



Annual Report

2007 ~ 2008

After my husband was diagnosed with cancer, we were sent to a hospital located two hours from our home for treatment. My husband could no longer work, and I took a leave of absence to be at his side. By this time we had already lost our insurance, and over the next several months we slowly watched everything we had ever worked for slip away from us. Eventually the threat of bankruptcy became a very real possibility. My body was completely broken both spiritually and emotionally. I had tried everything I could think of, and I didn't know where else to go or who to turn to. All this changed when I was introduced to the Patient Advocate Foundation. PAF assured me that I was no longer alone. They made me feel like I was more than just a voice at the other end of the line. They were there to help, and that is exactly what they did. It is only through the efforts and dedication of the Patient Advocate Foundation that we have been able to reclaim our lives. Everything we have today we owe to the efforts put forth by their dedicated employees.



Jonathon and Tonya Drum
Florence, AL

Mission Statement

PATIENT ADVOCATE FOUNDATION IS A NATIONAL NON-PROFIT 501(C)3 ORGANIZATION THAT SERVES AS AN ACTIVE LIAISON BETWEEN PATIENTS AND THEIR INSURER, EMPLOYER AND/OR CREDITORS TO RESOLVE INSURANCE, JOB RETENTION, AND/OR DEBT CRISIS MATTERS RELATIVE TO THEIR DIAGNOSIS THROUGH CASE MANAGERS, DOCTORS AND HEALTH CARE ATTORNEYS. PATIENT ADVOCATE FOUNDATION SEEKS TO SAFEGUARD PATIENTS THROUGH EFFECTIVE MEDIATION ASSURING ACCESS TO CARE, MAINTENANCE OF EMPLOYMENT AND PRESERVATION OF THEIR FINANCIAL STABILITY.

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A WORD FROM THE CHIEF EXECUTIVE OFFICER



A YEAR OF ESCALATING HEALTHCARE COSTS

COST SHIFTING TO PATIENTS: PAY FIRST REQUIREMENTS

AS PATIENT ADVOCATE FOUNDATION TOUCHED THE LIVES of thousands of patients, healthcare providers and caregivers in this fiscal year, a universal theme emerged: Insurance status does not guarantee access to quality healthcare in the United States.

Seventy-four percent (74%) of our patients served in fiscal year July 1, 2007 through June 30, 2008, all had access to healthcare issues blocking their way to the prescribed treatment for their chronic, debilitating, life-threatening condition. Seventy percent (70.3%) of patients served had medical debt threatening interruption or delay in their treatment protocols due to increased demands for co-payments required at the time of service, reductions in benefits for services pushing consumers into private-pay status or no care was to be provided. On July 17, 2008, *The New York Times* reported in their article “While The U.S. Spends Heavily on Health Care, a Study Faults the Quality” that the “Access to care in the United States has worsened since the fund’s (Commonwealth Fund) first report card of 2006 as more people – some 75 million – are believed to lack adequate health insurance or are uninsured altogether.” Our experience clearly supports this observation.

Patient Advocate Foundation served 45,469 patient cases and provided information to 7.3 million queries through our website and live chat, recording an increase of 33% in our number of patients seeking assistance through patient portals on our website over the prior fiscal year. In 2007, the cost of cancer care moved to an estimated \$89 billion dollars in the U.S. In 2004, the cost reported was \$72 billion. This accelerating cost was shifted in many instances to the patients we served who called needing help with 70% co-payments for branded drugs or for help in accessing branded drugs as their plan formularies only provided for generic coverage. Signs in physician offices reading “Co-payments must be paid at time of the doctor’s visit” prompted many of patients to call requesting direct financial support for these charges. Physicians are in a new place in serving patients as they too, are being forced to evaluate the cost of therapeutic interventions being considered for use with their patients relative to the potential effectiveness of the treatment as reported in the *Wall Street Journal Online*, July 8, 2008. As those conversations are convened, many patients call our professional case managers seeking help with identifying financial resources available to help them manage their portion of the cost burden to move through their treatment protocols.

Tonya Dunn, wife of Neuroblastoma patient Jonathon Dunn of Florence, Alabama wrote to her PAF case manager, Shauna Hatfield, and shared the following:

“After my husband was diagnosed with cancer, we were sent to a hospital located two hours from our home for treatment. My husband could no longer work, and I took a leave of absence to be at his side. By this time we had already lost our insurance, and over the next several months we slowly watched everything we had ever worked for slip away from us. Eventually the threat of bankruptcy became a very real possibility. My body was completely broken both spiritually and emotionally. I had tried everything I could think of,

and I didn't know where else to go or who to turn to. All this changed when I was introduced to the Patient Advocate Foundation. PAF assured me that I was no longer alone. They made me feel like I was more than just a voice at the other end of the line. They were there to help, and that is exactly what they did. It is only through the efforts and dedication of the Patient Advocate Foundation that we have been able to reclaim our lives. Everything we have today we owe to the efforts put forth by their dedicated employees."

In a story published by *Physician Financial News* that featured PAF entitled "It Pays To Know Patient's Ability to Pay", we cited that we do have a perfect storm with lower reimbursement to physicians and hospitals thus limiting the amount of charity care available and reducing the percentage of write-offs available for patients who want to pay but simply cannot and the patient population that is now required to pay for more services and medical supplies out-of-pocket as health plans limit benefits usually in direct response to employer requirements to keep the plans affordable. The result is a year at PAF that saw 13% of our referrals coming directly from physicians and hospitals and a large majority (14.70%) coming from national media articles featuring PAF. A sign of the very difficult times we are in is demonstrated by the fact that today, thousands of organizations link to PAF to provide their constituents with direct access to our services and information. This year has also marked a trend in which if hospital write-offs for charity care are set at 50%, likewise, physicians in the community are adopting that standard. Just two years ago, write-off's could be at a 100% level in very compelling cases. Not so today.

This year has given new meaning to collaboration. It has been a year where indeed the sooner the patient and medical care giver can define the full extent of resources available to meet the financial needs of the healthcare transaction, the more effectively together the patient, physician, hospital and PAF can identify resources to fill the gaps in coverage.

PAF collaborations this year with our non-profit patient advocacy colleagues include establishing a formal relationship with the American Cancer Society, initiating a formal PAF case management team to handle referrals from the ACS national call center in which they, too, have moved to provide more resources to their patients to fill their access gaps. Additionally, PAF expanded our collaboration and services with both the Lance Armstrong Foundation and the Centers for Disease Control in serving patients and renewed our contract with the State of Virginia to provide services to uninsured Virginians who do not qualify for Medicaid. With a little help from our friends, we have brought a little help to 45,469 people facing financial and medical calamity at the time of their call to PAF.

On behalf of our PAF Board of Directors and staff members, I extend to you our sincere appreciation for your support of patients confronting great needs as they sought to access healthcare. You are a blessing for which we are grateful.

With sincere gratitude and appreciation,



Nancy Davenport-Ennis
CEO and President

...a universal
theme emerged:
Insurance status does
not guarantee access to
quality healthcare in
the United States.

A WORD FROM THE BOARD PRESIDENT



PATIENT ADVOCATE FOUNDATION is a beacon of hope – and help – for Americans who need support while facing serious and life threatening illnesses.

As we enter our thirteenth year, we report continued growth in the number of patients we serve. Last year, we had 7.8 million contacts through the Patient Advocate Foundation website, up from 6.8 million in 2007. Patients coming in through our on-line patient portals and email requests for help increased from 11,000 last year to more than 18,000 this fiscal year. The cases where we offered direct services increased to 45,469.

Lurking behind these statistics are some disturbing trends. We are seeing an increasing number of underinsured Americans – patients who thought they had adequate health insurance until, stricken by illness and fighting for their lives, they have discovered unreasonably low limits on the levels of coverage for needed treatment, such as the cost of hospitalization or chemotherapy. A recent Commonwealth Fund study estimates that we have 25 million underinsured Americans, on top of the 50 million uninsured. These numbers are growing daily.

In addition, Congress and the states continue to address healthcare access issues in a piecemeal fashion, so that the number of patients needing our help continues to rise. If we were successfully addressing the systemic barriers to healthcare access in America, our numbers would be falling.

We hope some day to report “success” with a *decreasing* number of patients served. Indeed, our vision is for an America where there would be no need for a Patient Advocate Foundation. Until that day comes, Patient Advocate Foundation will have work to do, and we pledge ourselves and our resources to continuing to serve patients, with the generous support of our donors and patrons.

On behalf of the Board of Directors of the Patient Advocate Foundation, we salute the leadership, staff, patients and supporters who make up the PAF family. Together, we all contribute greatly to improving the healthcare system for patients whom we serve.

Edward G. Connette, Esquire
President, Board of Directors

Board of Directors

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NATIONWIDE PUBLIC SERVICE ANNOUNCEMENT FEATURING COUNTRY MUSIC STAR TROY GENTRY

EVERY PATIENT DESERVES A PARTNER – and Patient Advocate Foundation is proud to be partnering with a new champion this year in our ongoing mission to help patients experiencing coverage challenges access the healthcare services they need.

In March 2008, Patient Advocate Foundation kicked off an exciting new television and radio public service announcement (PSA) campaign with Grammy-nominated country music star Troy Gentry of Montgomery Gentry. Distributed to select markets nationwide, the PSA provides important information about PAF's direct services for the millions of Americans who are suffering from chronic, debilitating and life-threatening illnesses and struggling with challenges in gaining access to healthcare.

As is the case for so many of us, the issue is near to Gentry's heart: In 2007, he lost his mother to cancer, and as she suffered through painful treatments, he was her first line of defense in navigating the complicated maze of our healthcare system. During the process, he witnessed first-hand how fighting a battle with cancer can unfortunately also mean fighting to get the healthcare coverage needed to access life-saving medical treatments. Gentry was so affected by his mother's experience that he vowed to help others who may also be facing coverage obstacles in getting the healthcare they need.

