Testimony - 03/17 Senate Health & Human Services.

Good afternoon Madam Chair and members of the committee. My name is Dr. Kyle Leggott. As a practicing family medicine physician in Lone Tree and Aurora, I find myself spending more and more time helping my patients scramble to find medications they can afford. That is why I am here to ask for your support of SB21 175.

I prescribe medications on a daily basis for patients struggling with new and chronic illnesses. But for many patients, picking a prescription can be a frustrating and confusing experience.

My patients often go to their pharmacy not knowing what a prescription will cost or if it will be covered by insurance. Oftentimes they find out that a medication is unaffordable and out of reach for them. This can happen with both a new prescription medication or with chronic medications they have been on for years.

When faced with an expensive and unaffordable prescription, my patients frantically call me to tell me what happened, and we begin the search for alternative medications……...or worse they suffer in silence and go without.

Recently, a number of my patients have been unable to afford a common medication for cirrhosis, or chronic liver damage. The medication, rifaximin, is commonly used to treat and prevent hepatic encephalopathy (confusion due to toxin build up in the body). For one of my patient’s, Sarah (name changed), the medication was a chronic one, which did a good job of keeping Sarah from getting sick. Suddenly, the medication became unaffordable, despite filling out prior authorizations and trying to find discount programs. Being unable to afford this medication led to a build up of toxins in her body, her getting confused, and needing to get admitted to the hospital. Ultimately, the high cost of this commonly used medication caused worse health outcomes for Sarah and increased the cost of healthcare through an avoidable hospitalization.

As physicians, an increasing share of our time now is spent not on caring for our patients, but on trying to find solutions to these problems which shouldn't exist. We spend countless hours trying to find alternatives by searching through formularies, filling out prior authorizations, trying to find discount programs, or picking suboptimal medications. The inability to help our patients solve these crises, compounded by the unnecessary administrative burden is directly linked to increasing rates of physician burnout.

This happens all too often in Colorado -- for too many patients --- and for too many physicians — and it doesn’t have to be this way.

We need a better way to make sure Colorado families who are already facing the tremendous physical, social, and financial challenges of the COVID pandemic get the prescription drug relief they deserve. So that no one in Colorado has the awful reality of being unable to afford the life saving medication they need.

Establishing an independent nonpartisan affordability board specifically designed to lower costs for patients and increase transparency will help thousands in our state be able to afford their medications.

I join the voices of physicians across Colorado who are speaking up and supporting the affordability board as a step in the right direction, towards protecting our patients and our physicians.

Thank you for the opportunity to share my experience and I hope you will vote yes on SB 175.

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Thank you for the opportunity to share my experience and I hope you will vote yes on SB 175.

Colorado Senate Health and Human Services Committee
March 17, 2021

Members of the Committee,

Thank you for the opportunity to submit testimony on SB21-175. As a cancer survivor, physical therapist, and retired civil servant, I am asking that you vote no.

I feel incredibly fortunate to be able to say to you that I am a stage 4 cancer survivor. When I received my diagnosis, I was terrified. We all know how horrible of a disease cancer can be, and I never expected battling it myself. But fortunately, after years of hospital visits and treatment sessions, I am now in complete remissions thanks to good doctors and amazing medications.

Frankly, medical innovation saved my life. Without recent advancements in cancer treatment, I likely wouldn't be here today. And the scientists that rescued me are the same folks saving us all during the pandemic.

In just one-year, American pharmaceutical companies were able to successfully produce safe and effective vaccines and treatments against a novel virus the world has never seen before. They were able to do this because the researchers and scientists that these companies support spend every single day trying to cure the world's most complex diseases like cancer, Alzheimer's, ALS and more.

Creating a Prescription Drug Affordability Review Board under SB21-175 would add roadblocks to the development process and hinder innovation at quite possibly the worst possible time in history to do so.

While the fight against COVID-19 might feel like it will soon end, we must start to prepare now to prevent the next pandemic and also continue to move with speed and urgency because there are still millions of incurable diseases out there plaguing patients and their families.

