

**AFFORDABLE PRESCRIPTIONS NOW:  
EXAMINING LEGISLATION TO LOWER  
COSTS FOR SENIORS**

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**HEARING**  
BEFORE THE  
**SPECIAL COMMITTEE ON AGING**  
**UNITED STATES SENATE**  
ONE HUNDRED SEVENTEENTH CONGRESS

SECOND SESSION

FAYETTEVILLE, GEORGIA

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**FRIDAY, JULY 1, 2022**

U.S. SENATE  
SPECIAL COMMITTEE ON AGING  
*Fayetteville, GA*

The committee met, pursuant to notice, at 10:13 a.m., at Fayette Senior Services, 4 Center Drive, Fayetteville, Georgia, Hon. Raphael Warnock, Member of the Committee, presiding.

Present: Senator Warnock

**OPENING STATEMENT OF SENATOR  
RAPHAEL WARNOCK, MEMBER OF THE COMMITTEE**

Senator WARNOCK. Good morning to everybody. Thank you so very much for being here. This U.S. Senate Special Committee on Aging field hearing here in the State of Georgia will come to order. The purpose of this hearing titled, Affordable Prescriptions Now, Examining Legislation To Lower Costs For Seniors, is to examine the urgent importance of lowering prescription drug costs for hard-working Georgia families, especially our senior citizens, and so I am glad to be here in Fayetteville today.

I want to acknowledge the presence of the Mayor. Mayor Johnson, thank you so very much for being here. Other officers and elected officials, thank you for hosting us for this important hearing. I want to thank the Fayette County Senior Services Center for hosting this important field hearing at their facility today, and I also want to thank the folks who are able to join us here in person and for the many folks who are watching us online.

As I travel around the State and as I talk to Georgians, one thing is clear, Georgians are doing our best to navigate a changing economy but are being crushed by the rising cost of prescription drugs. As a voice of Georgia in the U.S. Senate, I have been focused on pushing through legislation to lower costs on everything, from prescription drugs, to gas, to groceries, and seniors shouldn't have to choose between buying groceries and buying the drugs that they need, and so we are focused on this. We are also focused on holding corporations accountable for making record profits, record profits, right now, in the middle of the pandemic, record profits on the back of Georgians who have been paying record prices, the pain you feel and the profits that they are enjoying are connected, and you can't talk about one without the other, and so something I hear consistently from Georgians, especially seniors, is about how they are

being squeezed by the high cost of prescription drugs and the burden it puts on their health and on their wallets. During a recent call with the Georgia AARP members, I heard from J.C. Irons, a senior citizen from Cherokee County, whose out-of-pocket costs for prescription drugs ranges from \$4,000 to \$7,500 per year.

He shared that since he is on a fixed income, he is often not able to buy all of the drugs prescribed to him. If you cannot afford your medication, then you don't have affordable health care now. Plain and simple, but this isn't just a Georgia problem, this is an issue that touches seniors all across our country.

The AARP says that the average older American takes 4.7 prescription drugs per month, typically on a chronic basis, and more than four in five seniors say drug costs are unreasonable. Additionally, nearly 25 percent of older Americans who take prescription drugs say it is difficult for them to afford their prescription drugs, including about one in ten who say it is, "very difficult," very difficult in the evening of their lives and struggling with the costs of something that is very basic, so vital, and necessary, so this issue is personal for me. This is about something much bigger than politics. It is about my mother. You know, my mom is 84 years old, and I think about her, and people like her, and I think about the parishioners in my own church that I have counseled over the years who have had to deal with the consequences of rationing life-saving medication like insulin because they couldn't afford it.

One of my seniors, who is in her 90's, a classmate and schoolmate of her childhood buddy M.L., they called him Martin Luther King Jr., texting me this morning. She texts in her 90's. Talking about the challenges of managing her health care, and so I am focused on fighting the good fight for her and for my mother and so many others. Focused on lowering prescription drug costs in the Senate, and so I am a proud member of the Aging committee.

I am glad to be chairing a field hearing in Georgia today, a first for our State, so it is a historic hearing we are having to explore this issue that I know is top of mind for many Georgians. This hearing will unpack the current challenges our seniors are facing brought on by high drug costs, and it will highlight benefits of lowering prescription drugs for all Georgians, but especially for seniors.

One of the major reasons we are here is that Georgia seniors can't keep waiting for Washington to take action. That is the message I took away from my visit to East Point's Oak Street Health Clinic back in May, where seniors told me about the stress that is being caused by high prescription drug costs.

I am looking forward to hearing from our witnesses today who will underscore why it is so very important that Congress take urgent action now to tackle this issue and lower prescription drug costs. I am also looking forward to exploring in this hearing what Washington can do in the short term and in the long term to lower drug costs for our seniors.

For my part, I am proud to be leading the charge with several legislative proposals to fix this critical issue, including some policies that we will discuss today, like capping out-of-pocket costs and allowing Medicare to negotiate drug prices. While the Affordable Care Act set an annual limit on out-of-pocket costs for people with

private insurance, Medicare beneficiaries, which includes many, if not most of our seniors Georgians, currently lack that basic protection, can't negotiate the price.

What kind of capitalism is that, where you don't get to negotiate the price of something you are buying? According to the Kaiser Family Foundation, 1.2 million seniors face out-of-pocket drug costs of more than \$2,000 in 2019. No senior citizens should have to choose between buying groceries and taking necessary medication, but today and as these statistics demonstrate, far too many seniors face an impossible choice.

That is why I support allowing Medicare to negotiate and bring down the cost of prescription drugs, and I am pushing my colleagues in Congress to make this happen. It is also why I introduced the Cap and Drug Cost for Seniors Act legislation to cap annual cost of—annual out-of-pocket costs for seniors at \$2,000 for the entire year, and you may have heard I am also championing the Affordable Insulin Now Act that would cap the cost of insulin for seniors on Medicare, as well as individuals on private plans at \$35 per month. That in a State where 12 percent of the adults have diabetes and \$1 in \$4 in our health care system is spent on people with diabetes, and so I am so glad to be holding this hearing today because we are closer than ever to getting critical legislation to lower drug costs across the finish line and I won't stop pushing until we get it done. I plan to use today's discussion to help move our efforts in Washington forward by underlining the importance of Congress taking urgent action right now on this issue in the very next work period when we return from the 4th of July.

That will be a good time to declare seniors' independence from incredibly high prescription drug costs. I look forward to hearing more from our witnesses on this very topic, and I thank you again for being here, Mayor and so many others, to share your experience and your expertise.

Before we begin, I want to remind the witnesses to please keep their remarks and questions to 5 minutes, something that the Senator did not manage to do—

The privilege of the chair. I am going to ask you to keep your remarks and your questions of 5 minutes, and I will turn to an introduction of our witnesses. I am pleased to introduce, first of all, Mr. Lee Baker, who served as the President of AARP, Georgia. I have a fine feeling for AARP.

A couple of years ago, my daughter, who is a toddler, she got an invitation to join a preschool. They, you know, they saw that it was her birthday, and they said, dear Chloe, we would like to invite you to our preschool, and I was turning 50, and in that same batch of mail, I got my invitation to join AARP—preschool AARP.

Mr. Baker is a graduate of Georgia Tech. He has been a tireless advocate for the aging population for over a decade. He has years of experience in financial resiliency and understands just how important it is for seniors to be able to afford their prescription drugs. Thank you, Mr. Baker. Thank you all for being here.