Since the PSA campaign was launched, we are pleased to report that it has reached an estimated 1.2 million people to-date. The PSA has also received an additional 1,261 views on PAF's website, www.patientadvocate.org, and on YouTube.

Our hope is that PSA viewers and listeners will contact PAF directly, as well as recommend our professional case management services to their friends, family members and others when in need of assistance in securing access to important medical care.

PAF is proud to be Gentry's partner in educating Americans about how to gain access to medical care when in need, and we look forward to a continued relationship ahead.



PAF HONORED WITH DISTINGUISHED MERIT CITATION FROM VIRGINIA CENTER FOR INCLUSIVE COMMUNITIES

The Virginia Center for Inclusive Communities–Peninsula Chapter (VCIC) awarded Patient Advocate Foundation with the 2008 Distinguished Merit Citation on February 28, 2008. The VCIC is a human relations organization that promotes inclusion, challenges assumptions, and advances understanding through dialogue, experiential learning and education. Since 1963, the VCIC has presented Humanitarian Awards annually to one or more persons. Additionally, local corporations or organizations are also recognized with the Distinguished Merit Citation award for their efforts in making Virginia's communities more inclusive. Members of PAF's team attended the 40th Annual Humanitarian Awards Dinner on the evening of February 28, 2008. The awards dinner is designed to honor individuals and organizations that have demonstrated a commitment to the promotion of respect and understanding among people of diverse racial, ethnic and religious backgrounds.





In my frustration with insurance denials,
Patient Advocate Foundation
was in my corner and took control when
I was no longer able to fight for myself.

I always felt like PAF was in my corner and
gave me the confidence to continue
to **fight for my rights.**

Karen Barber
Cincinnati, OH

DIRECT PATIENT SERVICES DIVISION

FOR OVER 12 YEARS, PATIENT ADVOCATE FOUNDATION has had the privilege of assisting patients with access issues through our Direct Patient Services Division that includes professional case management staff, the Co-Pay Relief (CPR) staff and the Colorectal CareLine staff. From serving 157 patient contacts in 1996 to serving 45,469 patients in FY 2007/2008, Patient Advocate Foundation has remained true to its mission of safeguarding patients and eliminating barriers to healthcare access

The Direct Patient Services Division is reporting 422,021 contacts on behalf of patients to bring resolution to their access issues. This averages 15.5 contacts from a PAF professional case manager to a relevant stakeholder in the patient case, including, but not limited to, the patients healthcare providers, social workers at governmental agencies, employer representatives, creditors and/or other representatives from non-profit social service and healthcare organizations in order to bring resolution to the patient issues for each and every case handled by the Direct Patient Services Division staff. In FY07/08 this represents an additional 4.5 contacts per case to bring resolution over FY06/07, a clear indication that the complexity of cases continues become more difficult.

PAF Direct Patient Services Division provided to patients at **no cost** include:

- ~ Negotiating pre-authorization approvals
- ~ Providing assistance in expediting the appeals process
- ~ Coordinating benefits
- ~ Negotiating resolutions to coding and billing errors
- ~ Providing assistance in expediting applications for SSDI, enrollment in Medicare, Medicaid, SCHIPS, and other social programs
- ~ Resolving debt crisis related to diagnosis
- ~ Mediating insurance appeals
- ~ Negotiating access to pharmaceutical agent, chemotherapy, medical devices and surgical procedures
- ~ Brokering resources to supplement the limits of insurance and to assure access to care for the uninsured
- ~ Resolving insurance issues in the public and private sectors
- ~ Providing co-payment assistance to medically and financially qualified individuals

Patient Advocate Foundation receives requests for services via email, telephone and websites: www.patientadvocate.org, www.copays.org and www.colorectalcareline.org. The PAF websites include over 1,800 links to various educational websites, offering instant access for PAF website visitors to a wealth of pertinent information. The total number of web based hits and contacts for educational information totaled an additional 7,393,888, an 18.7% increase in web utilization over last year.

From serving 157 patient contacts in 1996 to serving 45,469 patients in FY2007/2008, PAF has remained true to its mission of safeguarding patients and eliminating barriers to healthcare access.

FY2007/2008 DIRECT PATIENT SERVICES DIVISION SUMMARY

Total Contacts for Direct Patient Services, Education and Information

7,816,139

SUMMARY OF PATIENT CASES AND CONTACTS

New Case Count	26,325
Re-Opened Case Count	904
Total Email Contacts for Direct Patient Services	18,240
Total Patient Case Count	45,469
TOTAL CONTACTS FOR CASE RESOLUTION	422,021

SUMMARY OF INTERNET PATIENT SERVICES PROVIDED

Live Web Assistance Chats	230
Web Browser Hits/Views	7,393,888
TOTAL INTERNET PATIENT SERVICES	7,394,118

As well, in 2007/2008, PAF received 18,240 email requests for patient assistance and educational information, including 230 live Web Chats with PAF professional nurse case managers. All of the requests for assistance made via email are responded to by professional case managers and PAF staff offering resources and direct assistance to those patients. There was a noted increase of 64.6% in internet contacts for assistance over FY06/07 as online patient portals and live chats become the preferred method of communication of many patients nationwide.

In summary, there were over 7.8 million requests for direct patient services and educational information via phone contact with a PAF professional staff member, personalized email assistance, live web chat assistance or website hits during FY 2007/2008.

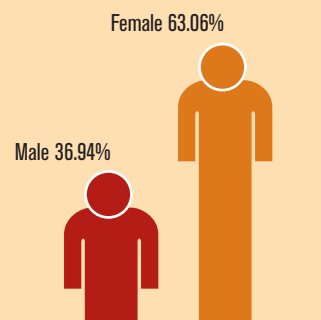
DIRECT PATIENT SERVICES DIVISION

As PAF works with patients requesting assistance, approximately 220 fields of data are captured on each patient. From this data the *Patient Data Analysis Report (PDAR)* is created on an annual basis to determine what populations are being served by PAF and what patient issues are becoming trends in various regions of the country. Data from the comprehensive *Patient Data Analysis Report* has been provided in the context of this annual report in graphical form in an effort to clearly define who PAF is serving, what the needs of the patients are and what resolutions have been brought to these issues.

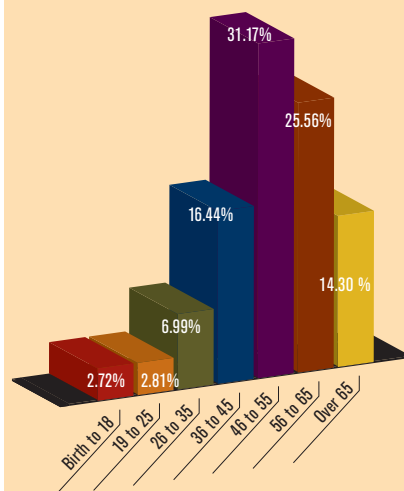
In FY2007/2008, 63.06% of the patients served were female while 36.94 % were male, demonstrating a less than 1% increase in the female population over last fiscal year. We served patients of all ages with 5.53% being in the birth to 25 age range, 23.43% were aged 26-45, and over half, 56.73%, of the PAF patients were between the ages of 46 and 65 years old. Patients who are over age 65 represented 14.30% of the PAF patient population in FY2007/2008. There was an increase in FY07/08 of over 7% in the 46-65 year old population over prior years. PAF created a **Senior Services Division** in 2004 in response to the roll-out of Medicare Part D and continues to enroll eligible seniors into Medicare Part D, assist with enrollment and disenrollment issues, and screen patients for the Low Income Subsidy program. During this fiscal year, PAF Senior Services staff participated in 22 outreach events, providing education and information to over 3,000 individuals. Locally, staff attended the Aged and Disabilities Conference at Liberty Baptist Church, met with social service agencies and healthcare providers, attended the 11th Annual Legislative Event in October, 2007, in Hampton, VA, and was a supporter of the Hats Off to Caregivers, a local event hosted by the Peninsula Task Force on Aging that saluted the caregivers for their devotion to the care of the elderly. PAF is an active member of the Task Force on Aging, attending monthly meetings and also attending meetings with the Centers for Medicare and Medicaid in Washington, DC.

PAF assisted patients of many ethnicities with 71.20% of patients classifying themselves as White/Caucasian, 17.07% considered themselves Black or African American and 8.62% were Hispanic/Latino. We saw a 1.01% decrease and 1.17% increase in the White/Caucasian and Black/African American populations respectively this year over last, while seeing a decrease in the Hispanic/Latino population of 0.28%. The racial demographics of the PAF patient population are largely consistent with the statistics presented in the Census Bureau's 2006 American Community Survey that reported the U.S. population as being 73.9% White American, 14.8% Hispanic or Latino of any race, 12.4% Black American, 4.4% Asian American, 0.8% American Indian and Alaska Native, 0.1% Native Hawaiian or other Pacific Islander, 6.3% some other race and 2.0% two or more races. PAF has two well established disparate outreach programs that are effective in offering culturally sensitive education and direct assistance to patients from both the Spanish speaking communities and the African American community.

