence any Medicare beneficiary's selection of a particular provider, practitioner, supplier, or product, or the selection of any particular insurance plan. Similarly, there would appear to be a minimal risk that donor contributions would improperly influence referrals by the Requestor. We reach this conclusion based on the combination of the following factors.

First, no donor or affiliate of any donor exerts direct or indirect control over the Requestor or its programs. The Requestor is an independent, nonprofit, tax-exempt charitable organization that will have absolute, independent, and autonomous discretion as to the use of donor contributions.

Second, the Requestor awards assistance in a truly independent manner that severs any link between donors and beneficiaries. The Requestor will make all financial eligibility determinations using its own objective criteria. Applications will be considered on a first-come, first-served basis, to the extent of available funding. Before applying for financial assistance, each patient will have selected his or her health care provider, practitioner, or supplier and will have a treatment regimen in

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place. While receiving the Requestor's financial assistance, all patients will remain free to change their health care providers, practitioners, suppliers, or products. Patients will also remain free to change insurance plans. The Requestor will not refer any patient to any donor or to any provider, practitioner, supplier, product or plan.

Third, the Requestor awards assistance without regard to any donor's interests and without regard to the applicant's choice of product, provider, practitioner, supplier, or insurance plan. When determining patient eligibility for the Proposed Arrangement, the Requestor will not take into account the identity of any provider, practitioner, supplier of items or services, or drug or other product the patient may use; the identity of any referring person or organization; or the amount of any contributions made by a donor whose services or products are used or may be used by the patient. The Requestor also will not take into account the identity of the insurer or insurance plan selected by the patient.

Fourth, based on the Requestor's certifications, the Requestor will provide assistance based upon a reasonable, verifiable, and uniform measure of financial need that will be applied in a consistent manner.

Fifth, the Requestor will not provide donors with any data that would facilitate the donor in correlating the amount or frequency of its donations with the amount or frequency of the use of its products or services. No individual patient information will be conveyed to any donor, nor will any data related to the identity, amount, or nature of products or services subsidized under the Proposed Arrangement. Some aggregate data may be provided to donors as a courtesy, but will be limited to aggregate numbers of applicants and aggregate numbers of qualifying patients in specific disease categories. Patients will not receive any information regarding donors, and donors will not receive any information regarding other donors, except that the Requestor's annual report may be publicly available, as required by the IRS. In the instant case, we believe these safeguards appropriately minimize the potential risk otherwise presented by reporting donor and patient data to donors and patients.

Finally, the fact that the Requestor will permit donors to earmark donations for particular disease categories should not, on the facts presented, significantly raise the risk of abuse. In this case, the Requestor has certified that no donor or affiliate of any donor (including, without limitation, any employee, agent, officer, shareholder, or contractor (including, without limitation, any wholesaler, distributor, or pharmacy benefits manager)) will directly or indirectly influence the

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identification of the disease categories. Moreover, to ensure that the Requestor's disease categories are appropriately defined, the Requestor has further certified that: (i) it will define its disease categories in accordance with widely recognized clinical standards and in a manner that covers a broad spectrum of available products; and (ii) its disease categories will not be defined by reference to specific symptoms, severity of symptoms, or the method of administration of drugs. In these circumstances, it is unlikely that the earmarking will result in the Proposed Arrangement serving as a disguised conduit for financial assistance from a donor to patients using its products.

In sum, the Requestor's interposition as an independent charitable organization between donors and patients and the design and administration of the Proposed Arrangement provide sufficient insulation so that the Requestor's proposed subsidies should not be attributed to any of its donors. Donors will not be assured that the amount of financial assistance their patients, clients, or customers receive will bear any relationship to the amount of their donations. Indeed, donors will not be guaranteed that any of their patients, clients, or customers will receive any financial assistance whatsoever from the Requestor. In these circumstances, we do not believe that the contributions made by donors to the Requestor can reasonably be construed as payments to eligible beneficiaries of the Medicare program or to the Requestor to arrange for referrals.²

2. The Requestor's Grants to Medicare Beneficiaries

In the circumstances presented by the Proposed Arrangement, the Requestor's subsidy, in whole or in part, of Medicare premiums and cost-sharing obligations for certain eligible, financially needy Medicare beneficiaries is not likely to influence improperly any beneficiary's selection of a particular provider, practitioner, supplier, or product.