Thank you for your expertise. Our next witness is Ms. Elizabeth Ernst, State Director of Protect Our Care, Georgia. Protect Our Care is a national health organization that works to find ways to make health care more affordable and accessible.

Ms. Ernst has been working as an advocate for various patient, consumer rights, and environmental protection issues important to Americans for 15 years and has been a strong voice for improving access to health care in our State. Thank you so very much, Ms. Ernst, for being here. Next—well, here is the test, Dr. Keerthi Gogineni. Okay?

Dr. GOGINENI. Yes, I recognize that name.

Senator WARNOCK. A dual provider in both oncology and hematology. She works with patients at Grady, a safety net hospital in Atlanta, and thank God for Grady, and Emory University Hospital as well. Dr. Gogineni has firsthand experience in seeing how exorbitant prescription drug costs lead to difficult choices for patients and compromises their ability to get treatment.

As a breast oncologist, she has guided patients through a complex maze of treatment options, and as an associate professor, she has taught residents and fellows about health policy issues affecting oncology. Thank you so very much, Dr. Gogineni, for being with us today and sharing your expertise with the committee, and then finally, last but not least, our next witness is Ms. Gretchen Spring from Marietta.

Ms. Spring spent the last 6 years as a caregiver for her late husband, Peter, who lost his battle with Alzheimer's disease earlier this year. Prayers and strength to you.

Ms. SPRING. Yes. Thank you.

Senator WARNOCK. She will share the stress and the burden that she and Peter faced just to purchase the prescription drugs they needed. Ms. Spring and Peter had to max out their credit cards and take out personal loans for food so they could afford their medications, but I will allow her to tell her own story. We now turn to our witnesses for their statements, and we will begin with Mr. Baker.

**STATEMENT OF LEE BAKER, CFP,  
PAST PRESIDENT, AARP GEORGIA, ATLANTA, GEORGIA**

Mr. BAKER. Thank you, Senator. AARP, on behalf of our 38 million members across the country, including over 1 million members right here in Georgia, and all older Americans nationwide, appreciates the opportunity to submit testimony on this important hearing and historic hearing of the Senate Aging committee.

High prescription drug prices hit older Americans particularly hard. On average, Medicare Part D enrollees take between four and five prescriptions per month, often for chronic conditions that will require treatment for the rest of their lives. At the same time, Medicare beneficiaries have a median annual income of just under \$30,000. One-quarter have less than \$8,500 in savings.

Here in Georgia, the average annual cost of prescription drug treatment increased 26.3 percent between 2015 and 2019, while the annual income of Georgia residents only increased by about 18 percent. This population simply does not have the resources to absorb rapidly escalating prescription drug prices, and many are facing the reality of having to choose between their medications and rising prices for other basic needs, like food and housing.

In the case of one of our other members here in Georgia, Eleanor, someone in her late 60's, she spends about \$200 each time she re-

fills her glaucoma eyedrops. She is able to get by for now, but she wonders what is going to happen if she needs any other prescription medications in the future. Unfortunately, Eleanor isn't alone. We know that the No. 1 reason someone does not fill their prescription is the cost.

For years, prescription drug prices—increases have dwarfed even the highest rates of general inflation. If consumer prices had risen as fast as drug prices over the last 15 years, gas would actually be about \$12 a gallon. Milk would be \$13 a gallon. Just in January, the drug industry raised prices on over 800 prescription medications, just as they have increased prices for decades, including three-fourths of the top 100 drugs with the highest spending in Medicare Part D.

AARP is mindful that high and growing prescription drug prices are affecting all Americans in some way. Their high cost is passed along to everyone with health coverage through increased health care premiums, higher deductibles, and other forms of cost sharing. We have also seen massive increases in prescription drug spending under public programs like Medicare and Medicaid.

These escalating costs will eventually affect all of us in one form or another through higher health care costs, higher taxes, cuts to Medicare or Medicaid, or some combination of all of the above. In other words, every single American taxpayer is paying for higher prescription drug prices regardless of whether or not you are taking medicine yourself. Fortunately, there is action that the Senate can take right now, and we hope they do when they get back from the 4th of July break.

There is long, longstanding and overwhelming bipartisan support among voters for allowing Medicare to negotiate with drug companies for lower prices. The policies before the Senate, that Senator Warnock is leading on, including Medicare negotiation, as he mentioned, capping out-of-pocket costs on the Medicare Part D, and for insulin, and penalizing drug companies that increase their prices faster than the general rate of inflation will provide long overdue relief to older Americans across the country.

These policies, taken together, will help reduce drug prices and out-of-pocket costs. This is important because real relief for seniors and all Americans must include policies that get to the root of the problem, the high prices set by drug companies. America's seniors aren't the only ones who stand to benefit.

Lowering prescription drug prices will also save the Medicare program and taxpayers hundreds of billions of dollars every year. Medicare spends more than \$135 billion on prescription drugs. Nationally, we have survey data that shows that the vast majority of older adults support each proposed measure being discussed in Congress to reduce drug prices.

The most favored initiative was allowing Medicare to negotiate for drug prices, winning over 87 percent of older adults. Seventy-eight percent support putting a cap on out-of-pocket costs that older adults pay for their prescription drugs under Medicare Part D. Clearly, Americans are fed up with paying three times what people in other countries pay for the same drugs.

More than 4 million people across the country, including over 92,000 here in Georgia, signed a petition to demand lower prices

for prescription drugs. There will never be a better time than now, this historic opportunity in front of Congress. Now is the time to get it done.

Senator WARNOCK. Thank you so very much for your testimony, Mr. Baker. Ms. Ernst, you may begin.

**STATEMENT OF ELIZABETH ERNST,  
STATE DIRECTOR, PROTECT OUR  
CARE GEORGIA, ATLANTA, GEORGIA**

Ms. ERNST. Thank you so much, Senator Warnock, and thank you for your leadership and for inviting Protect Our Care to submit testimony on the importance of lowering prescription drug costs for our seniors. Seniors are at the center of America's drug pricing crisis. As many as one in four seniors nationwide struggle to afford prescription drugs, with higher rates among more vulnerable groups, including low income, people of color, and those in poor health.

Yolanda H. is a 70 year old diabetic living in Albany. As she is in the Medicare donut hole, she is charged \$300 for each of her three diabetes medications. That is \$900 a month for a senior who lives solely on her Social Security income. She rations her life saving medicines so she can eat or pay other living expenses, and as a result, she has experienced vision loss, kidney compromise, and painful neuropathy, and unfortunately, Yolanda isn't alone. In 2017, 32 percent of Georgia residents reported they stopped taking medications as prescribed due to cost, and every day, drugmakers exploit our broken health care system by hiking the prices of life-saving medications in order to make record breaking profits.

Between 2019 and 2020, half of all drugs covered by Medicare Part D had price increases equal to or greater than the rate of inflation, and a 2020 congressional report traced the steep price hikes of the cancer drug Revlimid to the desire of executives to meet company revenue goals and shareholder earning targets.

In Georgia, this drug price rose 44 percent from 2015 to 2020. This extraordinary corporate greed has serious consequences on our public—our nation's public health. A recent study found that increasing out-of-pocket drug costs by only \$10 created a 33 percent increase in mortality due to a decrease in medicine accessibility.