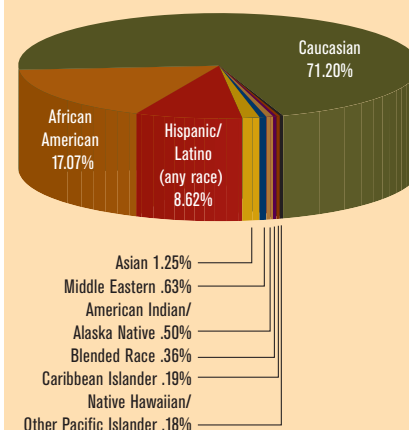
GENDER



AGES



ETHNICITY



DIRECT PATIENT SERVICES DIVISION

The **National Hispanic/Latino Outreach Program (NHLOP)** seeks to improve access to healthcare within the Spanish speaking communities by increasing awareness of PAF services. Its goal is to decrease healthcare disparities by creating partnerships with local organizations, major medical facilities, and influential community leaders that provide services to the Hispanic/Latino population. PAF has bilingual case managers in New York and California.

The case managers assigned to NHLOP participated in 234 outreach events in FY 07/08, reaching over 2,000 individuals. This includes outreach to community health centers, medical centers, free clinics, private medical offices, churches and community based organizations. Staff also attended, exhibited, or presented at national conferences including the Third Annual Health Disparities Conference at Teachers College in New York City and the 11th Biennial ICC Minorities Symposium in Washington D.C. The Program Director, Wanda Febus, was asked to participate in the 2007 New York State Hospital Compliance Advisory Committee, for the Office of the Medicaid Inspector General in which she addressed issues regarding the underserved population in the State of New York.

The **National African American Outreach Program (NAAOP)** staff participated in 66 local, regional and national outreach events, educating over 13,000 individuals about PAF services. The NAAOP members attended the African American Men's Health Forum and the Virginia Black Expo locally. The staff also attended national conferences which included the American Lupus Foundation Leadership Conference, the National Black Nurses Association Conference, the National Sickle Cell Disease Program Conference, Sisters Network and the ICC 11th Biennial Symposium on Minorities. NAAOP participated in the 10 city tour that the Sickle Cell Association sponsored allowing them to educate the attendees of each chapter about PAF services. NAAOP continues its collaboration with the South East Community Health Task Force in Newport News, VA and other local organizations to empower and educate local residents about chronic diseases.

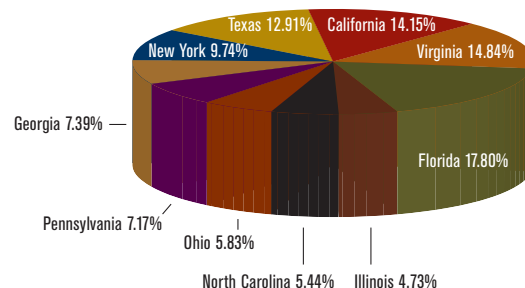
An African American patient, served by the PAF case management team, was featured in the May 2008 issue of the *Black Enterprise* magazine sharing his success in winning a health insurance appeal with the assistance of services provided by a PAF case manager. PAF was able to prove medical necessity to the insurance company, justifying the need to be treated in a hospital away from home while visiting family in another state, upon the recommendation of his physician. The denial was overturned and saved the patient over \$75,000.00 in out-of-pocket expense.

In FY 07/08, PAF neared completion of its final year of a five year cooperative agreement with the, **Centers for Disease Control (CDC)**, a program with the goal of increasing **Early Detection and Survivorship of Cancer in the Underserved Populations (SCUP)**. This program has served 5,003 patients in FY 07/08, serving, on average, 419 patients monthly and targets disparate populations who are facing access to care issues. Since 2003, PAF has provided SCUP services to over 13,000 patients. As a component of the program, patients were screened for clinical trials and information was provided to 1,534 patients with 29 patients enrolling in a clinical trial. PAF has provided over 23,000 educational publications related to the diagnoses covered under this grant. PAF has applied for a five year continuation grant for this program with notification to occur in FY08/09. Additionally, Michelle Shanks, SCUP Program Director, has joined the Iowa Consortium for Comprehensive Cancer Control to provide information and resources to this area of the United States and assist in collaborative efforts of other National Organizations within the Iowa CCC Branch.

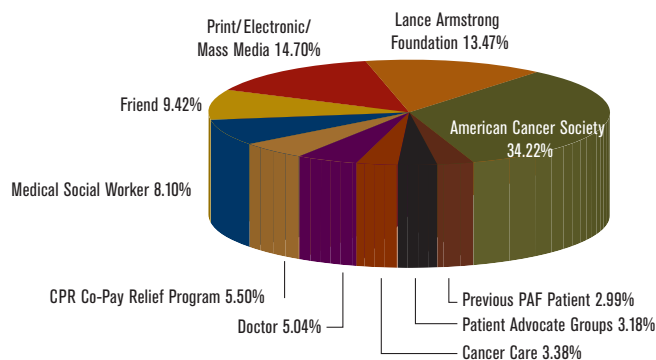
THE TOP TEN STATES that the patients came from in FY2007/2008 were Florida (17.80%), Virginia (14.84%), California (14.15%), Texas (12.91%), New York (9.74%), Georgia (7.39%), Pennsylvania (7.17%), Ohio (5.83%), North Carolina (5.44%) and Illinois (4.73%). When comparing the states from which the patient cases originated to the states, based on population density, that top the United States Census Bureau's July 1, 2007 estimates, all ten states listed above are among the top twelve (12) states, by population, per the census. During FY07/08, the patients from Virginia that PAF served nearly doubled, from 7.54% of all patients served in FY06/07 living in Virginia to 14.84% of those living in Virginia served in FY07/08. The increase is due to the successful implementation of the state supported **Virginia Cares Uninsured Program (VCUP)** during FY07/08. VCUP assists uninsured Virginians who have been diagnosed with chronic, debilitating, or life-threatening diseases and are experiencing access to health-care issues. As of June 30, 2008, VCUP had successfully resolved 1,016 patient cases. PAF directly assisted patients with obtaining a reduction in the amount of their medical debt, totaling \$310,825.28 for FY 07/08, thus helping patients avoid the financial hardship that results from aggressive debt collection methods utilized, at times, by medical facilities. One of the patients helped by VCUP was a 26 year old uninsured Hispanic female who is an above-the-knee amputee as a result of a hit and run accident. The patient was in need of a prosthesis and emergency food assistance. The VCUP case manager located a local food resource that provided the patient with food, not only temporarily but indefinitely. The case manager also located a prosthesis supplier which provides charity assistance and was willing to assist the patient free of charge, providing the patient with a \$20,000 prosthesis. Another patient that was helped in Fredericksburg, Virginia writes that *"The Patient Advocate Foundation immediately assisted me when I told about my son's problem being an uninsured patient and the issue was resolved successfully, thanks to the Patient Advocate Foundation."*



TOP TEN STATES FROM WHICH PAF CASES ORIGINATED



TOP REFERRAL SOURCES



Patients find their way to PAF in a multitude of ways as PAF has become a reliable referral source for non-profit social service and healthcare organizations, governmental agencies, including the field and national offices of members of the United States Congress, providers' offices, clinics, hospitals and media outlets. In FY2007/2008 referrals from American Cancer Society and Lance Armstrong Foundation (LAF) combined represented 47.69% of the PAF patient population. These are natural referral sources as PAF and LAF have a formalized partnership through the **LAF LiveStrong SurvivorCare Program (LSSC) partnership**. PAF celebrated its fourth year of partnership with the Lance Armstrong Foundation in FY2007/2008. Cancer patients who call the LAF LSSC toll free number or complete an online form and are in need of PAF services including access to healthcare and social service programs, are immediately referred to PAF case managers who work exclusively with LAF LSSC referrals. Several highlights of FY 2007/2008 included:

- ~ National marketing of the LSSC program.
- ~ The LSSC website and brochure revision highlighting services available to cancer survivors and listing PAF as a LSSC partner.
- ~ In September 2007, PAF was selected to serve on the LSSC National Hispanic Outreach Advisory Board to assist with all aspects of launching the LSSC National Hispanic/Latino program.



DIRECT PATIENT SERVICES DIVISION

- ~ In June 2008, LAF launched www.livestrong.org/espanol, the Spanish-language version of LIVESTRONG.org. Already, the site has proven to be an incredible resource for educational information, materials and support services to those who have been affected by cancer within the Hispanic/Latino population.
- ~ PAF staff continues to serve as peer reviewers on patient materials produced by the Lance Armstrong Foundation.

Through this increased marketing, PAF provided assistance to 2,021 referrals during FY2007/2008. Since inception of the LSSC partnership, PAF has received 5,876 referrals. A caregiver from Colorado assisted by the LSSC program states:

"You have been extremely thorough in helping someone in true need. I cannot think of any extension to your assistance, but feel confident that I can refer Cody and his mother to you personally, if they have any further questions regarding PAF's advocacy on their behalf. Should I have the opportunity to refer other cancer patients to LAF or to PAF, I will do so believing that their experience will receive the same respect and diligence as did mine."



Likewise, the **American Cancer Society (ACS)** is the nation's largest cancer organization, thus, millions reach out to them annually for assistance. In May 2008, PAF entered into a formalized partnership with the **American Cancer Society** in order to offer case management services to patients seeking assistance from ACS as an extension of and compliment to those services offered by ACS. This strategic collaboration gives millions of cancer patients and their family's quick access to timely information and specialized patient assistance resources. This collaboration will help to improve the lives of cancer patients nationwide who are facing access to healthcare issues. Terry Music, interim Chief Mission Officer, American Cancer Society states "Supporting Patient Advocate Foundation's programs and services allows us to connect patients to case management resources that can help to vastly improve the patient's quality of life by increasing access to healthcare, continuation of employment, and preservation of financial stability."