First, the Requestor will assist all eligible, financially needy patients on a first-come, first-served basis, to the extent funding is available. Patients will not be eligible for assistance unless they meet the Requestor's financial need eligibility

² This conclusion is consistent with the OIG's November 2005 Special Advisory Bulletin on Patient Assistance Programs for Medicare Part D Enrollees (70 Fed. Reg. 70623; November 22, 2005), in which the OIG made it clear that, in the circumstances described in the Bulletin, cost-sharing subsidies provided by *bona fide*, independent charities unaffiliated with donors should not raise anti-kickback concerns, even if the charities receive charitable contributions from those donors.

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criteria. In all cases, the patient will already be under the care of a physician with a treatment regimen in place at the time of application. The Requestor will make no referrals or recommendations regarding specific providers, practitioners, suppliers, products, or plans. Patients will not be informed of the identity of donors.

Second, the Requestor's determination of an applicant's financial qualification for assistance will be based solely on his or her financial need, without considering the identity of any of his or her health care providers, practitioners, suppliers, products, or insurance plan; the identity of any referring party; or the identity of any donor that may have contributed for the support of the applicant's condition. The Requestor will provide assistance based upon a reasonable, verifiable, and uniform measure of financial need that will be applied in a consistent manner. The Requestor will notify all patients that they are free at any time to switch providers, practitioners, suppliers, or products without affecting their continued eligibility for financial assistance. The Requestor will also notify them that they are free to switch insurance plans when permitted by the Medicare program, without affecting their eligibility for assistance.

Third, the Requestor's subsidies for the patient populations it serves will expand, rather than limit, beneficiaries' freedom of choice. Patients will have already selected a provider, practitioner, or supplier of items or services – and drugs or other products will likely have been prescribed for the patient – prior to his or her application for the Requestor's financial assistance. Most importantly, once in possession of Medicare Part B, Medicare Part D, Medigap, or Medicare Advantage coverage, a beneficiary will be able to select any provider, practitioner, or supplier of items or services (and have any product prescribed or ordered), regardless of whether that provider, practitioner, or supplier (or product manufacturer) has made contributions to the Requestor's support programs (subject to plan network and formulary restrictions).

Finally, the Requestor's own interest as a charitable, tax-exempt entity that must maximize use of its scarce resources to fulfill its charitable mission ensures that the Requestor will have a significant incentive to monitor utilization so as to keep subsidies to a minimum.

In light of all of the foregoing considerations, we would not subject the Requestor to administrative sanctions in connection with the Proposed Arrangement under sections 1128A(a)(5), 1128A(a)(7), or 1128B(7) of the Act.

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III. CONCLUSION

Based on the facts certified in your request for an advisory opinion and supplemental submissions, we conclude that: (i) the Proposed Arrangement would not constitute grounds for the imposition of civil monetary penalties under section 1128A(a)(5) of the Act; and (ii) while the Proposed Arrangement could potentially generate prohibited remuneration under the anti-kickback statute, if the requisite intent to induce or reward referrals of Federal health care program business were present, the OIG would not impose administrative sanctions on the Requestor under sections 1128(b)(7) or 1128A(a)(7) of the Act (as those sections relate to the commission of acts described in section 1128B(b) of the Act) in connection with the Proposed Arrangement. This opinion is limited to the Proposed Arrangement and, therefore, we express no opinion about any ancillary agreements or arrangements disclosed or referenced in your request letter or supplemental submissions.