This is a distressing choice that Eustacia from Marietta is all too familiar with. She is a 64 year old Air Force—retired Air Force veteran who struggles not only with her high prescription drug costs not covered by her VA plan, but also for her 80 year old mother who was on Medicare. When her mother drug prices increased, Eustacia and her sisters pooled their money together to pay for her drugs.

She worries about what will happen as her and her mother's drug costs continue to rise when they are both on fixed incomes. It is really a cruel game Georgia's seniors and their families are forced to play all as a result of corporate greed, and yet research shows that drug companies could lose \$1 trillion in sales and still be the most profitable industry. Skyrocketing prescription drug prices are affecting all Georgians, not just seniors.

In recent years, Georgia residents and their insurers have spent more on prescription drugs and for out of pocket medicines than

most States in the U.S. We have also seen massive increases in prescription drug spending under Medicare and Medicaid. Not only are Georgia taxpayers bearing these price hikes, these high costs are also passed along to everyone with health insurance through increased premiums, increased deductibles, and the like, and simply put, every single Georgia—Georgian is paying for high prescription drug costs regardless of who is taking the medications, and that is a hard pill to swallow. The problem is only going to get worse without intervention. The policies Senator Warnock has championed will provide immediate relief to all Americans.

Under his Affordable Insulin Now Act, which caps patients out of cost insulin—out of pocket insulin cost at \$35 a month under Medicare and private plans, seniors like Yolanda will be able to afford her life saving medications without compromising a basic quality of life, and by reducing out-of-pocket costs under Medicaid Part D through Senator Warnock’s Capping Drug Costs for Seniors Act families like you Eustacia’s will not have to face the possibility of making the choice of which family members stay healthy and which can’t.

Coupled with his Medicaid Save Lives Act and the Medicare drug pricing negotiation proposals before the Senate, these critical bills attack the high prices set by the pharmaceutical industry. Americans are sick and tired of paying these high, exorbitant drug prices, and as the country continues to recover from the economic and health crisis brought upon by the pandemic, American families can no longer afford to wait.

We ask that Congress seize this opportunity to lower prescription drug prices through these popular policies. The time for fair, affordable drug pricing is now. Thank you.

Senator WARNOCK. Thank you so very much, Ms. Ernst. Dr. Gogineni?

**STATEMENT OF KEERTHI GOGINENI, MD, MSHP,  
ASSOCIATE PROFESSOR HEMATOLOGY-ONCOLOGY,  
EMORY UNIVERSITY SCHOOL OF MEDICINE,  
ATLANTA, GEORGIA**

Dr. GOGINENI. Thank you. Hello, everyone. Thank you, Senator Warnock, for inviting me to speak today about the importance of lowering prescription drug costs for our Nation’s seniors. I am an Associate Professor of Hematology and Medical Oncology at Emory University School of Medicine.

I began taking care of patients with cancer 15 years ago, and now specialize in the care of patients with breast cancer at Grady Memorial Hospital and Emory Winship Cancer Institute. As a general disclaimer, please understand that these views I am about to share are my own opinions and not that of my employer. There has been thrilling progress in the field of oncology.

New drugs offer greater chances of cure and enable us to tell a patient with incurable cancer that they can live for years despite a metastatic diagnosis. Increasingly, the latest targeted agents are pills, which is a huge advance for patients’ quality of life. To not be hooked up to IV chemotherapy multiple times a month is game changing, but the optimism afforded by new oral drugs has been countered by the astounding price tags that accompany these medications, and that is why passing legislation like your Capping Pre-

scription Costs Act is so important for everyday Americans seeking quality care. The patients I take care of come from many different walks of life, but no matter their socioeconomic background, the strain a cancer diagnosis places on a patient and their household is profound. In addition to the physical and emotional toll, at least half struggle with the financial toxicity of the diagnosis.

The impact on patients living in rural areas, and on black and Hispanic patients is even greater. According to the CDC, one in three Americans experiences financial burdens due to necessary medical care. This burden is even more striking for cancer patients who have greater out-of-pocket costs for lifesaving care. Half of Medicare beneficiaries with cancer spend at least a 10th of their income toward out-of-pocket treatment costs, including prescription drugs. Keep in mind, the average age of a patient diagnosed with cancer is 66.

Many, therefore, will be on Medicare. There is a spiral that begins with diagnosis. Treatment often means patients have to work less, which means less income and depletion of savings, which in turn affects their ability to afford treatment. The monthly costs of these drugs force patients to make impossible decisions between being able to get their medication versus paying for rent versus paying their electric bills.

High out-of-pocket costs associated with novel anti-cancer drugs prolong the time it takes to start therapy and compromise the ability to stay on therapy, and ultimately staying on a drug affects whether a patient's cancer stabilizes or progresses. People who get diagnosed with cancer are 2.65 times more likely to declare personal bankruptcy.

Horrifyingly, patients who declared bankruptcy had a 79 percent greater risk of dying compared to the cancer patients who did not have to declare bankruptcy. Mrs. X was first diagnosed with breast cancer in 2012 and thought she was cured. Unfortunately, her cancer came back 10 years later.

When she came to see me in February, her metastatic breast cancer was getting worse on her current treatment. Although she had stage four disease, Mrs. X still had options that could prolong her life by years with hopefully minimal side effects. I prescribed two oral drugs called Exemestane and a drug called Afinitor or Everolimus. When she followed up in March, a month later, she shared that she would not been able to start the Afinator because it was too expensive.

Without insurance, this drug would have cost \$6,000 a month. Now, Mrs. X had insurance. In fact, she would been employed by the Federal Government. Her insurance required her use of the generic version of the drug. However, the monthly co-pay would still amount to \$1,450, absolutely unaffordable, especially for seniors who are typically on a fixed income.

We tried to get her access to a manufacturers assistance program, but to qualify, she had to be prescribed the branded drug. Her insurance repeatedly denied permission to do so, despite us explaining in a series of appeals that the generic drug was still unaffordable and that the branded drug would enable access to copay assistance. Her social worker applied for support from three different foundations, but funds had dried up.

Finally, we were able to get a patient assistance program to supply her drug through this December. It took 4 months of effort, from the patient to a dedicated pharmacist, and social worker to get a patient with health insurance onto a standard of care regimen for her metastatic breast cancer.

This is one patient's story. Multiply this by the nearly 1.9 million Americans diagnosed with cancer each year. Many of our patients with cancer are seniors. Given the soaring costs of oral anti-cancer therapy, lowering prescription drug costs is literally lifesaving. It is difficult enough for a person to receive a cancer diagnosis, but to then realize promising treatments are out of reach because they are unaffordable, is devastating.

This is why Senator Warnock's Capping Drug Costs For Seniors Act is so critical. On behalf of our patients and my colleagues, I thank you for your time and help.

Senator WARNOCK. Thank you so much for your expertise and care of so many patients and for your statement this morning, and now, Ms. Spring, you may begin.

**STATEMENT OF GRETCHEN SPRING,  
CAREGIVER, MARIETTA, GEORGIA**

Ms. SPRING. Senator Warnock, thank you for having me here today to speak about my experience with expensive prescription drugs. My experience is, unfortunately—[technical problems.] My name is Gretchen Spring, and I am a proud resident of Marietta, Georgia. I am a widow and a retired caregiver. In 2016, my husband Peter was diagnosed with Alzheimer's by a neuropsychiatrist.