Further, passing SB21-175 would also make it harder for medical professionals to provide the best care for their patients. Doctors should be the only people involved in deciding which treatments are good for their patients, not a board of unelected appointees.

I commend you for trying to address high prescription costs for patients but there are other solutions, such as capping out of pocket costs, that can drive down costs without hampering our drug development pipeline.

Thank you for your time, and I hope you will vote against SB21-175.

Sincerely,

Roger Partridge
District 4

COLORADO
BUSINESS
ROUNDTABLE

March 17, 2021

Re: SB 21-175

To whom it may concern,

The Colorado Business Roundtable (COBRT) engages with elected leaders, business and nonprofit leaders, and other strategic allies to improve the business climate in our state. We are unapologetic cheerleaders for the businesses and leaders who drive innovation, create jobs and provide opportunity for all Coloradans.

There is no better example of innovation than the development of the COVID-19 vaccination. Thanks to the efforts of the pharmaceutical industry and our healthcare system, Colorado and the nation is beginning to move past the pandemic and focus on economic recovery.

The last thing we need is government intrusion on this industry in the form of a review board overseen by politicians. Like so many industries, the healthcare industry is recovering after quite literally saving our lives. Onerous regulation is not the answer.

On behalf of the Colorado Business Roundtable, I urge a no vote on SB 21-175. The Colorado Business Roundtable believes the private sector is the force for innovation and creative solutions in healthcare.

Debbie Brown

Debbie Brown
President
Colorado Business Roundtable
720 280-0511 / dbrown@cobrt.com

CGS Colorado Gerontological Society
Building Leadership in Aging
ican international cancer advocacy network
the virtual lifeline for proactive cancer patients
LC LUPUS COLORADO
PRO 15
NORTHEAST COLORADO
SCLERODERMA FOUNDATION
SUPPORT · EDUCATION · RESEARCH
ROCKY MOUNTAIN CHAPTER
SURVIVEiT

March 16, 2021

Colorado Senate Health and Human Services Committee

Dear Senators,

We are writing to express concerns regarding Senate Bill 175, the Prescription Drug Affordability Review Board. This five-member, un-elected board would have the authority to set arbitrary price caps through an upper payment limit (UPL) on prescription medications. While we agree on the need to lower prescription drug prices for patients at the pharmacy counter, we believe SB 175 would lead to unintended consequences by threatening the availability of critically needed medicines for Coloradans, and leaving the door open for discriminatory price caps on medicine.

Of primary concern is patients being able to obtain the medicines they need when they need them. While imposing a UPL may seem to be a straightforward solution to the concerns that we all have about drug affordability, the bill could threaten the availability of medicines in our state. If a UPL should be imposed on a medicine, and a pharmacy or dispensing provider cannot buy a drug for the state-ordered UPL rate, they cannot stock or sell it. Furthermore, if a payor cannot successfully negotiate to obtain the therapy at the state-prescribed UPL, this could also result in a drug no longer being covered. Finally, if a dispensing provider has to purchase the drug at a loss because it buys from an out of state entity but can only be reimbursed the state's UPL, this could lead to access issues for the patients they treat.

Another area of concern is that the bill does not prohibit the board from using an Institute for Clinical and Economic Review (ICER)/quality-adjusted life year (QALY) pricing methodology to set upper payment limits for medicines. The bill would permit the board to contract with a third party to carry out the duties of the board. While ICER isn't expressly called out in the bill, there is nothing in the bill that would prevent the board from contracting with a third party that uses QALYs or similar methodologies.[1] The bill would allow the board to consider "the estimated cost-effectiveness of the prescription drug" in performing affordability reviews on medicines.[2] Cost-effectiveness analysis (CEA) often relies on the use of discriminatory QALYs and cost-per-QALY thresholds.

- Developed from population averages, QALYs ignore important variability in patients' individual needs and preferences.

- QALYs are acknowledged by experts to discriminate against people with disabilities by placing a lower value on their lives.