IV. LIMITATIONS

The limitations applicable to this opinion include the following:

- This advisory opinion is issued only to The Leukemia & Lymphoma Society, Inc., the requestor of this opinion. This advisory opinion has no application to, and cannot be relied upon by, any other individual or entity.
- This advisory opinion may not be introduced into evidence in any matter involving an entity or individual that is not a requestor of this opinion.
- This advisory opinion is applicable only to the statutory provisions specifically noted above. No opinion is expressed or implied herein with respect to the application of any other Federal, state, or local statute, rule, regulation, ordinance, or other law that may be applicable to the Proposed Arrangement, including, without limitation, the physician self-referral law, section 1877 of the Act.
- This advisory opinion will not bind or obligate any agency other than the U.S. Department of Health and Human Services.

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- This advisory opinion is limited in scope to the specific arrangement described in this letter and has no applicability to other arrangements, even those which appear similar in nature or scope.
- No opinion is expressed herein regarding the liability of any party under the False Claims Act or other legal authorities for any improper billing, claims submission, cost reporting, or related conduct.

This opinion is also subject to any additional limitations set forth at 42 C.F.R. Part 1008.

The OIG will not proceed against the Requestor with respect to any action that is part of the Proposed Arrangement taken in good faith reliance upon this advisory opinion, as long as all of the material facts have been fully, completely, and accurately presented, and the Proposed Arrangement in practice comports with the information provided. The OIG reserves the right to reconsider the questions and issues raised in this advisory opinion and, where the public interest requires, to rescind, modify, or terminate this opinion. In the event that this advisory opinion is modified or terminated, the OIG will not proceed against the Requestor with respect to any action taken in good faith reliance upon this advisory opinion, where all of the relevant facts were fully, completely, and accurately presented and where such action was promptly discontinued upon notification of the modification or termination of this advisory opinion. An advisory opinion may be rescinded only if the relevant and material facts have not been fully, completely, and accurately disclosed to the OIG.

Sincerely,



Lewis Morris
Chief Counsel to the Inspector General

**The Leukemia & Lymphoma Society
National Pharmaceutical Funding FY2006 - FY2010**

FY2006 7/1/05 - 6/30/06				
Company	Program	Dept	Amount Awarded	<u>Award Date</u>
Amgen Inc.	Older Adult Chapter Programs	Patient Services	\$211,000	August-05
Amgen Inc.	Transplant Booklet & Teleconference	Patient Services	\$155,000	November-05
Amgen Inc.	Older Adult, Patient Aid, Journey of Hope, Team in Training	Patient Services & Fundraising	\$200,000	October-05
Amgen Inc.	Mission Day	Public Policy	\$15,000	February-06
Berlex	Journey of Hope Research Awards Dinner 05	Fundraising	\$5,000	July-05
Bristol-Myers Squibb	CML Online Patient Education	Patient Services	\$125,000	July-05
Bristol-Myers Squibb	CML Patient Education	Patient Services	\$448,200	July-05
Bristol-Myers Squibb	Family Support Group Facilitators Training Conference	Patient Services	\$20,000	July-05
Bristol-Myers Squibb	2005	Donor Development	\$25,000	September-05
Bristol-Myers Squibb	06	Donor Development	\$25,000	March-06
Bristol-Myers Squibb	Clinical Trials Chapter Patient Education, AOSW	Patient Services	\$245,000	April-06
Bristol-Myers Squibb	Post ASCO Teleconference	Patient Services	\$200,000	May-06
Bristol-Myers Squibb	CML Global	Patient Services	\$794,000	June-06
Bristol-Myers Squibb	Light The Night Sponsorship - Canada	Fundraising	\$50,000	June-06
Celgene	05	Donor Development	\$25,000	September-05
Celgene	MDS Booklet	Patient Services	\$65,000	August-05
Celgene	MDS Teleconference	Patient Services	\$50,000	October-05
Celgene	Myeloma Teleconference	Patient Services	\$75,000	September-05
Celgene	Exploring Myeloma Teleconference	Patient Services	\$120,000	March-06
Celgene	Myeloma Teleconference Series	Patient Services	\$80,000	March-06
Celgene	MDS-Myeloma Teleconferences	Patient Services	\$130,000	June-06
Celgene	06	Fundraising	\$25,000	June-06
Cephalon	AML Booklet & Teleconference	Patient Services	\$120,000	December-05
Genentech	General Program Support	Fundraising	\$400	September-05
Genentech	Insights - NHL	Patient Services	\$970,000	January-06
Genentech	Light The Night National Sponsorship	Fundraising	\$63,000	January-06
Genta	CLL Teleconference-Web cast	Patient Services	\$200,000	May-06
Genitope	Vaccine Therapy Fact Sheet	Patient Services	\$20,000	August-05
GlaxoSmithKline	Journey of Hope Research Awards Dinner 05	Donor Development	\$10,000	October-05
GlaxoSmithKline	NHL Web cast	Patient Services	\$180,000	July-05
Merck	Mission Day	Public Policy	\$20,000	February-06
Millennium	Journey of Hope Research Awards Dinner 05	Donor Development	\$10,000	July-05
Millennium	Family Support Group Facilitators Training Conference	Patient Services	\$30,000	November-05
Novartis	ALL Low Literacy Booklet	Patient Services	\$65,000	July-05
Novartis	CML Nursing Education	Patient Services	\$449,400	September-05
Novartis	CML Links Teleconference-Web cast	Patient Services	\$445,000	October-05
Novartis	Mission Day	Patient Services	\$10,000	February-06
Pfizer	Information Resource Center Brochure	Patient Services	\$10,000	March-06
Pharmion	MDS Teleconference	Patient Services	\$50,000	July-05
Epsilon	Journey of Hope Research Awards Dinner 05	Donor Development	\$12,500	August-05
Infocision	Journey of Hope Research Awards Dinner 05	Donor Development	\$10,000	August-05

