EXHIBIT A

AMENDMENT TO TERM SHEET

The Plaintiff's Steering Committee ("PSC"), State Liaison Committee ("SLC") and Defense Counsel have conferred respecting an Amendment to the MDL 1 and MDL 2 Term Sheets executed on April 30, 2004, and December 1, 2005, respectively, and have agreed as follows:

13. **Participation.**

F. The Special Master shall review the Section 13(A) and (B) memoranda of the parties. If he concludes that any memorandum includes material which is both irrelevant and prejudicial to the determination of eligibility or ineligibility, or which relies upon defenses waived under the Term Sheet, he shall inform the parties. If the parties are unable to resolve the issue between themselves, or do not persuade the Special Master that the questioned material properly belongs in its submission, the Special Master shall decide the issue and, if redaction is required, shall arrange for redaction before the memorandum is submitted to the Medical Panel.

25. **Reconsideration of Certain Claims.** Notwithstanding Paragraphs 2D and 13D of the Term Sheets, and in an effort to provide certain claimants whose claims are found ineligible by the Medical Panel an opportunity to have their claims reviewed a second time, an opportunity not provided in the Term Sheet, the parties have agreed to adopt the following policy for all Tier I and Tier II claimants:

A. All claimants who have submitted Tier I and Tier II claims and who have already been found ineligible for compensation, or who hereafter are found

ineligible for compensation, shall be permitted to have their claims reviewed a second time through the approval of a member of the PSC (who has no direct representation of the claimant) and one attorney representing the defense. The test for reconsideration the PSC and Defense Counsel shall apply is whether the medical records originally submitted appear to provide sufficient support under all the requirements of Exhibit A of the Term Sheet for a second review by the Medical Panel. In the event the attorneys for the PSC and the defense do not agree whether the claim should be resubmitted, the Special Master shall make the decision. Requests for a second review shall be selective, for good cause, and shall not exceed 33 1/3% of the then reviewed Tier I and Tier II claims.

B. In the event the matter is determined to be one for reconsideration under Section A, the panelists shall receive the same claim form, medical records and any memoranda already provided by the parties pursuant to Section 13(A). No additional or supplemental records, memoranda or other materials shall be submitted by any party or considered as a part of the reconsideration request. The two or three panel members shall perform their review in the same manner as provided in the Term Sheets and shall not have participated in the initial review of the claim. The panelist shall not be advised that their review is one for reconsideration.

C. The parties have agreed upon a form of written statement respecting causation which shall be provided to the members of the Medical Panel for all claims which shall hereafter be reviewed either originally or on reconsideration. See attached "Propulsid Settlement Requirements Applicable To All Claims and Review Standards To Be Used."

PROPULSID SETTLEMENT REQUIREMENTS APPLICABLE TO ALL CLAIMS REVIEW AND STANDARDS TO BE USED

SETTLEMENT REQUIREMENTS

1. FACTUAL REQUIREMENTS

There must be credible evidence from the medical records that each of the following is more likely than not:

A. EVENT - The plaintiff or the plaintiffs decedent (hereinafter referred to jointly as the "person"), must have had an event. An event is defined as death, cardiac arrest or primary tachycardic ventricular arrhythmia. Primary tachycardic ventricular arrhythmia is limited, to primary, sustained ventricular tachycardia, ventricular fibrillation or torsades de pointes.

Primary is further defined as a symptomatic ventricular arrhythmia (ventricular tachycardia or ventricular fibrillation) that occurs in the absence of a concurrently documented causative factor that precipitated the arrhythmia, including, but not limited to, acute myocardial infarction, active myocardial ischemia and decompensated congestive heart failure. Conditions such as hypokalemia or hypomagnesaemia documented at the time of the arrhythmia may be considered by the Medical Panel to be causative factors.

Sustained is further defined as continuous ventricular tachycardia 1) of at least 10 seconds duration, or 2) requiring termination through therapeutic intervention by precordial thump, electrical cardioversion or medication, or 3) with associated symptoms of hemodynamic deterioration such as syncope, presyncope (distinct feeling of impending loss of consciousness which does not eventuate) or shock. Neither dizziness nor lightheadedness is considered an associated symptom, nor is chest pain which precedes the arrhythmic event.