- A report issued by the National Council on Disability in 2019 "found sufficient evidence of the discriminatory effects of QALYs to warrant concern, including concerns raised by bioethicists, patient rights groups, and disability rights advocates about the limited access to lifesaving medications for chronic illnesses in countries where QALYs are frequently used."

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[1] Section 10-16-1303 (3).
[2] Section 10-16-1307 (5)(e).

- In countries that rely on cost-effectiveness analysis to determine coverage and payment, many patients face significant restrictions on access to treatments, including for cancer, diabetes, and rare diseases. Recent analysis noted that these types of cost-effectiveness assessments and recommendations, based on population-averages, fail to properly adjust to the demands of an evolving health care system and do not reflect the rapid pace of the science, or the needs and preferences of the patients.[3]

Finally, we are concerned that this legislation has been developed without a true stakeholder process. It is important for the full patient community, other members of the pharmaceutical supply chain, business and the Bioscience community to be at the table. Conversations about the value of treatments and cures, what is truly driving costs for patients, and comprehensive discussions around the pharmaceutical supply chain, should have all experts providing input, so the unintended consequences mentioned above can be avoided.

We respectfully ask for your consideration of our concerns with the upper payment limit (UPL) authorized by SB 175 and ask that the bill be amended to remove that authority.

Sincerely,

Colorado Gerontological Society
ICAN, International Cancer Advocacy Network
Lupus Colorado
PRO 15
Scleroderma Foundation- Rocky Mountain Chapter
SURVIVEiT

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[3] Context Matters. NICE Limits Reimbursement for Oncology Products beyond EMA Product Labeling. May 2014.

Madam Chair and members of the committee,

My name is Emily Hastings and I live in Denver, CO. I grew up in the border town of El Paso, Texas, but now call Denver, Colorado my home. Thank you for hearing my testimony in support of SB175, creating a Prescription Drug Affordability Review Board.

Prescription drug affordability is an equity issue that is critical for physical, mental and financial wellbeing. The consistent increase in pharmaceutical costs directly contributes to widening the racial and ethnic wealth and health gap. Due to a history of government policies that have intentionally segregated the economy, Black Indigenous People of Color (BIPOC) are overrepresented within lower income levels, and the wealth gap continues to widen between racially and ethnically diverse households compared with white households.

Research shows that people with lower incomes have a greater likelihood of having one or more chronic illnesses, and BIPOC are 1.5-2X more likely to have a chronic illness than white Coloradans. Chronic illnesses often require regular and extended adherence to prescription medications to maintain one's health.

Prescription drug costs are the fastest-growing consumer health expense in the U.S., resulting in BIPOC and low-income Coloradans having more out-of-pocket expenses AND higher costs. High costs mean patients are often forced to choose between paying for rent & groceries or rationing/skipping doses of important medication. I have personally seen the struggle of friends and family to afford medications, and the pandemic has made it more difficult.

Being unable to take medicines as prescribed creates adverse health effects that lead to higher medical costs down the road - further threatening economic security. Many medications used to maintain mental health need to be taken consistently to be effective, and when people aren't able to do that, a serious mental health crisis can be the result, leading to hospitalization, incarceration, or even death. The association between race, class, chronic illness, mental health and economic stability creates a feedback loop.

Gaining control of skyrocketing costs is crucial to advancing economic and health equity for low-income and BIPOC Coloradans. A Prescription Drug Affordability Board is a crucial first step to holding pharmaceutical companies accountable and fixing a system that harms so many people. I urge the committee to vote YES on SB175 and make prescription drugs affordable to all who need them.