Total Awarded FY06			\$5,763,500	
FY2007 7/1/06 - 6/30/07				
Company	Program	Dept	Amount Awarded	Award Date
Abbott Laboratories	Family Support Group Facilitators Training Conference	Patient Services	\$10,000	December-06
Amgen Inc.	Understanding Transplants Booklet	Patient Services	\$70,000	December-06
Amgen Inc.	Breaking the Age Barrier Teleconference	Patient Services	\$100,000	December-06
Amgen Inc.	Understanding Drug Therapies Booklet	Patient Services	\$70,000	December-06
Amgen Inc.	TNT - Greater LA Chapter	Fundraising	\$25,000	December-06
Amgen Inc.	Journey of Hope Research Awards Dinner 06	Donor Development	\$25,000	October-06
Biogen Idec	CLL Teleconference co-sponsorship	Patient Services	\$50,000	June-07
Biogen Idec	CLL Booklet	Patient Services	\$70,000	February-07
Bristol-Myers Squibb	CML Monitoring Booklet	Patient Services	\$100,000	June-07
Bristol-Myers Squibb	CML Global	Patient Services	\$630,000	December-06
Bristol-Myers Squibb	Clinical Trials Web cast	Patient Services	\$200,000	December-06
Bristol-Myers Squibb	Family Support Group Facilitators Training Conference	Patient Services	\$25,000	December-06
Bristol-Myers Squibb	Patient Navigation	Patient Services	\$150,000	December-06
Bristol-Myers Squibb	Post ASCO CML Teleconference	Patient Services	\$80,000	December-06
Bristol-Myers Squibb	Light The Night National Presenting Sponsor	Fundraising	\$250,000	December-06
Bristol-Myers Squibb	Light The Night National Sponsor - Canada	Fundraising	\$40,000	February-07
Bristol-Myers Squibb	CML Virtual Home	Patient Services	\$100,000	December-06
Celgene	Myeloma-MDS	Patient Services	\$175,000	April-07
Cephalon	CLL Teleconference co-sponsorship	Patient Services	\$50,000	June-07
Cephalon	Journey of Hope Research Awards Dinner 06	Donor Development	\$25,000	August-06
Cephalon	AML Teleconference	Patient Services	\$80,000	January-07
Cephalon	Links & Newslane online Newsletters	Marketing	\$50,000	January-07
Genentech	Meet the Experts - NHL Teleconference	Patient Services	\$175,000	March-07
Genentech	Patient Navigation	Patient Services	\$100,000	March-07
Genentech	Journey of Hope Research Awards Dinner 06	Donor Development	\$10,000	September-06
Genentech	NHL Teleconference Series	Patient Services	\$575,000	February-07
Genentech	NHL Hispanic Outreach	Patient Services	\$80,000	February-07
Genentech	Light The Night National Sponsor	Fundraising	\$100,000	February-07
Genta	Journey of Hope Research Awards Dinner 06	Donor Development	\$10,000	September-06
GlaxoSmithKline	Journey of Hope Research Awards Dinner 06	Donor Development	\$15,000	October-06
GlaxoSmithKline	NHL Teleconference	Patient Services	\$80,000	November-06
Infocision	Journey of Hope Research Awards Dinner 06	Donor Development	\$10,000	September-06
Millennium	Exploring Myeloma Teleconference	Patient Services	\$60,000	April-07
Millennium	Myeloma Links Teleconference Series	Patient Services	\$200,000	December-06
Millennium	Family Support Group Facilitators Training Conference	Patient Services	\$25,000	September-06
Millennium	Journey of Hope Research Awards Dinner 06	Donor Development	\$10,000	July-06
Millennium	Mantle Cell Lymphoma Teleconference	Patient Services	\$80,000	October-06
Millennium	Mantle Cell Lymphoma Fact Sheet	Patient Services	\$25,000	December-06
Millennium	Myeloma Guide Booklet	Patient Services	\$60,000	December-06
Novartis	CML Teleconference Series	Patient Services	\$310,935	May-07
Novartis	Chapter Patient Education Programs	Patient Services	\$100,000	May-07