In FY07/08, PAF was featured by over 20 tier one media outlets, including:



The Washington Post

THE WALL STREET JOURNAL

MarketWatch



BLACK
BUSINESS.com

SmartMoney

U.S. News
WORLD REPORT



Additionally, PAF was featured in over twenty tier two media outlets and over 60 websites, magazines, trade publications and television. As a result, in FY07/08, earned media coverage became the second highest referral source, of patients seeking assistance with 14.70% of all patient referrals generated from media coverage. This is up from 4.44% in FY06/07. Additionally, referrals from patient's friends, doctors, medical/social workers, Cancer Care, many other Patient Advocacy Organizations, PAF's Co-Pay Relief Program and patients previously served by PAF round out the top ten referral sources for FY2007/2008.

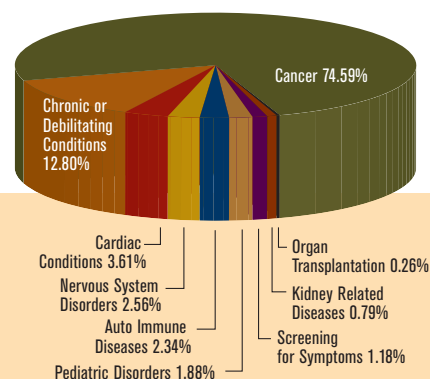
Cancer continues to be the primary diagnosis of PAF patients with 74.59% of all patients served reporting a diagnosis of cancer. Breast Cancer (34.99%) was the leading cancer diagnosis among our patients again this year with Colorectal Cancer quickly following at 19.01%, a 6.88% increase from last year. Lung Cancer was at 11.85%, Male Reproductive System Cancers at 8.80%, Female Reproductive Cancers at 6.93%, Lymphoma at 6.17%, Leukemia at 5.09% (a 1.52% increase from last year), Brain Cancer at 4.31% and Kidney Cancer at 2.86%. While the cancer population remains the largest patient group served by PAF in FY2007/2008, there was a 4.12% decline in cancer patients from the previous fiscal year when the cancer population represented 78.71% of the PAF patients. The remainder of the top ten diagnoses of PAF patients for FY2007/2008 includes Chronic/Debilitating Conditions (12.8%), of which there are over 100, Cardiac Conditions (3.61%), Nervous System Disorders (2.56%), Auto Immune Diseases (2.34%), Pediatric Disorders (1.88%), Screening for Symptoms (1.18%), Kidney Related (0.79%) and Organ Transplantation (0.26%).

In FY 07/08, PAF completed the final year of a three year Department of Health and Human Services **Centers for Disease Control and Prevention (CDC) Hematological Cancer Outreach and Education program** to determine the effectiveness of educational materials available to patients with blood cancers, and to identify areas that can be targeted with new publications. Participation in this cooperative agreement accounts, in part, for increases in the number of hematologic cancer patients provided services by PAF.

On August 30, 2007 the CDC awarded PAF a five-year continuation grant that funds national outreach and educational support services delivered by a dedicated team of PAF clinical case managers to hematologic cancer patients, caregivers and oncology facilities that provide specialized care to this patient population. Further, the PAF clinical team will provide direct, sustained, comprehensive case management services to hematologic cancer patients, ensuring timely access to prescribed care. PAF served a total of 1,691 blood cancer patients in FY07/08 with an average of 422 patients served quarterly. This project includes a disparities outreach component, targeting African American and Hispanic/Latino hematologic cancer patients, and the organizations and healthcare facilities that serve those populations. States visited since September 1, 2007 to June 30, 2008 include:

South Carolina	South Dakota
Alabama	Minnesota
Tennessee	Wisconsin
Virginia	Illinois
West Virginia	Florida.
North Dakota	

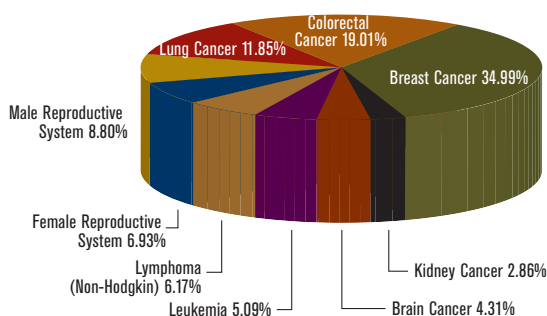
TOP DIAGNOSES OF PAF PATIENTS



CHRONIC OR DEBILITATING CONDITIONS INCLUDE:

Acid Reflux Disease (GURD)	HIV/AIDS
ALS (Lou Gehrig's Disease)	Hunter's Syndrome
Amputation (any limb)	Huntington's Disease
Amyloidosis	Hypogammaglobulinemia
Anemia	Immune Deficiency Disorder
Aplastic Anemia	Infectious Disease
Asthma	ITP (Idiopathic Thrombocytopenia)
Blindness	Liver Failure
Bronchitis	Lymphedema
Cirrhosis	Macular Degeneration
Clotting Disorder	Muscular Dystrophy
Colitis	Neuropathy
Connective Tissue Disease	Neutropenia
COPD (Lung disease)	Osteomyelitis
Cushings Disease	Pancreatitis
Cataracts	Paralysis (any body part)
Degenerative Disc Disease	Polio
Degenerative Joint Disease	Protein Deficiency
Devic's Disease	Pseudomyxoma Peritonei (PMP)
Diabetes	Pulmonary Emboli
Emphysema	Pulmonary Fibrosis
Encephalopathy	PXE (Pseudoxanthoma Elasticum)
Endometriosis	Short Bowel Syndrome
FAP (Familial adenomatous polyposis)	Sickle Cell Anemia
Fasciitis	Thrombocytopenia
Fibromatosis	Thyroid Disorder
Gauchers' Disease	TTP
Glaucoma	Tuberculosis
Gout	Turners Syndrome
Hemophilia	Ulcerative Colitis
Hepatitis	
Histoplasmosis	

TOP TEN CANCERS



MALE REPRODUCTIVE SYSTEMS CANCERS INCLUDE

Prostate Cancer
Penile Cancer
Testicular Cancer

FEMALE REPRODUCTIVE SYSTEMS CANCERS INCLUDE

Fallopian Tube Cancer
Cervical Cancer
Ovarian Cancer
Padgett's Cancer
Uterine Cancer
Vaginal Cancer
Vulva Cancer

DIRECT PATIENT SERVICES DIVISION

In addition, PAF staff attended four national outreach events and conferences such as Oncology Nursing Society Annual conference, National Marrow Donor Program, National Comprehensive Cancer Society Annual Meeting and the Association of Pediatric Hematology/Oncology Nurses. Through these efforts PAF evaluates the availability of informative and culturally sensitive materials and awareness of support services among African American and Hispanic/Latino patients.

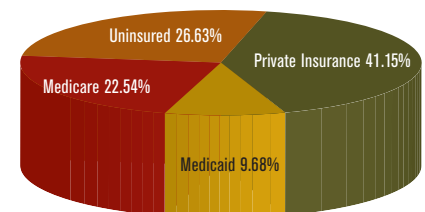
Of the patients served in FY2007/2008, 73.37% had some form of insurance. It was reported that 41.15% of the patients served by PAF were privately insured, 9.68% were receiving Medicaid and 22.54% were covered under Medicare. This data represents a 0.62% increase in the Medicare patients and a 1.08% decrease in Medicaid patients served this year versus last. As well, 26.63% of all PAF patients in FY2007/2008 reported being completely uninsured for their healthcare needs.

Patients who contact PAF for assistance have a wide variety of needs and are offered services that have breadth and depth that are currently unmatched. In FY2007/2008 the primary issues patients were seeking assistance with included Insurance Issues (46.13%), Uninsured Issues (23.42%), Debt Crisis Issues (16.20%), Program Information Requests (5.95%), Disability Issues (5.36%) and Employment Issues (2.94%). PAF continues to be a recognized as a leading resource when confronted with access issues. This is evidenced by nearly 50% of all of the PAF patients requesting assistance with Insurance Issues including co-payment assistance, coding and billing errors, alternate healthcare access avenues once benefit maximums have been reached, education around individual insurance benefits and contract language, appeals assistance, prescription drug and medical service access issues, denial of access to a clinical trial, and assistance with Medicare Part D plan selection and enrollment.

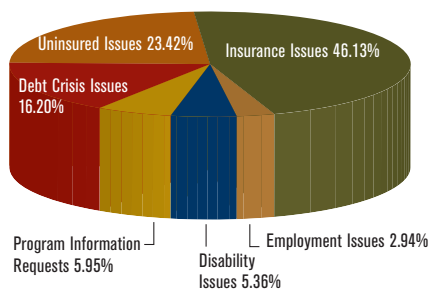


Staff Members on PAF outreach

INSURANCE STATUS OF PAF PATIENTS



PRIMARY ISSUES OF PAF PATIENTS



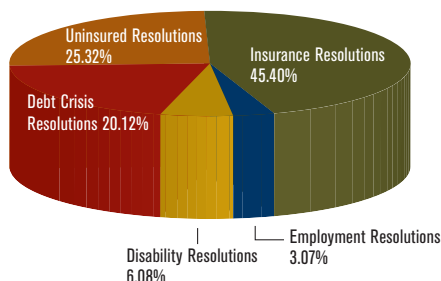
INSURANCE RESOLUTIONS INCLUDE

- Co-pay Assistance
- Coding and billing errors
- Exhausted benefit maximum/Annual maximum
- General benefit/coverage questions
- Contract language/Interpretation
- Appeals assistance/ Benefit Exclusion
- Inability to afford Medicare Part D cost share

UNINSURED RESOLUTIONS INCLUDE

- No access to care
- Unpaid medical bills
- No access/No coverage for prescription needs
- Insurance coverage lost/Terminated
- Denied Medicaid
- Denied treatment/inability meet upfront financial requirements

RESOLUTIONS FOR PAF PATIENT ISSUES



INSURANCE RESOLUTIONS INCLUDE

- Facilitated/Obtained co-pay assistance
- Enrolled into pharmaceutical indigent drug program
- Mediated pre-existing review
- Reviewed plan language and educated on benefits
- Negotiated Out of Network Approval

UNINSURED RESOLUTIONS INCLUDE

- Facilitated access to care through local Clinic/Hospital/Doctor
- Enrolled/Approved for pharmaceutical indigent drug program
- Facilitated/Identified new insurance coverage
- Approved for Medicaid
- Screened/Enrolled into Clinical Trial

PATIENT ADVOCATE FOUNDATION
CO-PAY RELIEF
A Patient Assistance Program

Patient Advocate Foundation has two specialized programs within Direct Patient Services which help to address the needs of those patients reaching out for assistance, the Co-Pay Relief (CPR) program and the Colorectal CareLine (CCL) program within the MedCare Line division. **Co-Pay Relief (CPR)** has successfully completed its fourth year of operation. The program was established in April 2004 to provide direct financial support to insured patients, to include Medicare beneficiaries, who qualify medically and financially with their pharmaceutical co-payments.