During my 6 years of being the caregiver, I had to keep as active as possible, or my husband would have passed away 1 year or 2 years prior than he did. On April 7th of this year, after almost 17 years—thank you—of marriage, the love of my life passed away. Yesterday would have been our 17th anniversary. His condition had required him to use many different medications, 11 total. He was on Eliquis for heart condition and Namenda to slow down the process of Alzheimer's.

We were paying an arm and a leg for Eliquis and Namenda. Spending \$250 to \$300 a month per medication and that was with insurance. I was even on a first name basis with everybody at the pharmacy. We were in our golden years, but the only people that were seeing gold were the pharmaceutical companies, and this is in addition to the costs of my own prescriptions.

The cost was overwhelming. Peter and I had Part D coverage through Medicare Advantage plans, but my husband's medication broke the bank. We are talking about \$800 to \$1,000 out of pocket every month. With 15 prescriptions between the two of us, we would easily spend at least \$12,000 a year. I loved Peter dearly and I did everything I could to keep him healthy.

When he was diagnosed with Alzheimer's, he had to leave the workforce and I started my fourth career as caregiver, which played havoc on our finances, but at the same time, it was also important to me to listen to our doctors about our health. That meant putting the costs of our medications on credit cards, sometimes maxing our limits, and the last thing a senior citizen wants is—

on a fixed income, is using a credit card with 21 to 28 percent interest.

Due to my husband's expensive prescription drugs, we also had to delay making needed updates to make our home more comfortable, and sometimes we had to make difficult decisions about purchasing basic essentials like groceries. At one point, we even reached out to family members about setting up a Go Fund Me page because of the strain on our finances.

It was only because of the generosity—of friends' generosity and our pension funds that we didn't go into debt. We went through \$60,000 of pension money. Addressing the high costs of prescriptions is an issue that is personal to me. My husband has passed, but there are many, so many seniors and families in our State who are struggling to afford lifesaving medications. Let me be clear, we don't have a choice when it comes to prescriptions.

It is simply wrong and unethical that seniors are faced with these decisions. Senator Warnock, your leadership on this issue means a lot for you Capping Drug Costs for Seniors Act, which would cap out of pocket cost of \$2,000 per year for people on Medicare—would have made all the difference for my husband and I.

I am a proud 74, and it is with your continued support on lowering costs, that I am looking forward to 75 with more reasonable prescription costs. In closing, it is past time Congress addresses high prescription drug costs, and I am just one of many with the story about struggling with the affordable medications.

Thank you again for the opportunity to speak with you today. I look forward to addressing any questions you may have.

Senator WARNOCK. Thank you so very much of Ms. Spring, and again, prayers and strength to you. Thank you for your statement and thanks to all of our witnesses. I want to begin now a round of questions, and I am going to ask everyone to just take a second and check and make sure your phone is on silent as we proceed with the questions.

There are over 1 million AARP members in the State of Georgia, and many of these members are struggling to afford their prescription drug costs. Even with Medicare Part D, seniors face high out-of-pocket costs, and that is unacceptable. Mr. Baker, can you talk about the difficulties that AARP members right here in Georgia experience when trying to afford their medications?

Mr. BAKER. Yes, it is one of those things that candidly is heart wrenching. We would get calls, and with technology, some of those calls that would go into our State office would funnel to my laptop or my cell phone, and I hear calls from seniors saying we simply need help.

As Senator Warnock mentioned the last 10 to 12 years doing this work with AARP at that same time as trustee, chair of our church, and Senator Warnock, very familiar with the situation where members come to a place where they feel they can get help, and so frequently, Sunday afternoons after service, we are back in the finance room trying to figure out how we can help somebody that is now in a situation where they can't help themselves. It is an incredible strain, particularly on the seniors here in Georgia. It is a strain on their families, you know, caregivers.

We are sitting here now with two people that are or have recently been caregivers on this panel this morning. It is a strain. The strain of being a caregiver leaks over into other aspects of your life. They are stressed, and so they begin taking medication, so it is a bit of a domino effect.

As I mentioned earlier in the testimony, you may not be taking medication, but you are affected. Right now, I don't take any medications right now, other people in my home do, and we have had those stories. One of my children is allergic to fish, and getting an EpiPen is not an enjoyable experience, and sometimes it is challenging to even get it, and so the ability to navigate the system, particularly for our seniors, when you don't have the support system in place to help you argue, if you will, at the pharmacy, to navigate, if I use this program, can I use that program, it is incredibly difficult, and some people simply throw up their hands and they shouldn't have to do that.

Senator WARNOCK. What are some things that Congress could do that would directly help your members, AARP?

Mr. BAKER. One of the biggest things—and I am happy that we heard a little bit of news yesterday, as I understand it, that through the reconciliation process, it appears that perhaps we are going to get some movement on allowing Medicare to negotiate prescription drug prices.

Again, as you mentioned early on—you know, in my day job, I am a financial advisor. I help people grow and keep their wealth, so I have no problems with a capitalist society, but as you said, what kind of capitalism is it that does not allow me to negotiate the price and that is a problem, so if there is any one big thing at AARP that we support to help this, that could bring about relief literally in the span of, I guess, the next 18 months, is allowing Medicare to negotiate prices, and so again, we fully support that, and I would say immediately and really big impact, that is the one.

Senator WARNOCK. I agree with that, which is why I am pushing to get us to be able to negotiate the costs or Medicare to be able to negotiate the cost of prescription drugs, as the VA currently does. In addition to that, capping the cost of insulin and capping the cost of prescription drugs.

In all of your testimony today, all of you have made clear that our health care system is failing patients, and even for those with insurance, like Medicare Part D, as you point out Dr. Gogineni, prescription drugs can be out of reach due to the high out-of-pocket costs, so Dr. Gogineni, could you share with us what you experienced as a provider when your patients cannot afford their medication and how that can literally affect their health outcomes? Can you say more about that?

Dr. GOGINENI. Sure. Thank you for the question. You feel like you are failing—sure—I, you know, I pride myself on being able to talk to a patient about their diagnosis and options for treatment with compassion, and I really want to be able to inject hope into that process, and I want to be able to tell folks that we are going to be able to give you the most effective drug we can for what you are going through.

I don't want to have to tell people I can't get you that drug because it is simply not affordable even though you have insurance,

and so it is devastating. I mean, people are already under a great deal of strain from the diagnosis and then trying to cope around coming up with a plan for how they are going to manage this and then to have to spend the energy and the time, and it is a full time job trying to get access to some of these medications, and without a doubt, you know, your ability to start something on time and how that stabilizes a cancer, and if you can't get the drug, you can't—you can't control that cancer, and people suffer from the side effects of what that cancer is causing and the strain of knowing that they are waiting to get started.

You know, people are very motivated to get treated and invested in getting better, and to not be able to empower them to actually do that is not what I set out to do.

Senator WARNOCK. Sure. Sure, and in your testimony, you spoke about how it took 4 months for a patient with metastatic breast cancer—?

Dr. GOGINENI. Yes.

Senator WARNOCK To get the care that she needed, and it was only through your persistence and other colleagues that you were finally able to get medication. Meanwhile, the disease is not waiting, right, so can you talk about some of the other hoops that you as a provider have had to jump through just to give financial assistance to your patients?