Novartis	CML Programs	Patient Services	\$835,000	August-06
Novartis	CML Booklet	Patient Services	\$70,000	September-06
Novartis	Chapter Patient Education Programs	Patient Services	\$75,000	November-06
Novartis	Myeloma Booklet	Patient Services	\$70,000	November-06
Novartis	CML Post ASH Web Cast	Patient Services	\$207,000	November-06
Pharmion	MDS Programs & Light The Night Support	Patient Services & Fundraising	\$50,000	July-06
Total Awarded FY07			\$5,707,935	
FY2008 7/1/07-6/30/08				
Company	Program	Dept	Amount Awarded	Award Date
Abbott Laboratories	Family Support Group Facilitators Training	Patient Services	\$25,000	September-07
AmgenMed	Understanding Blood Cell counts Booklet	Patient Services	\$90,000	May-08
AmgenMed	Breaking the Age Barrier Nat'l Chap. Prog.	Patient Services	\$10,000	May-08
Biogen Idec	NHL Journey/Targeted Therapies	Patient Services	\$135,000	July-07
Biogen Idec	CLL Teleconference Series w/newsletters	Patient Services	\$125,000	Dec-07, March-08
Bristol-Myers Squibb	CML Global	Patient Services	\$205,770	April-08
Bristol-Myers Squibb	Post ASCO Teleconference-2008	Patient Services	\$50,000	Jan & April-2008
Bristol-Myers Squibb	CML Personal Journey-2008 Update	Patient Services	\$50,000	Jan & April-2008
Bristol-Myers Squibb	Monitoring booklet and on-line tool	Patient Services	\$50,000	Jan & April-2008
Bristol-Myers Squibb	LTN Nat'l Sponsorship	Fundraising	\$125,000	Jan & April-2008
CDC	Patient Services Programs	Patient Services	\$424,299	September-07
Celgene	Myeloma Links Teleconference Series	Patient Services	\$200,000	May-08
Celgene	New Directions in Myeloma Teleconference	Patient Services	\$100,000	November-36
Celgene	TNT 20th Anniversary Celebration	Fundraising	\$50,000	December-07
Celgene	Myeloma/MDS/Journey of Hope	Patient Services & Donor Development	\$175,000	September-07
Celgene	ACP Program	Patient Services	\$264,000	December-07
Celgene	Advances in Clinical Trials Web cast & Teleconference	Patient Services	\$240,000	January-08
Celgene	Mantel Cell Lymphoma Teleconference	Patient Services	\$100,000	January-08
Cephalon	AML Teleconference Series	Patient Services	\$125,000	February-08
Cephalon	AML Educational Booklets	Patient Services	\$170,000	October-07
Cephalon	Links & Newslite Online newsletters	Marketing	\$50,000	September-07
Cephalon	AML Teleconference Series	Patient Services	\$100,000	September-07
Cephalon	CLL Teleconference Series w/newsletters	Patient Services	\$125,000	February-08
Eli Lilly	My Personal Clinical Trials Journey	Patient Services	\$70,000	Dec-07, Apr-08
Eli Lilly	Journey of Hope Research Awards Dinner 07	Donor Development	\$15,000	September-07
Enzon	ALL Educational Booklet	Patient Services	\$85,000	December-07
Genentech	Insights Series 2008-2009	Patient Services	\$600,000	April-08
Genentech	NHL Journey on-line program, 2nd in series	Patient Services	\$100,000	March-08
Genentech	Patient Navigation	Patient Services	\$100,000	March-08
Genentech	Lymphoma Booklets	Patient Services	\$130,000	March-08
Genentech	Light The Night Nat'l Sponsor	Fundraising	\$100,000	March-08
Genzyme	Post ASH Chapter Leukemia Ed Program	Patient Services	\$25,000	January-08
Genzyme	AML Teleconference Series	Patient Services	\$100,000	January-08
GSK	My Personal Clinical Trials Journey	Patient Services	\$50,000	April-08
GSK	Mission Day	Public Policy	\$10,000	March-08
MGI Pharma	AML Teleconference Series	Patient Services	\$75,000	April-08
Millennium	ASH Satellite Symposium	Patient Services	\$62,500	June-08
Millennium	Career Development Scholar-	Research	\$25,000	March-08
Millennium	Outlook on Myeloma Teleconference Series	Patient Services	\$100,000	February-08