In FY 07/08, the CPR program opened the Multiple Myeloma silo, bringing the total number of operating disease categories for patients to 15. Currently the CPR program is assisting patients with the following disease states:

Autoimmune Disorders, Breast Cancer, Colon Cancer, Diabetes, Kidney Cancer, Lung Cancer, Malignant Brain Tumors, Pancreatic Cancer, Head and Neck Cancer, Lymphoma, Macular Degeneration, Prostate Cancer, Sarcoma, Multiple Myeloma, and secondary issues resulting from cancer treatment. Within its OIG Advisory Opinion 04-15, PAF has been approved for an additional 12 disease categories that currently are not funded.

Program enhancements made in FY07/08 include:

- ~ Implementation of a new automated phone system which has made a positive impact in the service that we provide. The new system allows acceptance of all calls to be completed upon initial contact with the program and provides continuous updates to the patients and providers regarding silo availability.
- ~ Review and adjustment of patient award maximums as necessary to account for new treatment options that were introduced in the market since last yearly review.
- ~ Enhanced reporting on patient contacts to allow for forecasting of future patient needs.

The total number of patients served by the program during FY 07/08 was 5,809. Since inception of the CPR program on April 1, 2004, co-payment assistance has been provided to 17,813 patients.

"I have so many things wrong with this old body until I have to take a lot of medicine and couldn't afford it. I am so thankful for the Co-Pay Relief Program that I don't know what to do. I prayed so hard for you to help me and you did, thank you and bless you."

BARBARA GRANT
Autoimmune Disorder
Columbia, SC



"I am enclosing a picture of my Mom, Doris Mark, taken on her 81st birthday. She had just completed half of her chemotherapy for Non-Hodgkin's Lymphoma. Getting through this emotionally was something Mom felt she could control, but getting through this financially caused her to throw her hands in the air. The clinic referred me to the Patient Advocate Foundation's Co-Pay Program. This was almost unbelievable; this meant that Mom could get the help she needed. She is very thankful for what you and your organization have done to help her!"

PAUL MARK, son of patient **DORIS MARK**
Non Hodgkin's Lymphoma
Phoenix, AZ

DIRECT PATIENT SERVICES DIVISION

FY 2008/2009 CPR PROGRAM ENHANCEMENTS

WHAT'S ON THE HORIZON

- ~ CPR will launch a secured, web-based application portal, designed specifically for patients, allowing them to enroll via the Internet, minimizing enrollment time as well as offering real-time information on the availability of assistance in each disease state. This Patient Portal will join the Physician Portal which was launched in FY 06/07.
- ~ The OIG's approval of an additional 17 disease states that will be available for potential funding beginning in FY08/09.



"How could we ever be able to show our gratitude for your program. The disease takes its toll both physically and emotionally. The help you gave to us helped so much on the financial burden. If there is anyone out there who needs this assistance, you are there to help. May God bless all of you to lighten our lives and bring a light of hope through this journey."

RICHARD TROUND
Tarpon Springs, Florida

Patient Advocate Foundation would like to thank the following donors for their financial support of the Co-Pay Relief Program in FY 07/08:

AMGEN[®]

AstraZeneca

Bristol-Myers Squibb

centocor
inc

Genentech
BIOINNOLOGY[™]

gsk
GlaxoSmithKline

Pfizer

Pfizer Oncology

PURDUE

(OSI) eyetech

Roche

sanofi aventis
Bioscience. Health. Innovation.

Schering-Plough

SHELIA S. CROWE
MEMORIAL FUND

susan G. komen
FOR THE cure



“When my first child was 4 weeks old I was diagnosed with Stage 3 breast cancer. I have been married to Scott for almost two years; we had just begun our family. I’m no longer working so things are very hard right now. But it is people like you who give me support and literally the first bit of good news. Your Co-Pay Relief assistance is the nicest thing that has happened to me since my diagnosis. THANK YOU!”

Karen Bocella-Lennon
Flowerly Branch, LA

DIRECT PATIENT SERVICES DIVISION

COLORECTAL *CareLine*

In November 2006, PAF launched the **Colorectal CareLine (CCL)**, a nationwide patient/provider hotline designed to provide sustained assistance to patients who have been diagnosed with colorectal cancer and are seeking educational resources, direct assistance with access to healthcare issues and/or financial aid for select patient needs. The launch of the **MedCare Line** division was the first time that Patient Advocate Foundation partnered clinical specialists with patients who were seeking access to emerging treatments and therapies.



The Colorectal CareLine also established a small financial grant component for colorectal patients in need of debt crisis assistance for expenses related to out of town care. The CCL Financial Aid Fund currently provides one-time grants to eligible patients who have a diagnosis of colorectal cancer. FY2007/2008 saw the Colorectal CareLine staff serving 2,417 patients with case management services and 1,078 patients were able to benefit from assistance offered through the Financial Aid Fund grant.

The Colorectal CareLine exhibited at the 2008 GI Cancers Symposium in Orlando, FL, the Association of Oncology Social Work (AOSW) Annual Conference in Louisville, KY, the Oncology Nursing Society (ONS) 33rd Annual Conference in Philadelphia, PA, the American Society of Clinical Oncology (ASCO) 44th Annual Meeting in Chicago, IL, and at the Patient Advocate Foundation's 9th Annual Patient Congress held in Washington, D.C. in the Educational Expo for all attendees.

The Colorectal CareLine is pleased to report a grand total of funds recovered for colorectal cancer patients of \$1,418,714.48 since the inception of the program in November 2006. It is very satisfying to the CCL case management staff to have the opportunity when they work so diligently with various pharmaceutical companies, hospitals, advocacy groups, insurance companies and state and local agencies in a combined effort to help alleviate some of the debt crisis and access issues that inevitably to come hand in hand with a colorectal cancer diagnosis.

Patient Advocate Foundation staff, specifically those within the Direct Patient Services Division, feels honored to have the opportunity to serve patients in their time of greatest need. The staff truly is a team of professionals helping people access healthcare.



"My financial and disability issues were absolutely resolved! The Colorectal CareLine staff was very understanding, concerned and caring. The services you offered were the best! Thank you."

WALTER WILLIAMS
Colon Cancer
Las Vegas, NV

"I am writing to express my thanks to you and the Patient Advocate Foundation for all the help you have given me since my diagnosis of colon cancer. We contacted literally dozens of organizations and foundations trying to find assistance with the cost of my surgery and treatment. We heard "no" to requests from so many other organizations, it meant so much to talk to the caring people in your organization who were willing to spend whatever time was needed to help us. Your concern and compassion has been so evident, and it means so much."

DONNA BOND
Colon Cancer
Cookeville, TN

I would like to express my sincere appreciation for the work efforts that Ms. Peggy A. Rochon put forth on my behalf for my case against Kaiser Permanente. Through her vigilance she not only coached me through the process to gather/organize information but also how best to present it to the Kaiser Grievance Committee Panel. She also contacted the attending neurosurgeon and persuaded him to upgrade his rather vague letter recommending that my stiff jaw problem is not a dental problem. That in fact, it was directly related to the surgical procedure of the clipping of my two brain aneurysms. After a lengthy process, Kaiser ultimately reversed their original decision and is now providing me physical therapy and paying already rendered medical bills for my stiff jaw. Thank you Patient Advocate Foundation and especially Ms. Rochon very much for a job well done!



Brenda Hill
Port Washington, MD

ON JUNE 25-26, 2008, PATIENT ADVOCATE FOUNDATION held the 9th Annual Patient Congress in Washington, DC. The two-day event gathered more than 170 patient and family member advocates – representing 47 states and the District of Columbia – to recognize the patient voice in the development of federal healthcare legislation, provide information on relevant healthcare policy issues and share how to effectively articulate the perspective of patients everywhere in advocating for improved access to care.

In addition to hearing presentations on current healthcare issues and legislation before Congress from a panel of Congressional representatives and policy experts, Patient Congress participants learned methods for conducting an effective Congressional visit and advocating on behalf of key healthcare matters.

Patient Congress attendees participated a Capitol Hill briefing in which they heard from speakers including: Matt Canedy, Director of Healthcare Research, Leaders' Project on the State of American Health Care, Bipartisan Policy Center; Robin Squellati, RN, MS, NP, Appropriations Staff Member, Office of Senator Daniel Inouye (D-HI); Ellen Doneski, Legislative Director, Office of Senator John D. Rockefeller IV (D-WV); Yvette Fontenot, House Committee on Energy and Commerce, Office of Representative John Dingell (D-15th-MI); Todd Spangler, Health Policy Staff, Senate HELP Committee, Office of Senator Michael Enzi (R-WY); and Kavita Patel, MD, MSHS, Deputy Staff Director, Senate HELP Committee, Office of Senator Edward Kennedy (D-MA).