Dr. GOGINENI. Yes. I think we were educated in school about how to make a diagnosis and how to treat people. We were not educated to navigate the maze of the financial system around treatment. I am really lucky that I have staff that work with me, like the pharmacists and like the social workers, to try to do everything we can to get access for affordable medication, but it does not mean that happens overnight. Frequently, there are processes where we are trying to secure less costly drug assistance programs, foundations, and you can't necessarily do those things in parallel. You have to sort of get denied by one and then you go on to the next one, so this process, in terms of the time it takes, accumulates and all the while this person is sitting there untreated, and it is not often that medications in cancer are interchangeable. There is a hierarchy of what works best and what works less well, so the idea of substituting for something that's less effective is just—you know, when someone has a limited amount of time, and you are trying to make the most of that time, it is you really want to give them the best shot possible without having to compromise.

Senator WARNOCK. Thank you so much for your answer. Health care access and affordability, as you point out, go hand in hand. If you can't afford it, you can't access it, and it doesn't matter if they are some of the best and most effective medications on the market if patients are not able to afford them.

One drug that treats cancer costs over \$1,000 per day, according to the AARP. Ms. Ernst, how bad are the health care access and affordability challenges facing Georgia families and seniors? How bad is it out there?

Ms. ERNST. Thank you for that question, and it is pretty bad. I mean, I think that we have heard a lot of stories, and these are just a few that we can all share about how difficult it is, and I think we know from research that patients with high out-of-pocket

drug costs often are more likely to avoid treatment, abandoned treatment, or interrupt treatment, and this leads to worse health care outcomes.

I spoke about Yolanda in my opening remarks, and where she has rationing her diabetes medication, which she needs to stay alive, and as a result, she was experiencing vision loss and kidney compromise, but one part of that story that I didn't share is that, as a result of the worry and the stress of struggling to stay alive, and either through getting her medications or being able to eat or house herself, she developed terrible depression and anxiety as a result, and from that, you know, to get treatment, the mental health treatment she needs costs more money, so it is just, the cycle—the cycle of violence continues, all because she could not get her insulin and her diabetes medication, and it is—so it is a domino effect that we are seeing, and as you share, it is personal. With Gretchen, it is personal. I think everyone in this room has a story about a family member or a community member or a neighbor about how high drug costs are affecting our health outcomes. We see people in pain. We see people forgoing treatment.

Doctors are put in a terrible position of either having to prescribe a different form of a medication that might not be as effective, but it is cost effective for the patient, so the patient just continues with like, you know—not as an effective form of treatment. That has happened to a gentleman, Alex, where he couldn't afford his asthma medication and ends up losing his voice and having major lung complications, so you know, it affects us all and it is something that we can do something about. Everyone is eager to make this happen, and we appreciate, from Protect Our Care, your willingness to take this issue head on, and—

Senator WARNOCK. How would a provision like capping the costs of seniors to no more than \$2,000 per year impact the folks that you are seeing on the ground here in Georgia?

Ms. ERNST. Well, I think Yolanda would be able to survive and not have painful nerve damage, and she wouldn't develop depression and anxiety, so she could take care of her grandchildren.

She could be an active member of the community. Also, too, it saves taxpayers a tremendous amount of money. One thing that we haven't talked about is how a lot of times patients don't know the cost of those drugs until it is time to fill them. Pharmacies fill them. They don't pay for them. They go unclaimed, and then that just gets absorbed by the entire health care system, and then everyone in this room is paying for those high prescription drug costs in our premiums and our deductibles, so that is—those are just a couple of examples.

Senator WARNOCK. So all of us have a stake in lowering the cost of prescription drugs?

Ms. ERNST. Absolutely. Absolutely.

Senator WARNOCK. I am always deeply appreciative when folks can share their personal stories in a forum like this, and that is why I am so glad that Gretchen Spring is here, that we can hear directly from you and your voices in the conversation.

Can you say a little bit more? You talked about the care you had to provide to your husband, Peter, and your marriage of nearly 17 years, but I do think it is important sometimes to put a human

face on the public policy we would make or fail to make. Can you say just a little bit more about Peter?

Ms. SPRING. Wow. You got a couple days?

Senator WARNOCK. No, but we have a couple of minutes though.

Ms. SPRING. Okay—

Senator WARNOCK. Tell me—and tell me about some of the challenges he faced. You know, what were some of the medical and health challenges he faced that required prescription drugs as you were navigating your way—?

Ms. SPRING. Okay. I am sorry to say, Senator Warnock, I cannot do that. I never knew I could live with somebody 24/7 and enjoy their company as much as I did it, and it ended up being a godsend for me. Peter was a very affectionate person. He was a very humorous person. His humor put a smile on my face every day.

The trauma for me came in the last year because all of a sudden he became more of a child, and the stressful part was the fact that he couldn't take care of himself—of going to the bathroom. He was on depends. I was having to change the beds every day, and that, you know—and there is nothing, there are no prescriptions to stop that at all, and you just have to write it out. The reason he ended up in the condition is because of affordability. He stopped taking his drugs because he couldn't afford them, and it wasn't until I stepped in and started taking over all the finances that I understood more of what was going on with prescription drugs.

Senator WARNOCK. In addition to the stresses of care, you had the stress of the cost of care?

Ms. SPRING. Yes—I mean, I was taking care of an adult child, and that adult child was not going to grow up. End of story, and that is the reality of it. I even—and. I hate to admit this, but I smoke because that was my tranquilizer, because I knew if I took tranquilizers, they would put me to sleep because I am very susceptible to that medication. I was on antidepressants.

You know, I did request our primary care doctor. Fortunately for me, we had a primary care doctor that we were seeing every 3 months that was making sure that the medications we were on were right. She was working hand in hand with the cardiologist. The cardiologist, primary care doctor were working hand in hand with the pharmacist. I mean, yes—

Senator WARNOCK. So you are managing all of these things and costs at the same time and—thank you so much for sharing your deeply personal story and helping to put a human face on this issue.

It is clear from the testimony today that lowering prescription drug costs for seniors will have an immediate and a lasting impact on the lives of everyday people, and I am glad that there is clear bipartisan movement right now to addressing this issue, and I will keep fighting until we get something done. That said, we also need to make it clear that this is an urgent matter that needs to be addressed expeditiously.

As we close, I would like to ask each of you to take this opportunity, each of our witnesses, to speak more broadly about the importance of lowering prescription drug prices right now, even here in Fayetteville, Georgia. We are on the official record. This is a congressional hearing, and in just a couple of minutes, would you tell

us what you would like to say to Congress about the importance of addressing this issue of the cost of prescription drugs for seniors? We will start again with Mr. Baker.

Mr. BAKER. Senator Warnock, and everyone here, particularly you, Senator Warnock, I hope you will forgive me or allow me a little bit of poetic license and say to yourself and other Members of Congress why we can't wait. We can't wait because we are in the midst of a longevity revolution.

People are going to live longer and longer, and in most instances, be taking medication for an extended period of time. The reason we can't wait is because we have got a whole lot of things coming at us. We have got inflation. We are paying more at the pump. We are paying more at the grocery store and having to make those choices, and there is no other relief in sight. We can't wait, frankly, because it is unjust to have to hear Gretchen's story. That is it.

Senator WARNOCK. Thank you. Thank you so much. Ms. Ernst.

Ms. ERNST. Thank you for that question, and I think it is something that we on this panel too say time and time again, day in and day out, we cannot wait because people are dying. People are getting sicker.

We are disrupting families and costing everyone more for lower quality of care, all because of prescription drug costs. It is just been unregulated—or not negotiated, and the time is now. We see the need. The benefit is great, and the proposals on the table are solid and popular and the time is now, and let's not wait any longer.