Millennium	Mantel Cell Lymphoma Teleconference	Patient Services	\$200,000	February-08
Millennium	Paving the Way Chapter Program	Patient Services	\$100,000	July-07
Millennium	Journey of Hope Research Awards Dinner 07	Donor Dev	\$100,000	July-07
Millennium	Family Support Group Facilitators Training Conference	Patient Services	\$10,000	January-08
Novartis	Journey of Hope Research Awards Dinner 07	Donor Dev	\$25,000	August-07
Novartis	TNT 20th Anniversary Celebration	Marketing	\$50,000	September-07
Novartis	CML Therapy Webcast Program	Patient Services	\$207,585	October-07
Novartis	Chapter Patient Education Programs	Patient Services	\$75,050	November-07
Novartis	Family Support Group Facilitators Training Conference	Patient Services	\$25,000	November-07
Novartis	Patient Navigation Chapter Program	Patient Services	\$113,375	November-07
Novartis	CML Links Teleconference Series	Patient Services	\$345,000	March-08
Novartis	Patient Navigation	Patient Services	\$156,015	March-08
Novartis	CML Post ASH Webcast & Teleconference	Patient Services	\$282,100	May-08
Novartis	Chapter Patient Education Programs	Patient Services	\$150,000	June-08
Pharmion	MDS Teleconference	Patient Services	\$50,000	July-07
Pharmion	MDS Educational Booklet	Patient Services	\$85,000	January-08
Pharmion	MDS Personal Journey Interactive Web Page	Patient Services	\$140,000	January-08
Regence BCBS	Welcome Back - Pacific Northwest	Patient Services	\$100,000	January-08
TOTAL AWARDS FY2008			\$6,850,694	
FY2009 7/1/08-6/30/09				
Company	Program	Dept	Amount Awarded	Award Date
Allos Therapeutics	CTCL Patient Education Teleconference	Patient Services	\$50,000	May-09
Allos Therapeutics	LLS Newslne & Links e-newsletters	Marketing	\$50,000	March-09
Abbott	Family Support Group Facilitators Training Conference	Patient Services	\$25,000	September-08
Biogen Idec,	CLL Personal Journey	Patient Services	\$80,000	August-08
Bristol-Myers Squibb	The Road to New Discoveries	Patient Services	\$62,500	February & April -09
Bristol-Myers Squibb	Leukemia Online Support Groups	Patient Services	\$25,000	February-09
Bristol-Myers Squibb	Light The Night Nat'l Sponsorship	Marketing	\$62,500	February & April -09
Bristol-Myers Squibb	Journey of Hope Research Awards Dinner 08	Donor Development	\$15,000	July-08
Bristol-Myers Squibb	Light The Night Nat'l Sponsor	Fundraising	\$125,000	September-08
Bristol-Myers Squibb	Post ASCO Teleconference-2008	Patient Services	\$50,000	September-08
Bristol-Myers Squibb	CML Personal Journey-2008 Update	Patient Services	\$50,000	September-08
Bristol-Myers Squibb	Monitoring booklet and on-line	Patient Services	\$50,000	July & September-08
Bristol-Myers Squibb	ASCO Donation Booth	Fundraising	\$10,000	December-08
Celgene	New Dev. in Immunotherapy for FSS ASH	Patient Services	\$50,000	May-09
Celgene	Milestones in Myeloma Therapy Chap. Prog.	Patient Services	\$100,000	May-09
Celgene	Myeloma Teleconf series w/newsletters	Patient Services	\$100,000	May-09
Celgene	Patient Aid Appeal	Patient Services	\$150,000	April-09
Celgene	TrialCheck	Patient Services	\$50,000	April-09
Celgene	Advances in Clinical Trials Teleconference	Patient Services	\$75,000	April-09
Celgene	Mantle Cell Lymphoma Teleconference	Patient Services	\$75,000	March-09
Celgene	ACP Satellite Symposium April 21-25, 2009	Patient Services	\$133,500	February-09
Celgene	MDS Teleconference	Patient Services	\$125,000	November-08