Sincerely,
Emily Hastings
Denver, CO

ENVISION : YOU
Colorado LGBTQ+ Mental Health
and Substance Use Disorder Initiative

March 16, 2021

RE: SB 21-175 (Letter of Concern)

Dear Chairwoman Fields,

Envision:You is a Colorado based not-for-profit organization formed to support, educate, and empower members of Colorado's LGBTQ+ (lesbian, gay, bisexual, transgender, and queer/questioning) community who are living with a mental health and/or substance use disorder. Like you, we are frustrated with the rising costs of prescription drugs and the increasing out-of-pocket expenses patients are burdened with. As ardent advocates for the health and well-being of the LGBTQ+ community, we are looking for solutions that will make prescription drugs affordable and accessible. It is critical any legislative efforts to address these issues focus on proven solutions that make prescription drugs more affordable for patients and not risk access to necessary and often life-saving medication. We are concerned SB21-175 attempts to lower prescription drug costs with an unproven model when other legislative solutions exist that could more quickly and directly impact Colorado patients, while at the same time risking access to life-saving treatments LGBTQ+ individuals need to maintain healthy lives.

Eliminate Drug Rebates or Pass the Savings to Patients

On average, pharmaceutical companies rebate about 40 percent of a medicine's list price back to health insurance companies and pharmacy benefit managers. Right now, these rebates and discounts are not reaching patients at the pharmacy counter. The cost of non-generic HIV treatments can range from $250 to $3,700 for a one-month supply. This means that anywhere from $100 to $1,480 is staying with the health insurers and pharmacy benefit managers. If insurance companies and pharmacy benefit managers do not pay the full price for medicines, patients shouldn't have to either. These rebates and discounts should be shared with patients at the pharmacy counter or used to lower patient premiums. In Colorado right now neither is happening. Rebates play a role in increasing drug prices and reducing or eliminating rebates could result in lower list prices and more importantly reduced out-of-pocket expenditures. Pursuing rebate reform would result in a more immediate and meaningful impact to members of the LGBTQ+ community.

Ensure Co-Pay Assistance Programs Count Toward Deductible and Out-of-Pocket Maximums

Many individuals living with rare, chronic conditions receive co-pay assistance offered by charities or drug manufacturers to help cover the cost of their health plan's cost sharing requirements, which can be as high as 20% to 50% of their medication. Recently, we have seen a rise in health plans instituting "co-pay accumulator programs" that do not count this assistance towards a patient's deductible. As the Utah Aids Foundation points out, "in the past, copay cards have assisted HIV+ individuals and PrEP clients in meeting deductibles or out of pocket maximums on their insurance. Once the deductible has been paid in full, clients are able to continue to fill their prescriptions at no cost to them (or pay a small fee). *Since co-pay accumulator programs have been put in place clients have found that once the funds run out on their copay card they are now faced with meeting their deductible or out of pocket maximum on their own (emphasis added)*. This ‘double dipping” by insurance companies is especially unfair to members of the LGBTQ+ community. As the Kaiser Family Foundation points out, “research suggests that some subgroups of the LGBT community are more likely to suffer from certain chronic conditions and face higher prevalence and earlier onset of disabilities compared to heterosexuals. Other major health concerns include HIV/AIDS, mental illness, substance use, and sexual and physical violence. In addition to the higher rates of illness and health challenges, some LGBT individuals are more likely to experience challenges obtaining care. Barriers include gaps in coverage for certain groups, cost-related hurdles, and stigma, including poor treatment from health care providers.” Several states have passed legislation to limit or prohibit the use of co-pay accumulators in their state regulated plans. Similar policies would greatly assist LGBTQ+ Coloradans.

Directly Address Patient Out-of-Pocket Costs

Patients’ out-of-pocket costs for prescription drugs have continued to rise creating critical access and affordability challenges for many. This is especially true for transgender individuals. those with chronic conditions. According to *Insider*, the cost of medical treatments for transgender people can add up to more than $100,000, and they're often not covered by health insurance. Plus, transgender people face discrimination in the workplace, which translates to unemployment rates that are as much as three times as high than they are for the general public. Repeated studies have verified that high out-of-pocket costs are a significant barrier to treatment and often lead to skipped doses or outright abandonment of treatment. While Colorado was one of the first states to start regulating plan design to bring more predictability around patients' out-of-pocket costs and limit plan designs that discriminate against individuals that rely on specialty medications (i.e., coinsurance-only plans), other states have gone further to protect patients with chronic conditions with more stringent monthly out-of-pocket caps that have not significantly increased insurance premiums according to a 2020 study. These are the kind of measures we strongly urge you to pursue instead of unproven strategies like those proposed in SB-175. *(Yeung K, Barthold D, Dusetzina SB, Basu A. Patient and plan spending after state specialty-drug out-of-pocket spending caps. NEJM. 2020;383:558-566. doi:10.1056/NEJMsa1910366)*