Matt Canedy, Director of Healthcare Research Leaders' Project on the State of American healthcare Bipartisan Policy Center



Robin Squellati, RN, MS, NP, Appropriations Staff Member in the Office of Senator Daniel Inouye (D-HI)



Ellen Doneski, Legislative Director in the Office of Senator John D. Rockefeller IV (D-WV)



Todd Spangler, Health Policy Staff, Senate Health, Education, Labor and Pensions Committee, Office of Senator Michael Enzi (R-WY)



Capitol Hill Briefing Keynote Speaker, Kavita Patel, MD, MSHS, Deputy Staff Director, Health Policy Staff, Senate Health, Education, Labor and Pensions Committee, Office of Senator Edward M. Kennedy (D-MA)



Attendees at the Educational Expo and Reception



Patient Congress attendees arriving on Capitol Hill

Following these educational sessions, Patient Congress attendees completed 192 meetings with Members of Congress and staff on Capitol Hill, including 92 Senate offices and 100 House offices, asking for their support in improving access to healthcare coverage and:

- ~ To commit to a National Plan for universal and affordable health coverage;
- ~ To delay the scheduled reimbursement cut to physicians and to co-sponsor H.R. 2833, H.R. 2842 and S. 2236; and
- ~ To provide increased funding to FDA, NIH, CDC, AHRQ and the Patient Navigator Act for improved drug safety, medical research, health education and prevention, screening and treatment and health workforce programs.

During the Dinner Symposium held Thursday evening, attendees heard from The Honorable Ron Wyden (D-OR), United States Senate; The Honorable Bob Bennett (R-UT), United States Senate; and Scott Gottlieb, MD, Resident Fellow at the American Enterprise Institute for Public Policy Research. Another highlight of this year's Patient Congress Dinner Symposium was the opportunity for participants to hear first-hand comments from surrogates of Senator McCain's and Senator Obama's campaigns – Ronald Klar, MD from Senator McCain and Dora Hughes from Senator Obama – on the Presidential candidates' healthcare platforms and their views on enhancing patient access to health care.

This year's Patient Congress attendees shared that the event's presentations, Hill meetings and healthcare issue updates inspired them to get more involved with healthcare advocacy – not only in DC, but in their home states as well – while they enjoyed learning more about how legislation is made, and in some cases, developed lasting friendships with other participants from around the nation. In their own words, attendees had to say:

"Patient Congress is an amazing experience that allows you to feel that you can actually have made a difference and have advocated for those unable to advocate for themselves. It provides a sense of empowerment - your not just talking, your doing."

"It was very empowering to visit the congressional offices and show our representatives the face of people living with healthcare issues everyday and the impact those issues have on our lives."

"Patient Congress is a great way to get patients and caregivers involved in the political process to impact quality healthcare policies."

"This [Patient Congress] brings me political strength and health knowledge to share with patients and families back home. It also inspires me to do more than what I am doing now. As a family man, I want to be the best of what I do for others."

A special thanks to our 2008 Patient Congress honorary chairs, sponsors and exhibitors.

"PAF has been a huge blessing for us this past year. One of the many highlights of my mother's life was joining you in DC for the annual Patient Congress to tell her story and hopefully make a difference for others. I truly believe that helped her hang on just that much longer."

Jannie Carter,
daughter of the late **Annie Pearl Carter**
Breast Cancer (stage IV)
Greenville, MS



Senator Harry Reid (D-NV) and Senator John Ensign (R-NV) with constituents Herb and Darlene Perry



Congressman John T. Doolittle (R-CA-4th) and Patient Congress attendee



Attendee Helen Patashnick and Senator Bernard Sanders (I-VT)



Congressman Rick Renzi (R-AZ-1st) and attendees

PATIENT CONGRESS HONORARY CHAIRS:

United States Senate:

Senator Tom Harkin (D-IA)
 Senator Thad Cochran (R-MS)
 Senator Bob Corker (R-TN)
 Senator Johnny Isakson (R-GA)
 Senator Max Baucus (D-MT)
 Senator Tim Johnson (D-SD)
 Senator Robert P. Casey (D-PA)
 Senator Charles E. Grassley (R-IA)
 Senator Bill Nelson (D-FL)
 Senator Gordon Smith (R-OR)
 Senator Lisa Murkowski (R-AK)
 Senator Mike Crapo (R-ID)
 Senator Saxby Chambliss (R-GA)
 Senator Norm Coleman (R-MN)
 Senator John W. Warner (R-VA)
 Senator Richard Burr (R-NC)
 Senator Patty Murray (D-WA)
 Senator Michael Enzi (R-WY)
 Senator Ted Stevens (R-AK)
 Senator Dianne Feinstein (D-CA)
 Senator John F. Kerry (D-MA)
 Senator Blanche Lambert Lincoln (D-AR)
 Senator Jim Bunning (R-KY)
 Senator Sherrod Brown (D-OH)
 Senator Daniel K. Inouye (D-HI)
 Senator Jeff Bingaman (D-NM)
 Senator Joseph I. Lieberman (I-CT)
 Senator Olympia Snowe (R-ME)
 Senator John D. Rockefeller IV (D-WV)
 Senator John Cornyn (R-TX)
 Senator Mark Pryor (D-AR)
 Senator Orrin G. Hatch (R-UT)
 Senator Debbie A. Stabenow (D-MI)
 Senator Elizabeth Dole (R-NC)
 Senator Hillary Rodham Clinton (D-NY)
 Senator Chuck Hagel (R-NE)
 Senator Ron Wyden (D-OR)

United States House of Representatives:

Representative Phil Gingrey (R-11th-GA)
 Representative Grace Napolitano (D-38th-CA)
 Representative Stephanie Jones (D-11th-OH)
 Representative David Loebsack (D-2nd-IA)
 Representative Eddie Johnson (D-30th-TX)
 Representative Steve Pearce (R-2nd-NM)
 Representative Lois Capps (D-23rd-CA)
 Representative Gene Green (D-29th-TX)
 Representative Judy Biggert (R-13th-IL)
 Representative Kay Granger (R-12th-TX)
 Representative Barbara Lee (D-9th-CA)
 Representative Rosa DeLauro (D-3rd-CT)
 Representative Tom Latham (R-4th-IA)
 Representative Jesse Jackson, Jr. (D-2nd-IL)
 Representative Al Green (D-9th-TX)
 Representative Adam Putnam (R-12th-FL)
 Representative Jerry Costello (D-12th-IL)
 Representative Thomas Petri (R-6th-WI)
 Representative Madeleine Z. Bordallo (D-Guam)
 Representative John Dingell (D-15th-MI)
 Representative Jay Inslee (D-1st-WA)
 Representative Roy Blunt (R-7th-MO)
 Representative Zoe Lofgren (D-16th-CA)
 Representative David Obey (D-7th-WI)
 Representative Chris Van Hollen (D-8th-MD)
 Representative Howard Coble (D-6th-NC)
 Representative Adam Schiff (D-29th-CA)
 Representative Elijah Cummings (D-7th-MO)
 Representative Don Young (R at Large-AK)
 Representative Bruce Braley (D-1st-IL)
 Representative Steve Cohen (D-9th-TN)
 Representative Thelma Drake (R-2nd-VA)
 Representative Wm. Lacy Clay (D-1st-MO)
 Representative Loretta Sanchez (D-47th-CA)
 Representative Fortney 'Pete' Stark (D-13th-CA)
 Representative Diana DeGette (D-1st-CO)
 Representative Eni Faleomavaega (D-Somoa)
 Representative John Lewis (D-5th-GA)
 Representative Fred Upton (R-6th-MI)
 Representative Rush Holt (D-12th-NJ)
 Representative Peter Hoekstra (R-2nd-MI)
 Representative Ginny Brown-Waite (R-5th-FL)
 Representative Jane Harman (D-36th-CA)
 Representative C. A. "Dutch" Ruppersberger (D-2nd-MD)
 Representative John Yarmuth (D-3rd-KY)

Representative Stephanie Herseth Sandlin (D-At Large-SD)
 Representative Phil English (R-3rd-PA)
 Representative Jim Gerlach (R-6th-PA)
 Representative Dan Boren (D-2nd-OK)
 Representative Howard L. Berman (D-28th-CA)
 Representative Robert Wittman (R-1st-VA)
 Representative Ed Whitfield (R-1st-KY)
 Representative Eliot Engel (D-17th-NY)
 Representative Sue Myrick (R-9th-NC)
 Representative Thaddeus McCotter (R-11th-MI)
 Representative Geoff Davis (R-4th-KY)
 Representative John Conyers, Jr. (D-14th-MI)
 Representative John Olver (D-1st-MA)
 Representative Albio Sires (D-13th-NJ)
 Representative Joe Courtney, Jr. (D-2nd-CT)
 Representative Leonard L. Boswell (D-3rd-IA)
 Representative Ed Pastor (D-4th-AZ)
 Representative Allen Boyd (D-2nd-FL)
 Representative Raúl Grijalva (D-7th-AZ)
 Representative Tim Murphy (R-18th-PA)
 Representative Robert Scott (D-3rd-VA)
 Representative Rodney Alexander (R-5th-LA)
 Representative Robert Wexler (D-19th-FL)
 Representative Michael Honda (D-15th-CA)
 Representative Christopher Carney (D-10th-PA)
 Representative Jo Ann Emerson (R-8th-MO)
 Representative Edolphus Towns (D-10th-NY)
 Representative John Sarbanes (D-3rd-MD)
 Representative Doris Matsui (D-5th-CA)
 Representative Luis Guterres (D-4th-IL)
 Representative Anna Eshoo (D-14th-CA)
 Representative Shelley Berkley (D-1st-NV)
 Representative David Hobson (R-7th-OH)
 Representative Michael Burgess, M.D. (R-26th-TX)
 Representative Allyson Schwartz (D-13th-PA)
 Representative Jerrold Nadler (D-8th-NY)
 Representative Eleanor Norton (D-DC)
 Representative Hilda Solis (D-32nd-CA)
 Representative James Langevin (D-2nd-RI)
 Representative Debbie Wasserman Schultz (D-20th-FL)
 Representative Betty Sutton (D-13th-OH)
 Representative Patrick Kennedy (D-1st-RI)
 Representative Deborah Pryce (R-15th-OH)
 Representative Louise Slaughter (D-28th-NY)
 Representative Nick Rahall (D-3rd-WV)