Celgene	Anemia - Clues to a Cancer Diagnosis	Patient Services	\$133,500	September-08
Celgene	Journey of Hope Research Awards Dinner 08	Donor Development	\$15,000	July-08
Cephalon	Light The Night Nat'l Sponsor	Patient Services	\$125,000	March-09
Cephalon	E-Newsletters (Links & Newslines)	Marketing	\$50,000	March-09
Cephalon	AML Teleconference Series w/newsletters	Patient Services	\$125,000	March-09
Cephalon	CLL Teleconference Series	Patient Services	\$125,000	March-09
Cephalon	CLL Personal Journey - interactive web page	Patient Services	\$80,000	January-09
Eisai/MGI Pharma	AML Teleconference Series 08-09	Patient Services	\$62,500	January-09
Eisai Inc.	T-Cell Lymphomas Teleconference	Patient Services	\$25,000	May-09
Eli Lilly & Company	TrialCheck	Patient Services	\$20,000	April-09
Eli Lilly & Company	Journey of Hope Research Awards Dinner 08	Donor Development	\$15,000	October-08
Eli Lilly	Trial Check	Patient Services	\$25,000	August-08
Genentech	Light The Night Nat'l Sponsor	Fundraising	\$125,000	February-09
Genentech	Increased Access to Clinical Trials	Public Policy	\$29,000	June-09
Genentech	NHL Insights Series with newsletters	Patient Services	\$600,000	February-09
Genentech	Patient Navigation	Patient Services	\$100,000	February-09
Genentech	NHL Online Support Group	Patient Services	\$100,000	February-09
Genentech	Online Lymphoma Survivorship	Patient Services	\$100,000	February-09
GlaxoSmithKline	CLL Educational Booklet	Patient Services	\$90,000	April-09
Millennium	TrialCheck FY10	Patient Services	\$25,000	June-09
Millennium	Patient Financial Aid Appeal	Patient Services	\$250,000	June-09
Millennium	Mantle Cell Lymphoma Teleconference	Patient Services	\$75,000	April-09
Millennium	Myeloma Booklets (reg & low literacy)	Patient Services	\$90,000	March-09
Millennium	Family Support Group Facilitators Training Conference	Patient Services	\$25,000	February-09
Millennium	Chapter Block Grant for Professional Education Programs	Patient Services	\$150,000	May-09
Millennium	Myeloma Links Teleconference Series 08/09	Patient Services	\$200,000	February-09
Millennium	Clinical Trials Workshop	Research	\$25,000	February-09
Millennium	Light The Night Nat'l Sponsor	Fundraising	\$125,000	February-09
Millennium	Career Development Scholar II -	Research	\$150,000	January-09
Millennium	Patient Education Programs	Patient Services	\$25,000	July-08
Millennium	New Directions in Myeloma Therapy 08/09	Patient Services	\$100,000	August-08
Millennium	Path to Progress-Clinical Trials 08/09	Patient Services	\$100,000	August-08
Millennium	2008 ASH Satellite Symposium Dec 5	Patient Services	\$128,000	August-08
Millennium	Journey of Hope Research Awards Dinner 08	Donor Development	\$25,000	August-08
Novartis	CML Teleconference Series w/newsletters	Patient Services	\$380,000	April-09
Novartis	Family Support Group Facilitators Training Conference	Patient Services	\$25,000	September-08
Novartis	CML Booklet	Patient Services	\$90,000	November-08
Novartis	CML Low Literacy Booklet	Patient Services	\$90,000	December-08
Novartis	Chapter Grant Patient Ed Programs	Patient Services	\$150,000	December-08
Regence BCBS	Welcome Back - Pacific Northwest	PS & Chap. Campaigns	\$125,000	May-09
Wyeth Pharmaceuticals	Family Support Group Facilitators Training Conference	Patient Services	\$50,000	July-08
Wyeth Pharmaceuticals	Journey of Hope Research Awards Dinner 08	Donor Development	\$15,000	August-08
Total FY2009			\$5,876,500	
FY2010 7/1/09-6/30/10				
Company	Program	Dept	Amount Awarded	Award Date
Amgen	Understanding Drug Therapy & Managing Side Effects Educational Booklet	Patient Services	\$45,000	August-09