Senator WARNOCK. Thank you so much. Dr. Gogineni.

Dr. GOGINENI. Yes. Thank you. No one plans to get cancer, and we have had this revolution in new drugs and novel treatments, but it is meaningless if people can't access this. The strain of a diagnosis and treatment is tough enough without then having to navigate trying to actually be able to afford drugs that are life-saving.

This is why it is absolutely critical that Medicare be able to negotiate for drug prices. It is critical for patients to be able to have a cap on those annual drug costs, and we are asking for people to have access to available treatment, and I think that—I mean, this is fundamentally a human right, and I think we need to catch up on the legislative side.

Senator WARNOCK. Thank you so much. Finally, Ms. Spring.

Ms. SPRING. I personally feel like we are in the dark ages when it comes to our prescription drugs because they are so expensive. They don't need to be that way. They really don't, you know. No one, you know—I mean, at one point I was going to set up a Go Fund Me just to pay for our prescriptions, and it is like, that is not fair to me and that is not fair to anybody else, you know. It is like you said, we—like all of you said, we should be able to live a healthy life and it be—not be so outrageously expensive.

Senator WARNOCK. Thank you. I want to thank all of our witnesses today for contributing your time, your expertise, and also your deep experience with this issue. It is unacceptable that in our country, one of the richest in the world, seniors are making impossible decisions about whether or not to pay for lifesaving medication or other basic essentials.

No one should be forced to choose between affording their medication and putting food on the table, but these decisions are all too real for Georgia seniors. Their testimony from—the testimony from our witnesses today has shown how important it is that Congress acts, and acts on this issue right now.

I am glad that we could bring together voices from our great State on this issue, from Dr. Gogineni, a provider at a safety net hospital, Grady in Atlanta, to Mr. Baker, a leader with the AARP, to Ms. Ernst, a strong advocate for improving access to affordable health care, to Gretchen Spring, and whose testimony was especially powerful, thank you. I will keep your words, especially with me, as we continue this fight in the Senate. No one should be forced with the decisions that Ms. Spring and her husband faced, but unfortunately, that will continue to be the reality of our country if we do not do something about it, and that is what I am pushing us to do in the Senate. We don't have time to wait. We can't wait.

To our witnesses, thank you so very much for your advocacy. Thank you so very much for your stories. Stories I will keep in mind as I work to lower the cost of prescription drugs, and thank all of you for participating today.

I see that there are members of our General Assembly who are here, other elected officials, and those who serve in law enforcement, and just concerned citizens. It is great to be in Fayetteville for this important hearing.

Thanks, everybody. This concludes the hearing.

[Whereupon, at 11:15 a.m., the hearing was adjourned.]

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## **APPENDIX**

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**Prepared Witness Statements**

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**AARP**  
**STATEMENT FOR THE RECORD**  
**for the**  
**UNITED STATES SENATE**  
**SPECIAL COMMITTEE ON AGING**  
**FIELD HEARING**  
**on**

**AFFORDABLE PRESCRIPTIONS NOW:**  
**EXAMINING LEGISLATION TO LOWER COSTS FOR SENIORS**

**July 1, 2022**  
**Fayetteville, Georgia**

**Lee Baker**  
**Past President, AARP Georgia**

For further information contact:  
Glen W. Fewkes  
Health Care Access and Affordability  
Government Affairs  
[gfewkes@aarp.org](mailto:gfewkes@aarp.org)

AARP, on behalf of our 38 million members, including over one million members in Georgia, and all older Americans nationwide, appreciates the opportunity to submit testimony on this important hearing of the Senate Aging Committee.

High prescription drug prices hit older Americans particularly hard. On average, Medicare Part D enrollees take between four and five prescriptions per month, often for chronic conditions that will require treatment for the rest of their lives. At the same time, Medicare beneficiaries have a median annual income of just under \$30,000. One-quarter have less than \$8,500 in savings. In Georgia, the average annual cost of prescription drug treatment increased 26.3% between 2015 and 2019, while the annual income for Georgia residents only increased 18.8%. This population simply does not have the resources to absorb rapidly escalating prescription drug prices and many are facing the reality of having to choose between their medications and rising prices for other basic needs such as food or housing.

In the case of one of our members here in Georgia, Eleanor B (late 60s) spends about \$200 each time she refills her glaucoma eye drop prescription (Travatan Z). She is able to get by for now, but she wonders what will happen if she needs any other prescription medications in the future. Unfortunately, Eleanor isn't alone. We know the number one [reason](#) someone does not fill a prescription is because of the cost.

For years, prescription drug price increases have dwarfed even the highest rates of general inflation. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost \$12.20 a gallon, and milk would be \$13 a gallon. Just in January, the drug industry raised prices on over 800 prescription medications—just as they have increased prices for decades—including [three-quarters](#) of the top 100 drugs with the highest spending in Medicare Part D.

AARP is mindful that high and growing prescription drug prices are affecting all Americans in some way. Their high cost is passed along to everyone with health coverage through increased health care premiums, deductibles, and other forms of cost-sharing. We have also seen massive increases in prescription drug spending under public programs like Medicare and Medicaid. These escalating costs will eventually affect all of us in the form of higher health care costs, higher taxes, cuts to Medicare or Medicaid, or all of the above.

In other words: every single American taxpayer is paying for high prescription drug prices, regardless of whether you are taking medicine yourself.

Fortunately, there is action the Senate can take right now. There is long-standing and overwhelming bipartisan support among voters for allowing Medicare to negotiate with drug companies for lower prices. The policies before the Senate that Senator Warnock is leading on – including Medicare negotiation, capping out of pocket costs under Medicare Part D and for insulin, and penalizing drug companies that increase their prices faster than inflation – will provide long-overdue relief to older Americans across the country. These policies, taken together, will help reduce drug prices and out-of-pocket costs. This is important because real relief for seniors and all Americans must include policies that get to the root of the problem: the high prices set by drug companies.

America's seniors aren't the only ones who stand to benefit. Lowering prescription drug prices will also save the Medicare program and taxpayers hundreds of billions of dollars. Every year, Medicare spends more than \$135 billion on prescription drugs.

In December 2020, a [survey](#) commissioned by AARP Georgia and conducted by the bipartisan team of Fabrizio Ward and Hart Research Associates showed Georgians across the aisle agree on the need for affordable medication and action by their members of Congress. An overwhelming majority of Georgians over age 50 – regardless of party – agree: they are more likely to support a Senate candidate who advocates to allow Medicare to negotiate with drug companies (Republicans 93%, Democrats 94%).

Nationally, our survey [data](#) also show that vast majorities of older adults support each proposed measure being discussed in Congress to reduce drug prices. The most favored initiative was allowing Medicare to negotiate for the price of drugs, winning over 87% of older adults; 78% support putting a cap on out-of-pocket costs that older adults pay for their prescription drugs under Medicare Part D; and 71% support penalizing drug companies that raise their prices faster than inflation. Furthermore, 80% of older Americans surveyed believe that drug prices can be lowered without affecting innovation.

Clearly, Americans are fed up with paying three times what people in other countries pay for the same drugs. More than four million people across the country, including over 92,000 here in Georgia, signed a petition to demand lower prices for prescription drugs. There will never be a better time to lower drug prices than the historic opportunity in front of Congress. Now it's time to get it done! Thank you again to the Special Aging Committee for holding this hearing in Georgia, and to Senator Warnock for inviting us here to raise awareness about this critical issue.