Congressman Bob Inglis (R-SC-4th) greets attendees prior to their meeting



Congressman David Price (D-NC-4th) and North Carolina attendees



Congressman John Yarmuth (D-KY-3rd) and members of the Kentucky delegation



Senator Chuck Hagel (R-NE) and constituents



Congresswoman Sue Myrick (R-NC-9th) and fellow North Carolinians



Dr. Ronald Klar, a surrogate for the Senator John McCain (R-AZ) campaign addressing the attendees during the Dinner Symposium



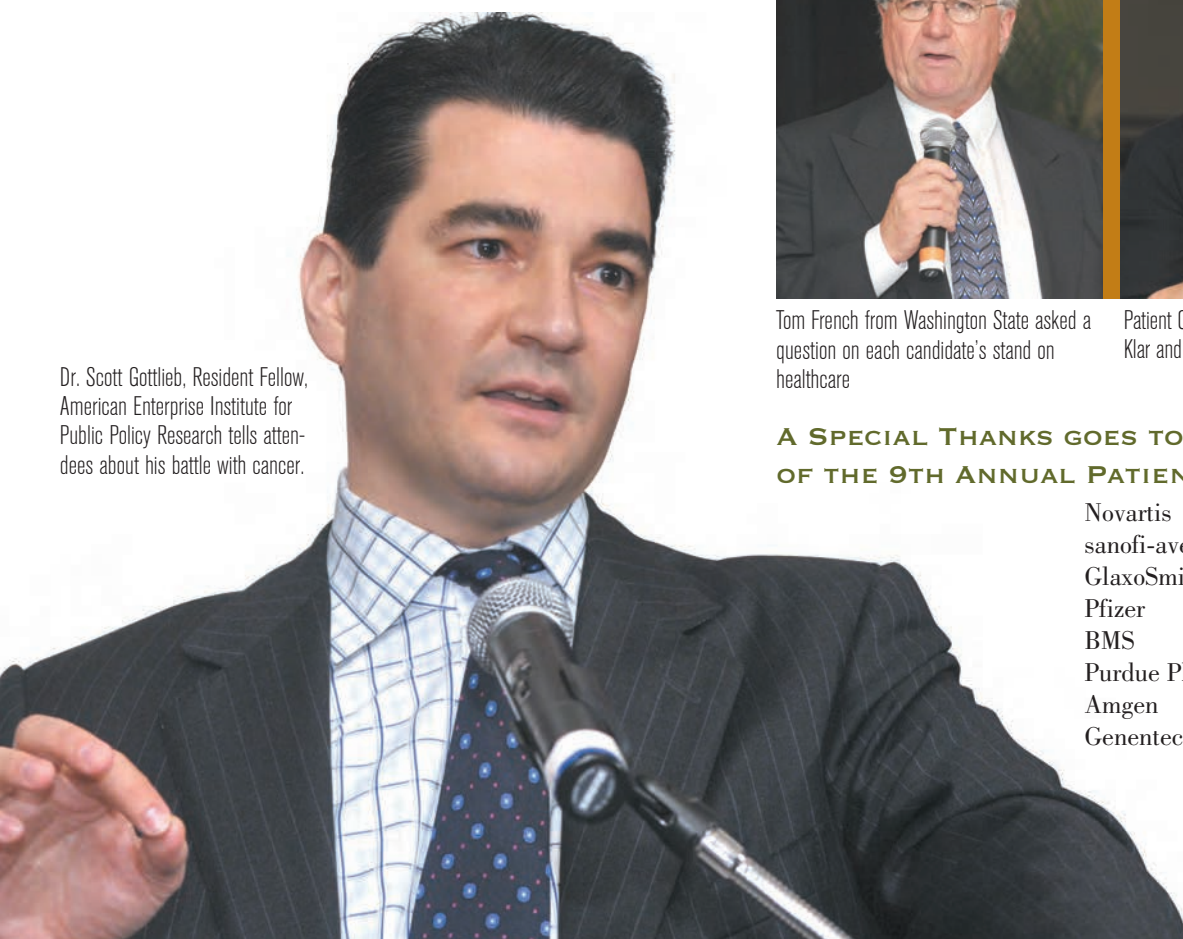
Senator Bob F. Bennett (R-UT) and Senator Ron Wyden (D-OR) after receiving the National Humanitarian Healthcare Award at the Dinner Symposium



Senator Christopher "Kit" Bond (R-MO) and attendees from Missouri



Dora Hughes, representing the Senator Barack Obama (D-IL) campaign spoke on the candidate's platform on healthcare



Dr. Scott Gottlieb, Resident Fellow, American Enterprise Institute for Public Policy Research tells attendees about his battle with cancer.



Tom French from Washington State asked a question on each candidate's stand on healthcare



Patient Congress attendee posing a question to Dr. Klar and Ms. Hughes during the Dinner Symposium

A SPECIAL THANKS GOES TO THE ARDENT SUPPORTERS OF THE 9TH ANNUAL PATIENT CONGRESS:

Novartis
sanofi-aventis
GlaxoSmithKline
Pfizer
BMS
Purdue Pharma
Amgen
Genentech

Bayer
Roche
Schering-Plough
AmersourceBergen
Eli Lilly
US Oncology
Lance Armstrong
Foundation

9TH ANNUAL PATIENT CONGRESS EXHIBITORS INCLUDED:

Association of Oncology Social Work
Men's Health Network
Cancer Consultants, Inc. OmniHealth Media LLC
Society for Women's Health Research
Breast Cancer Network of Strength (Y-ME)
Centers for Medicare & Medicaid Services
The Wellness Community
Mautner Project: The National Lesbian Health Organization
Lupus Foundation of America
Brain Tumor Awareness Organization
National Sarcoidosis Society

The American Pain Foundation
Lung Cancer Alliance
Sarah Lawrence College Health Advocacy Program
Kidney Cancer Association
ASTRO
Geriatric Oncology Consortium
Pancreatic Cancer Action Network (PANCAN)
Coping Magazine
Lance Armstrong Foundation
CR Magazine – American Association for Cancer Research
Cancer Programs/American College of Surgeons

PAF SCHOLARSHIP FOR SURVIVORS ACADEMIC AWARD PROGRAM

EACH YEAR AT PATIENT CONGRESS, Patient Advocate Foundation presents the Scholarship for Survivors Academic Award Program. The purpose of the program is to provide financial support to patients who are seeking to initiate or complete a course of study that has been interrupted or delayed by a diagnosis of cancer or other critical or life-threatening disease.

This year, Patient Advocate Foundation had five recipients complete their course of study and graduate.

Ben Brown graduated from University of Texas, Southwestern Medical School and will begin his residency at UT Southwestern in Dallas.

"I know that, wherever I go, the time I've spent and the lessons I've learned with the Patient Advocate Foundation will be with me every day."

Suzanne Day graduated from Roberts Wesleyan College

"I'm excited about all the possibilities that are ahead of me as I enter the field of design. The Patient Advocate Foundation has made my dreams of pursuing a career in art a reality. I'm so thankful for the opportunity PAF has given me to earn a degree in graphic design and enable me to fulfill my ambitions."

Drew Fisher graduated from University of Mexico

"Overall, these last four years have been incredible, with all the struggles and trials, victories and defeat; a dream that never would have been realized if it weren't for the Patient Advocate Foundation. I cannot even express how grateful I am for the work that PAF does and the support you have shown me, as it is something I will never forget."

Zazel Chavah O'Garra graduated from Fordham University

"The main purpose of me receiving a Masters in social work is to help people who've experienced traumatic illnesses."



Drew Fisher, graduating Scholarship for Survivors recipient addresses the Patient Congress attendees

Kendra Smith graduated from Brockport University

"PAF is sincerely focused on its mission and deeply concerned with the individuals affected by the choices of our government, in regards to patient protection. I would like to thank PAF for not only giving me a chance to experience college without worrying about debts and loans, but also to how I am able to change the way our government thinks and represents the public. I have enjoyed my experiences with PAF and have unquestionably enjoyed the individuals I have met while involved with this organization. Thank you for all of your support and knowledge that you have shared with me."

PAF congratulates each one of our graduating seniors and wishes them well on their next journey in life.