We share your desire to lower health care costs for all Colorado patients and urge you to re-think the approach in SB 21-175. There are better legislative solutions that will directly reduce prescription costs for the many members of our community who already face higher costs and increased barrier to life-saving treatments.

Thank you for your time and consideration.

Sincerely,

Steven Haden

Steven Haden
Chief Executive Officer

Envision:You
www.envision-you.org

cc: Senate Health and Human Services Committee

Governor and Legislature Drug Pricing Bill Harms Patients

"Prescription Drug Affordability (Price Control) Board" Means More Bureaucracy – Not Cheaper or more Accessible Medications for Patients

Last week, Governor Polis announced his support for a government takeover of pharmaceutical pricing.

The bill the Governor is lauding is Senate Bill 175 – which would create a bureaucracy called the Prescription Drug Affordability Board. This board would have the authority to set price limits on prescription medication and impose massive penalties. This could cripple access to certain life-saving medications, likely impacting the most vulnerable Coloradoans. Perhaps most concerning, the proposal wildly expands government control over individuals and private business.

Now let me start by recognizing there are problems with price and access for some prescription medications. I have spent the majority of my career working in health policy at the state and national level (and no, I don't work for a health plan, pharmaceutical company, or pharmacy benefit manager). I have seen these problems in both my personal and professional life. But creating another layer of bureaucracy only adds to the problems.

Let me explain. Setting a cap on the price of a drug sounds nice for the patient, but in reality, will make life-saving drugs more difficult for patients to access. This is especially concerning for patients who need these medications to treat cancer, asthma, arthritis and other serious ailments.

This bill would give the Governor the authority to appoint a partisan group of individuals to a board with the power to determine what the price of a product "should be" regardless of what the cost really is.

If a similar board was given the authority to set a price limit on automobiles in Colorado, what do you think car dealers will do? Rather than operate at a loss, they will likely move to Nebraska, Arizona, and Wyoming. For those fortunate enough to have resources to travel, there may be an inconvenience, but they will still purchase their vehicle. Everyone else's options would be limited.

The same holds true for pharmaceuticals. Rather than operate at a loss in Colorado, manufacturers and distributors of many critical and life-saving medications may decide they simply can't afford to sell their product in Colorado and instead set up shop in neighboring states. Again, for those with the resources to travel to these increasingly distant locations, there may be an inconvenience, but they will still get their much-needed medication. But for the most vulnerable, such as those experiencing economic hardship and the less-mobile elderly, these medications may be out of reach.

I'm disappointed in our elected officials' march to exert control over treatment decisions that should be made by individuals and families, in consultation with their trusted medical experts. Our elected leaders either willfully or unknowingly dismiss the foundational precepts of our market-based system.

America leads the world in innovation, especially in life-saving medicines, because for the most part, the buyers and sellers establish prices based on cost, investment, and outcomes. Many drugs have become too expensive. But there is a wealth of market-based, consumer-centered solutions for lowering cost and increasing access that our elected officials have ignored. The best solution is putting patients back in control of their health care dollars by restoring affordable, true indemnity insurance that a patient can maintain for their entire lifetime. Instead, the Governor and sponsors of SB-175 seem to relish establishing costly government control over our healthcare system.

The result will inevitably lead to the access crisis we see in countries with nationalized health care systems, like in Canada, where patients can wait as long as 14 months for some cancer treatments. It’s not just that SB-175 does nothing to lower the direct cost consumers pay for high-priced medicines, it’s that passage of the bill will come at an incalculable cost to us all.