Statement of Liz Ernst, State Director, Protect Our Care Georgia

Testimony to the Senate Special Committee on Aging Hearing:  
**Affordable Prescriptions Now: Examining Legislation to Lower Costs for Seniors**

Senator Warnock, thank you for your leadership and for inviting Protect Our Care to submit testimony on the importance of lowering prescription drug costs for our seniors.

Seniors are at the center of America's drug pricing crisis. As many as one in four seniors nationwide struggle to afford prescription drugs, with higher rates among more vulnerable groups, including low-income, people of color, and those in poor health.<sup>1</sup>

Yolande H. is a 70 year old diabetic living in Albany, Georgia. As she is in the Medicare "donut hole", she is charged \$300 for each of her three diabetes medications—that's \$900 a month for a senior who lives solely on her Social Security income. She rations her life-saving medicines so she can eat or pay other living expenses. As a result, she's experienced vision loss, kidney compromise, and painful neuropathy.

Unfortunately, Yolande isn't alone. In 2017, 32 percent of Georgia residents reported that they stopped taking medication as prescribed due to cost.<sup>2</sup>

Every day, drugmakers exploit our broken health care system by hiking the prices of life saving medicines in order to make record breaking profits. Between 2019 and 2020, half of all drugs covered by Medicare Part D had price increases equal to or greater than the rate of inflation.<sup>3</sup> A

2020 congressional report traced the steep price hikes of the cancer drug Revlimid to the desire of executives to "meet company revenue targets and shareholder earnings goals."<sup>4</sup> In Georgia, Revlimid's price rose 44 percent from 2015 to 2020.<sup>5</sup>

<sup>1</sup> Ashley Kirzinger, Tricia Neuman, Juliette Cubanski, Mollyann Brodie, "Data Note: Prescription Drugs and Older Adults," KFF (August 9, 2019), accessed on June 28, 2022, <https://www.kff.org/health-reform/issue-brief/data-note-prescription-drugs-and-older-adults/>

<sup>2</sup> "How Georgia Residents Are Impacted By High Rx Costs," AARP (2021), accessed on June 28, 2022, <https://www.aarp.org/content/dam/aarp/politics/advocacy/2019/09/rx-state-infographic-three-issues-georgia.pdf>.

<sup>3</sup> Juliette Cubanski, Tricia Neuman, "Prices Increased Faster Than Inflation for Half of All Drugs Covered by Medicare in 2020," KFF (February 25, 2022), accessed on June 28, 2022, <https://www.kff.org/medicare/issue-brief/price-increases-continue-to-outpace-inflation-for-many-medicare-part-d-drugs/>

<sup>4</sup> U.S. Congress, House, Committee on Oversight and Reform, *Drug Pricing Investigation, Celgene and Bristol Myers Squibb-Revlimid*. 116th Cong. H.R. rpt. No. 116-122, at i (2020) (staff report), accessed June 28, 2022, <https://oversight.house.gov/sites/democrats.oversight.house.gov/files/Celgene%20BMS%20Staff%20Report%2009-30-2020.pdf>

<sup>5</sup> Leigh Purvis, Stephen W. Schondelmeyer, "Rx PriceWatch Reports," AARP Public Policy Institute, accessed June 28, 2022, <https://doi.org/10.26419/ppi.00073.000>.

This extraordinary corporate greed has serious consequences for our nation's public health. A recent study found that increasing out-of-pocket drug costs by only \$10 dollars created a 33 percent increase in mortality, due to a decrease in medication accessibility.<sup>6</sup>

This is the distressing choice Eustacia M. from Marietta, Georgia is all too familiar with. Eustacia is a 64 year old, retired Air Force veteran, who struggles not only with her own high prescription drug costs not covered by her VA plan but also for her 80 year old mother, who is on Medicare. When her mother's drug costs increase, Eustacia and her sisters pool their money to pay for them. She worries about what will happen as both her and her mother's drug costs continue to rise when they are both on fixed incomes.

It's a cruel game Georgia seniors and their families are forced to play — all as a result of corporate greed. Yet, research shows that drug companies could lose \$1 trillion in sales and still be the most profitable industry.<sup>7</sup>

Sky rocketing prescription drug prices are affecting all Georgians, not just seniors. In recent years, Georgia residents and their insurers have spent more on prescription drugs and for out-of-pocket medicines than most states in the U.S..<sup>8</sup> We have also seen massive increases in prescription drug spending under Medicare and Medicaid.<sup>9</sup> Not only are Georgia taxpayers bearing these price hikes, these high costs are also passed along to everyone with health insurance through increased premiums, deductibles and the like. Simply put, every single Georgian is paying for high prescription drug prices, regardless of who is taking the medications.

The problem is only going to get worse without intervention. The policies Senator Warnock is championing will provide immediate relief to all Americans. Under his *Affordable Insulin Now Act*, which caps patients' out-of-pocket insulin costs at \$35 a month under Medicare and private plans, seniors like Yolande would be able to afford her life saving medications without compromising a basic quality of life. By reducing out-of-pocket costs under Medicare Part D through Senator Warnock's *Capping Drug Costs for Seniors Act*, families like Eustacia's would not have to face the possibility of making the choice of which family members can remain healthy and which ones can't. Coupled with his *Medicaid Saves Lives Act* and the Medicare drug pricing negotiation proposals before the Senate, these critical bills attack the root of the problem: the high prices set by the pharmaceutical industry.

<sup>6</sup>Amitabh Chandra, Evan Flack, and Ziad Obermeyer, "The Health Costs of Cost-Sharing," National Bureau of Economic Research (February 2021), accessed June 28, 2022, <https://doi.org/10.3386/w28439>.

<sup>7</sup>Jeromie Ballreich, Sean Dickson, "How Much Can Pharma Lose?: A Comparison of Returns Between Pharmaceutical and Other Industries", West Health Policy Center (2019), 10, accessed June 28, 2022, [https://s8637.pcdn.co/wp-content/uploads/2019/11/WHPC\\_White-Paper\\_How-Much-Can-Pharma-Lose\\_FINAL-November-2019.pdf](https://s8637.pcdn.co/wp-content/uploads/2019/11/WHPC_White-Paper_How-Much-Can-Pharma-Lose_FINAL-November-2019.pdf).

<sup>8</sup>Beau Evans, "The Staggering Cost of Prescription Drugs in Georgia," *State Affairs*, August 24, 2021, accessed June 28, 2022, <https://stateaffairs.com/GA/44-the-staggering-cost-of-prescription-drugs-in-georgia>.

<sup>9</sup>Ibid.

Americans are sick and tired of paying three times the amount that people in other countries pay for the same drugs. As the country recovers from the economic and health crisis brought about by the COVID-19 pandemic, American families can no longer afford to wait. We ask that Congress seize the opportunity to lower prescription drug prices through these popular policies. The time for fair, affordable drug prices is now.

Keerthi Gogineni, MD, MSHP, Associate Professor Hematology-Oncology,  
Emory University School of Medicine

Testimony to the Senate Special Committee on Aging Hearing:

**Affordable Prescriptions Now: Examining Legislation to Lower Costs for Seniors**

Hello everyone,

Thank you Senator Warnock for inviting me to speak today about the importance of lowering prescription drug costs for our nation's seniors. I'm an Associate Professor of Hematology and Medical Oncology at Emory University's School of Medicine. I began taking care of patients with cancer fifteen years ago and now specialize in the care of patients with breast cancer at Grady Memorial Hospital and the Emory Winship Cancer Institute.