Bristol-Myers Squibb	Light The Night Nat'l Sponsor	Fundraising	\$62,250	July & October-09
Bristol-Myers Squibb	Leukemia Online Support Groups	Patient Services	\$25,000	July-09
Bristol-Myers Squibb	The Road to New Discoveries	Patient Services	\$62,250	July & October-09
Celgene	AAFP Oct. 14-17, 2009	Patient Services	\$50,000	August-09
Celgene	ASCO Donation Station	Fundraising	\$5,000	September-09
Cephalon	AAFP Oct. 2009	Patient Services	\$100,000	November-09
Cephalon	Sales Teams Donation for LTN	Fundraising	\$3,000	September-09
Enzon	ALL Teleconference & Webcast	Patient Services	\$156,602	August-09
Genzyme	Family Support Group Facilitators Training Conference	Patient Services	\$15,000	September-09
Merck	AAFP Oct. 2009	Patient Services	\$20,000	October-09
Millennium	Family Support Group Facilitators Training Conference	Patient Services	\$25,000	November-09
Millennium	MM Patient Access to Healthcare Research	Public Policy	\$357,000	September-09
Millennium	Career Development Scholar I -	Research	\$100,000	August-09
Millennium	Career Development Scholar II	Research	\$50,000	July-09
Millennium	The Road to New Discoveries	Patient Services	\$100,000	July-09
Millennium	Myeloma Teleconf series with newsletters	Patient Services	\$180,000	July-09
Millennium	Milestones in Myeloma Therapy Chap. Prog	Patient Services	\$100,000	July-09
Novartis	CML Post ASH Teleconference	Patient Services	\$100,140	July-09
Novartis	Family Support Group Facilitators Training Conference	Patient Services	\$25,000	September-09
Regence BCBS	Welcome Back Program Pacific Northwest	Patient Services	\$75,000	September-09
Total Awarded FY10			\$1,656,242	
Total 2006-2010			\$25,854,871	