Matt Flanders
Larimer County

HDA
Healthcare Distribution Alliance

PATIENTS MOVE US.

March 17, 2021

Colorado Legislative Assembly
Senate Health & Human Services Committee
200 E. Colfax Avenue
Denver, CO 80203

Chairwoman Fields, Vice Chair Ginal and Members of the Senate Health and Human Services Committee,

The Healthcare Distribution Alliance (HDA) offers this letter to share our concerns with Senate Bill 175, establishing the Prescription Drug Affordability Review Board. HDA is the national trade association representing healthcare wholesale distributors — the vital link between the nation's pharmaceutical and healthcare manufacturers and more than 180,000 pharmacies, hospitals, and other healthcare settings nationwide.

Each day, wholesale distributors work around the clock to ship nearly 15 million healthcare products (medicines, medical supplies, durable medical equipment, etc.) to pharmacies, hospitals, and other healthcare providers daily to keep their shelves stocked with the medications and products they need to treat and serve patients. Wholesale distributors are unlike any other supply chain participants. Their core business is not manufacturing, and they do not prescribe medicines, influence healthcare professionals prescribing patterns, dispense medications to patients, influence patient benefit designs, or set the Wholesale Acquisition Cost (WAC) of medications. Their key role is to serve as a conduit for medicines to travel from manufacturer to patient while ensuring the supply chain is fully secure and operating efficiently.

While HDA supports the state's efforts in seeking a better understanding of the prices that consumers see at the pharmacy counter, we have concerns regarding the upper payment limit and its impact on the supply chain. As proposed, the upper payment limit would establish a cap on any transaction for the medications the Affordability Board has identified. Unfortunately, this would leave little ability for a pharmacy, clinic or other point of care to recoup costs for administering or dispensing these products which could result in pharmacies choosing not to stock these medications.

We would further request the legislation incorporate a representative from the wholesale distribution industry as a member of the Colorado prescription drug affordability advisory council. While wholesale distributors do not have any insight into how a manufacturer sets the list price, into the pricing of dispensable units, or the prices that consumers pay based on what it costs them to fill their specific prescriptions, we believe it is important that the Advisory Council is representative of the full supply chain.

Again, while we appreciate the intent of the legislation, we wanted to bring these issues to the attention of the committee. Please contact me at Llindahl@hda.org or (303) 829-4121 if you have any questions or would like to discuss this issue further.

Thank you,

Leah D. Lindahl

Leah Lindahl
Senior Director, State Government Affairs
Healthcare Distribution Alliance

My name is Carol Pranschke and I live in Longmont, CO. I am in strong support of SB21-175 to create a Prescription Drug Affordability Board for Colorado.

I am at the pharmacy counter in my local Walgreens, picking up a prescription of Spiriva, an inhaler. The man behind the counter looks at me, pauses with the prescription in his hand, all bagged up and ready to go, "Hey, I don't know if you knew this, but this is going to cost you $1,100." What?!?! He goes on to say "It is a 3 month supply. Did you know it would cost this much?" No, I did not. Having been newly diagnosed with adult onset asthma, I am not familiar with prescription costs for inhalers. And to top it off:

- the last inhaler I was prescribed cost me $248 (with insurance paying $50) for a one-month supply, and I had asked my doctor to prescribe something different so I could lower my out-of-pocket costs,
- it's a complicated business, navigating what the doctor prescribes versus what my health condition needs versus what the health insurance will pay versus are there discounts available, and then going back to the doctor and asking for a different prescription,
- there are no discounts that I have found for this particular brand,
- the doctor is not entirely sure that what I have is adult onset asthma,
- this cost does not include what I pay out of pocket (approximately $130) every time I visit a doctor. So far, for my symptoms, I've seen my general practitioner twice, been to Urgent Care, an allergist, a pulmonologist and I have an appointment with an ears/nose/throat doctor coming up; the other prescriptions I'm now using (acid reflux medicine), over the counter medicines, or additional tests asked for by the doctors.
- Each of the doctors have asked me to schedule follow-up visits also.
- I was asked to schedule a comprehensive breathing test, which I have found out will cost me $861 with insurance, and $1,122 if I self-pay - costly either way.
- I work full-time and researching all of this takes time that I can ill afford in a busy workday (let alone doctor appointments and tests they want taken like breathing tests).