Kristopher Adame, new Scholarship for Survivors recipient and PAF Board Members



2008 Scholarship for Survivors with Ruth Anne Reed, Program Director and Nancy Davenport-Ennis, CEO

The Scholarship for Survivors provides \$36,000.00 in scholarship funds each year. The 2008 - 2009 Scholarship for Survivors recipients are:

THE CHERYL GRIMMEL AWARD

Eric Holland

School: University of Central Oklahoma

THE MONICA BAILES AWARD

Sadie Byboth

School: Louisiana State University

**THE JIM MEADE &
LUKE BARLOWE AWARD**

Kenneth Thomas

School: University of Louisville

THE KAREN L. REEDER AWARD

Nicholas Harper

School: Bellarmine University

THE ROBIN PRACHEL AWARD

Dylan Feierabend

School: College of the Redwoods

**SCHOLARSHIP FOR
SURVIVORS RECIPIENTS**

Kristopher Adame

School: New River
Community & Technical College

Tenisha Avila

School: Fresno Pacific University

Andrew Boggess

School: Adrian College

Hunter Durfee

School: Keene State College

Gregory Johnson

School: Colorado School of Mines

Abby Schafer

School: Marywood University

SEVENTH ANNUAL A PROMISE OF HOPE AFFAIR



ON FEBRUARY 23, 2008, PATIENT ADVOCATE FOUNDATION held our seventh annual black tie optional fundraising gala, *A Promise of Hope Affair*, at the Newport News Marriott at City Center. We were joined by a record-breaking nearly 450 attendees – including area patients and family members helped by PAF’s services; our Board of Directors, staff members and Partners in Progress; local lawmakers; area business representatives; and other Foundation supporters.

Barbara Ciara, Managing Editor and Evening News Anchor for WTKR-TV3 (CBS affiliate) in Norfolk, joined us for her seventh year as our Mistress of Ceremonies and Honorary Chairperson and helped us in making this year’s *Promise of Hope* the most successful yet.

Additional event highlights included:

- ~ A 50/50 raffle and an opportunity to provide bid amounts for scholarships for PAF’s *Scholarships for Survivors* program
- ~ A silent and live auction with over 300 items – including an autographed Montgomery Gentry guitar, AirTran Airways tickets, fine jewelry, signed original artwork, multiple spa and resort packages, Washington Redskins tickets and an autographed Kurt Busch leather jacket from Roush Fenway Racing
- ~ Dinner and dancing with music by “Slapwater”
- ~ Additional entertainment provided by the Arpeggiare Ensemble of the Williamsburg Youth Harp Society during the VIP reception and by vocalist Becca Fifelski with guitarist Lindsay Arndt during the silent auction preview

We are pleased to report that through the support of local businesses, PAF’s Board of Directors and our Partners in Progress, this year’s *A Promise of Hope Affair* raised \$335,585.00 – more than \$99,000 over last year’s *A Promise of Hope Affair* fundraising total – through donations, sponsorships, auction bids and in-kind donations for PAF’s provision of direct services to help patients obtain access to quality health care.

This support is instrumental to PAF’s growth, allowing us to continue and expand our programs in helping millions of patients across the nation resolve insurance, job retention and/or debt crises after the diagnosis of a chronic, life-threatening or debilitating disease.

PAF would like to again express our sincere gratitude to our 2008 *A Promise of Hope Affair* attendees and supporters for making the event such a success.

A PROMISE OF HOPE AFFAIR



Nancy Davenport-Ennis, PAF CEO and Congressman Robert C. “Bobby” Scott, (D-VA-3rd)



Virginia Delegate Phil Hamilton (R-93rd District), Nancy Davenport-Ennis, PAF CEO, Jack Ennis, PAF Chief Development Officer, Gary Reedy, Worldwide Vice President Biopharmaceutical Public Policy & Advocacy-Johnson & Johnson

Honorary Event Chairs

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 Congressman Robert C. "Bobby" Scott,
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 Alan Richardson, Patient Advocate Foundation
 Executive Vice President of Resource Development
 Grace Rutledge, Patient Advocate Foundation Project
 Coordinator, Office of the President
 Lisa Wachsmuth, Corporate Development
 Administrative Assistant

Auction Committee

Ruth Anne Reed
 Rocquel Robinson
 Karen Seitz
 Lisa Wachsmuth
 Donna Adkins
 Angie Utter



Christian Downs, PAF Executive Board of Directors Vice President recognizes past Board Members for their service.



Linda House and Bruce Edelen from Eli Lilly flank Jack Ennis



Fran Castellow, Chief Operating Officer thanks Gary Reedy from Johnson & Johnson and Andres Rodriguez from Centocor



Bob Shuford with Old Point National Bank and Debbie Andrus from PAF



Debbie Tanner, representing Riverside Health System Foundation is thanked by Mary Giguere, Colorectal CareLine Director



Mayor Joe Frank, City of Newport News welcomes the guests to A Promise of Hope Affair



Beth Darnley, PAF Chief Program Officer thanks Roger Hunter from GlaxoSmithKline for their sponsorship.



Debbie Freire from Novartis and Melynda Obergfell from Patient Advocate Foundation.



Sponsor Bruce Breeger from Coastal Data Products is thanked by Ruth Anne Reed, Vice President of Human Resources Programs

SEVENTH ANNUAL A PROMISE OF HOPE AFFAIR



Hugh Barlow with Goodman and Company and Dynelle Lunsford, PAF Vice President of Finance



A Promise of Hope Affair guests placing their bids during the Silent Auction.



Slapwater



A signed Montgomery Gentry guitar was auctioned off during the Live Auction.



Barbara Ciara from WTKR-TV 3 (local CBS affiliate) and the Mistress of Ceremonies points out a bid.

A Promise of Hope Affair 2008 SPONSORS

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John Schmidt and Ellen Almond with Schmidt PA flank Lisa Deaton with Allbritton Communications



The Silent Auction is ready and waiting for bidders.



Alan Richardson, A Promise of Hope Affair Chair, is presented a check from Jim Meade and Luke Barlowe for the creation of the Jim Meade and Luke Barlowe Scholarship for Survivors award to be presented at Patient Congress each year.



Dancing to the sounds of Slapwater



Bidding during the Live Auction



Rhonda Keenum with Schmidt PA submits a winning bid!

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A PROMISE OF HOPE AFFAIR

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COMBINED FEDERAL CAMPAIGN

PAF is a participant in the Combined Federal Campaign (CFC) which was established by the United States government as a way for Federal employees to support their charities of choice. PAF's CFC number is 10681.

You are also able to designate PAF with your United Way contribution. Ask your United Way representative on the correct procedure to designate PAF as it may vary from United Way to United Way.



“

Knowing how hard it's been to make ends meet and try to get better and not have the finances, this program is definitely worth sharing with others in the same situation.

”

Suzanne Morris
Charlotte, NC

PAF FINANCIAL STATEMENTS

Patient Advocate Foundation

Statements of Financial Position

June 30,	2008	2007
Assets		
Current assets		
General operating cash and cash equivalents	\$ 3,338,443	\$ 3,772,793
Restricted CPR cash and cash equivalents	18,806,169	18,431,332
Unconditional promises to give	5,225	52,000
Interest receivable	75,639	73,146
Employee receivable	-	409
Due from NPAF	-	97
Inventories	46,422	47,128
Prepaid expenses	88,106	41,874
Investments	1,829,580	1,740,435
Total current assets	24,189,584	24,159,214
Property and equipment - net	796,651	472,642
Other assets		
Refundable deposits	11,402	11,402
	\$ 24,997,637	\$ 24,643,258
Liabilities and Net Assets		
Current liabilities		
Current portion of obligation under capital lease	\$ 54,293	\$ -
Accounts payable and accrued expenses	293,263	301,821
Deferred revenue	2,225,270	2,322,498
Accrued vacation leave	264,712	113,905
Total current liabilities	2,837,538	2,738,224
Long term liabilities		
Obligation under capital lease-less current portion	245,464	-
Total liabilities	3,083,002	2,738,224
Net assets		
Unrestricted	1,170,983	1,593,140
Temporarily restricted	18,806,169	18,431,332
Permanently restricted	1,937,483	1,880,562
Total net assets	21,914,635	21,905,034
	\$ 24,997,637	\$ 24,643,258

The accompanying notes are an integral part of these financial statements.

Statements of Activities

The accompanying notes are an integral part of these financial statements.

PAF STAFF FY2007/2008

PATIENT ADVOCATE FOUNDATION STAFF FY2007/2008

Executive Leadership

Nancy Davenport-Ennis, Chief Executive Officer
Jack Ennis, Chief Development Officer
Fran Castellow, MEd., Chief Operating Officer
Beth Darnley, Chief Program Officer

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Judi Roberson, Travel and Event Coordinator

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Tricia Smithers, Receptionist
Danielle Smith, Resource Room Assistant
Janet Winslow, Receptionist

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Caron Barnhart, Executive Administrative Assistant

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Lisa Kelley, Director, ACS/PAF Partnership
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Stella Estrada, LVN, Clinical Case Manager
Caroline Hussaini, RN, Clinical Case Manager
Tammy Neice, RN, Clinical Case Manager
Keira Treadwell-Burr, RN, Clinical Case Manager
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Jacqueline Beard, Senior Case Manager
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Margie Griffin, Senior Case Manager
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 Elaine Abrams, RN, Clinical Case Manager
 Judy Clarke, RN, Clinical Case Manager
 Carlette Hattett, Case Manager
 Elaine Martinez, LPN, Clinical Case Manager
 Cheryl Nowell, CPC, CPC-H, CRS, Case Manager
 Avis Potter, Case Manager
 Linda Shird, Financial Aid Counselor



"I was sent to everyone, and kept getting phone numbers that got me nowhere with any answers to have my bills paid, as I had the proper insurance to cover it. Then one day I got the phone number to PAF. Fortunately, I met Lynn at the PAF who worked as hard as if it was her own bill. She was able to resolve all of my insurance issues. I thanked God I met her; she never gave up."

MRS. MARY WHITENIGHT
 Leukemia
 Williamsport, PA

"I was pleased to know that there are people out there that will help with my needs because my family doesn't have the funds to help me. Needed help paying bills and gas to and from appointments. Keep up the helpful work that you are doing."

MILDRED PAYNE
 Breast Cancer
 Sasakwa, OK

ACKNOWLEDGMENTS

PATIENT ADVOCATE FOUNDATION ANNUAL REPORT ACKNOWLEDGMENTS

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