B. INGESTION- The person must have ingested Propulsid within 72 hours of the event or, in the case of death, within 72 hours of the arrhythmia that directly resulted in the subsequent death.

2. SETTLEMENT CATEGORIES

TIER I: DEATH CASES

1. The medical records and other factual information are more consistent with a primary tachycardic ventricular arrhythmia being the cause of death than any other reasonable cause, and

2. Death would not have occurred but for decedent's use of Propulsid, or in those cases where there was more than one contributory cause to the death, Propulsid was a substantial factor as defined in Section 14(B), and

3. The autopsy findings, if any, are more consistent with a primary tachycardic ventricular arrhythmia being the cause of death than any other reasonable cause.

TIER II: NONFATAL CARDIAC ARREST
LEVEL A

1. No documented evidence of previous cardiac arrest, myocardial ischemia or myocardial infarction and no documentation that patient was at high risk far cardiac arrest before taking Propulsid, and

2. The arrest is more consistent. with a primary tachycardic ventricular arrhythmia being the cause than any other reasonable cause, and

3. The arrest would not have occurred but for the patient's use of Propulsid, or in those cases where there was more than one contributory cause to the arrest, Propulsid was a substantial factor as defined in Section 14(B), and

4. The arrest was witnessed by a health care provider or required therapy such as CPR or defibrillation or was documented on an EKG or monitor.

LEVEL B

1. Some risk factors for cardiac arrest present, but no prior history of cardiac arrest and

2. The arrest is more consistent with a primary serious tachycardic ventricular arrhythmia being the cause than any other reasonable cause, and

3. The arrest would not have occurred but for the patient's use of Propulsid, or in those cases where there was more than one contributory cause to the arrest, Propulsid was a substantial factor as defined in Section 14(B), and

4. Medical Treatment was obtained following the arrest.

TIER III: PRIMARY TACHYCARDIC VENTRICULAR ARRHYTHMIA

1. The primary tachycardic ventricular arrhythmia must be documented in a rhythm strip, or there is documentation in the patient's medical records that the rhythm strip demonstrated the same, and

2. The primary tachycardic ventricular arrhythmia (including Torsades de Pointe) is more consistent with the patient's use of Propulsid than any other reasonable cause, and

3. The primary tachycardic, ventricular arrhythmia would not have occurred but for the patient's use, of Propulsid, or in those cases where there was more than one contributory cause to the primary tachycardic ventricular arrhythmia, Propulsid was a substantial factor as defined in Section 14 (B), and

4. Required medical attention in, the form off a hospital evaluation or ER visit for treatment of the arrhythmia.

REVIEW STANDARDS TO BE USED

A finding for eligibility to enter a defined category does not require findings of medical certainty but only findings that something is more probable than not. The following standards should be used by the Medical Panel or upon inquiries by it to the Special Master:

A. "But for" tests - whether harm (death, cardiac arrest or serious tachycardia ventricular arrhythmia) would more probably have occurred or not because of the user's ingestion of Propulsid.

B. Concurrent cause and substantial factor. Cause-in-fact is usually a "but for" inquiry which tests whether the harm would not have occurred "but for" the use of Propulsid, and the substantial factor inquiry is an alternative method of analysis used when two or more combined causes may be present. Thus, where there may be concurrent causes of an injury, the proper inquiry is whether the product in question was a substantial factor in bringing about the harm or injuries. A party's act maybe a substantial 'factor in bringing about the harm or injury when the harm would not have occurred without, the product's use.

C. The package literature identifies certain medications as contraindicated for use while Propulsid is being taken and identifies the presence of certain conditions as a contraindication for the use of Propulsid. The existence of such events in any claimant's case does not of itself entitle the claimant to a recovery nor deny a claimant a recovery.

D. Any legal interpretation of these standards may be referred by the Medical Panel to the Special Master on a case by case basis. The interpretation of the Special Master will be final and unappealable and will be rendered only in writing within 3 calendar days of the request.