It turns out that the cost of inhalers varies based on a person's insurance, primarily the deductible. Having a healthy history without need of prescription drugs, I have taken on a high deductible (currently $6,000) plan for the last several years. I pay a monthly premium that has gone from $210 to $350 in the last four years, which is affordable because I am the only person for whom I am paying health insurance, but I do not find that adding a $250-$330 charge onto my monthly bills to be reasonable. I'm wondering why the companies can charge so much for necessary medicines, when they can charge less if I paid a higher monthly premium.

I wondered if there are more affordable inhalers. So I called the company, Ingenio, with whom my insurance provider, Anthem, has a contract for prescriptions and asked for prices on other inhalers. The person asked me what type of inhaler I needed (there are several formats), and what strength. I answered "I'm not sure - the doctor didn't give me that level of detail." The variables make the research difficult. We settled on her quoting me a middle-of-the-road strength generic (if one was available) for the name brand inhaler. The prices varied from $255.56 to $666.02 for a 90 day supply. I did not ask for her quote on Spiriva, since I already knew its cost was higher than the others. I have two samples of Breo on hand from one of the doctors; when I asked about its cost, the Ingenio representative said there are no generics available, and would not even give me a price quote, saying “Oh that one is not covered and the cost goes completely to your deductible, which makes it extremely high.”

With more money in pocket, I can save (and ultimately spend) my hard-earned dollars on other items that have great benefit to others - purchase solar panels for my home, have my home repainted on the outside, and/or support local businesses like the bookstore and women’s clothing shop.

I currently work as an office manager for a religious non-profit in Lafayette, CO. I ask myself “What would costs like the ones I’ve been quoted do to someone’s budget if they earned less than me? What if they have children at home?” I imagine that hard scary choices would need to be made.

Let’s work together and lower those Rx costs. Creating a Prescription Drug Affordability Board will move beyond transparency to hold the pharmaceutical companies accountable to Coloradans. Thank you for reading my story, and I urge the committee to join me in supporting SB21-175 and ensure that all Coloradans are able to afford the medications they need to stay healthy.

Sincerely,
Carol Pranschke
Longmont CO

Before I start, I want to thank the committee for working on this bill SB21-175 to create a Prescription Drug Affordability Board. My name is Mary Desta I live in Centennial CO, I am a pharmacist and owner and operator of an independent pharmacy APEX Pharmacy in Aurora CO. I have been in pharmacy for the last fourteen year, working in retail pharmacy as staff pharmacist and pharmacy manager. I am here today to testify in support o this bill to create a Prescription Drug Affordability Board.

Working in community pharmacy I have seen may times patients abandoning their medications at the pharmacy counter once they are informed the price. One recent incident I encountered at my pharmacy was a young woman with Type Two diabetes who is insulin dependent. She came to our pharmacy to pick up her medications. She had new insurance that covered her prescriptions at no cost to her and she was in tears. While counseling her about her medications, she mentioned that she has been hospitalized three times in the last six months due to dangerously high blood sugar levels. She mentioned that she did not have insurance and could not afford her insulin and had been struggling Healthwise. She was afraid to pick up her diabetic supplies along with her insulin fearing that the insurance might disenroll her because she has too much medication. I had to assure her that she will be alright, and these are necessary medications and supplies.

As a citizen of a first world country, it is my believe that patients do not have to choose between paying for their medications or rent. She should not have to go without her lifesaving insulin because she can not afford it. Thank you for the committee for working on this bill to create a Prescription Drug Affordability Board.

Mary Desta PharmD.