As a general disclaimer, please understand that these views I'm about to share are my own opinions and not that of my employer.

There's been thrilling progress in the field of oncology. New drugs offer greater chances of cure and enable us to tell a patient with incurable cancer they can live for years, despite a metastatic diagnosis. Increasingly, the latest targeted agents are pills- which is a huge advance for patients' quality of life. To not be hooked up to IV chemotherapy multiple times a month is game changing. But the optimism afforded by new oral drugs has been countered by the astounding price tags that accompany these medications. That's why passing legislation like Senator Warnock's Capping Prescription Costs Act is so important for everyday Americans seeking quality care.

The patients I take care of come from many different walks of life.

But no matter their socioeconomic background, the strain a cancer diagnosis places on a patient and their household is profound. In addition to the physical and emotional toll, at least half struggle with the financial toxicity of the diagnosis. The impact on patients living in rural areas, and our Black and Hispanic patients is even greater.

According to the CDC, one in three Americans experiences financial burdens due to necessary medical care. This burden's even more striking for cancer patients, who have greater out of pocket costs for life-saving care. Half of Medicare beneficiaries with cancer spend at least a 10<sup>th</sup> of their income towards out-of-pocket treatment costs, including prescription drugs. Keep in mind, the average age of a patient diagnosed with cancer is 66. Many will therefore, be on Medicare.

There's a spiral that begins with diagnosis. Treatment often means patients have to work less, which means less income and depletion of savings, which in turn affects their ability to afford treatment. The monthly costs of these drugs force patients to make impossible decisions

between being able to get their medication vs paying for rent vs paying their electric bills. High out-of-pocket costs associated with novel anticancer drugs prolong the time it takes to start therapy and compromise the ability to stay on therapy. Ultimately, staying on drug affects whether a patient's cancer stabilizes or progresses.

People who get diagnosed with cancer are 2.65 times more likely to declare personal bankruptcy. Horrifyingly, patients who declared bankruptcy had a 79% greater risk of dying compared to cancer patients who did not have to declare bankruptcy.

Mrs. X was first diagnosed with breast cancer in 2012 and thought she was cured. Unfortunately, her cancer came back 10 years later. When she came to see me in February, her metastatic breast cancer was getting worse on her current treatment. Although she had Stage IV disease, Mrs. X still had options that could prolong her life by years with hopefully minimal side effects. I prescribed two oral drugs - Exemestane and a drug called Afinitor or Everolimus. When she followed-up in March, she shared that she'd not been able to start the Afinitor because it was too expensive.

Without insurance, the drug would have cost \$6000 a month. Now, Mrs. X *had* insurance. In fact, she'd been employed by the federal government. Her insurance required use of the generic version of the drug. However, the monthly copay would still amount to \$1450- absolutely unaffordable, especially for seniors who are typically on a fixed income.

We tried to get her access to a manufacturer's assistance program, but to qualify, she had to be prescribed the branded drug. Her insurance repeatedly denied permission to do so, despite us explaining in a series of appeals that the generic drug was still unaffordable and that the branded drug would enable access to copay assistance. Our social worker applied for support from three different foundations, but funds had dried up. Finally, we were finally able to get a patient assistance program to supply her drug through December. It took four months of effort from the patient, a dedicated pharmacist and social worker to get a patient with health insurance onto a standard of care regimen for her metastatic breast cancer.

This is one patient's story. Multiply this by the nearly 1.9 million Americans diagnosed with cancer each year.

Many of our patients with cancer are seniors. Given the soaring costs of oral anti-cancer therapy, lowering prescription drug costs is literally life-saving. It's difficult enough for a person to receive a cancer diagnosis. But to then realize promising treatments are out of reach because they're unaffordable is devastating. That's why Senator Warnock's Capping Drug Costs for Seniors Act is so critical. On behalf of our patients and my colleagues, I thank you for your time and help.

**Testimony of Gretchen Spring**

**Senate Committee on Aging**

**Affordable Prescriptions Now: Examining Legislation to Lower Costs for Seniors**

**July 1, 2022**

Senator Warnock, thank you for having me here today to speak about my experience with expensive prescription drugs. My experience is unfortunately all too common.

My name is Gretchen Spring. I am a proud 74 years old and I'm a resident of Marietta, GA. Presently, I am a widow and retired caregiver. In 2016 my husband, Peter, was diagnosed with Alzheimer's disease by a neuropsychiatrist. During my 6 years of being a caregiver, I had to keep us as active as possible or my husband, my best friend, would have passed away a year or two sooner.

On April 7 of this year, after almost 17 years of marriage, the love of my life passed after reaching Stage 7 of Alzheimer's disease. In fact, yesterday would have marked our 17<sup>th</sup> anniversary.

His condition had required him to use many different medications – 11 total. He was on Eliquis for a heart condition and Namenda, a medication to slow down the process of Alzheimer's disease. We were paying an arm and a leg for Eliquis and Namenda, spending \$250 to \$300 a month per medication— and that was with insurance. I was even on a first name basis with everyone at the Pharmacy due to my weekly visits. We were in our Golden Years but the only people that were seeing gold were the pharmaceutical companies.

And this was in addition to the costs for my own prescription drugs. I take four different prescriptions, and in addition to my husband's 11 medications— the cost was overwhelming.

Peter and I had Part D coverage through a Medicare Advantage plan, but my husband's medications broke the bank. We're talking about \$800 to \$1,000 out of pocket every month. With 15 prescriptions between the two of us, we would easily spend at least \$12,000 in a year on medication alone.

I loved Peter dearly and I did what I could to keep him healthy. When he was diagnosed with Alzheimer's, he had to leave the work force and I started my fourth career as caregiver, which played havoc in our finances. But at the same time, it was also important to me to listen to our doctors about our health. That meant putting the cost of our medications on our credit cards, sometimes maxing out our limits. And the last thing a senior citizen with a fixed income wants is to use the credit cards with 21-28 percent interest rates.

Due to my husband's expensive prescription drugs, we also had to delay making needed updates to make our home more comfortable to live in, and sometimes had to make difficult decisions about purchasing basic essentials, like groceries. At one point, we even reached out to family members about setting up a GoFundMe page because of the strain on our finances. It

was only because of a friend's generosity and our pension funds that we didn't go into debt - and we went through \$60,000 of pension money.

As my testimony today demonstrates, addressing the high cost of prescription drugs is an issue that is personal to me. My husband has passed, but there are so many seniors and families in our state who are struggling to afford life-saving medications. Let me be clear – we don't have a choice when it comes to prescription drugs. It is simply wrong and unethical that seniors are faced with these decisions.

Senator Warnock, your leadership on this issue means a lot. Your *Capping Drug Costs for Seniors Act*, which would cap out-of-pocket costs at \$2,000 per year for people on Medicare, would have made all the difference for my husband and me. I am a proud 74 year old and it's with your continued support on lowering costs that I'm looking forward to 75 with more reasonable prescriptions costs.

In closing, it is past time that Congress addresses high prescription drug costs, and I am just one of many with a story about struggling to afford medications. Thank you again for the opportunity to speak with you today. I look forward to answering any questions you may have.