APEX Pharmacy

12597 E.Mississippi Ave

Unit 300

Aurora CO 80012

Michael Lee
613 Westcliff Drive
Lafayette, CO 80026

March 17, 2021

Re: Written Testimony on Senate Bill 175

I am writing to express my strong concerns with Senate Bill 175. I understand the need for prescription drug affordability, but as the parent of a child with a rare and fatal disease I am extremely concerned that the proposed Colorado prescription drug affordability review board will not understand the issues related to rare disease drug development and pricing, resulting in denial of access to life saving drugs and discouraging the development of new drugs for patients with rare diseases.

My fourteen year old son Christopher was diagnosed with Duchenne muscular dystrophy in 2008. Duchenne affects approximately 1 in every 5,000 male births. It is a genetic disorder caused by a mutation in the gene that codes for an essential protein for muscle strength and protection. Most boys with Duchenne lose the ability to walk by their early teens, lose the use of their arms by their late teens and don't survive their twenties. When Christopher was diagnosed in 2008, my wife and I were devastated when the doctor explained this and told us there is no treatment or cure. We found hope in the few clinical trials for Duchenne treatments that were taking place at that time and the promising research for future treatments. We thought that within ten years, before Christopher lost the ability to walk, there would surely be a treatment available for him.

Today, over 12 years later, we are still waiting for a treatment to save Christopher's life. He is losing the ability to walk and now uses a wheelchair much of the time. There have been a few drug approvals for Duchenne, but to date the drugs approved only target mutations in a specific part of the gene and therefore only help a small percentage of boys with Duchenne. Christopher is not a candidate for those drugs, but was fortunate to participate in a clinic trial for a potential treatment beginning in September 2017. For over two years we traveled to a trial site in Phoenix every six weeks for injections, evaluation and muscle function testing. The challenge with Duchenne is that after age 6, boys with Duchenne begin to decline in muscle function, making it difficult to evaluate if a drug is working. It is difficult to develop meaningful clinical endpoints when improvement in muscle function may not be possible. Instead, a reduction in the rate of decline or stabilization of function is considered a success. Adding to this challenge is the fact that boys with Duchenne decline at varying rates, so it is difficult to see similar results among patients and to establish a baseline or control to compare against.

Within a few months of starting the clinical trial, the rate of decline in Christopher's timed tests indicated that he was more stable. He was still declining, but at a slower rate. Despite the overall stabilization we saw in Christopher, the sponsor, Roche, terminated the trial in November 2019 because the trial failed to demonstrate clinical benefit. A trial for a similar drug by Pfizer was terminated the year before due to similar results. Unfortunately, this has been a common outcome for clinical trials for Duchenne. In many instances of terminated Duchenne trials, the experts in Duchenne believe it was not necessarily the drug that failed, but could be the design of the trial and the selection of outcome measures that failed. While many individual patients may see a reduction in the rate of decline or even stabilization during a clinical trial, it's extremely difficult to measure this in a population of patients that are all declining at varying rates. In spite of this challenge and the high rate of failure, we are grateful that many companies, from small biotechs to big pharmaceutical companies, are continuing to develop potential treatments for Duchenne.

Given the high cost of drug development, small patient population and the challenge of clinical trial design, the drug development process for Duchenne and many other rare diseases is extremely risky. I am very concerned that the proposed prescription drug affordability review board may not fully understand the high cost and financial risk of rare disease drug development and the corresponding need for drug prices that take into account both the risk and the limited market for drugs developed for small patient populations. I am afraid that a well-meaning bill like Senate Bill 175 could have the unintended consequence of not only denying life saving drugs to patients living with rare and fatal diseases, like my son Christopher, but will also discourage innovation and investment in the development and approval of new drugs for rare diseases. For this reason I oppose Senate Bill 175. If this bill does move forward, I request that drugs for rare disease be exempted from review by any proposed prescription drug affordability board.

Thank you,

Michael Lee

Biotechnology
Innovation
Organization

March 15, 2021

The Honorable Rhonda Fields, Chair
Senate Health and Human Services Committee
State Capitol, 200 E Colfax
Denver, CO 80203

Dear Senator Fields:

The Biotechnology Innovation Organization (BIO) respectfully opposes SB 175, which would create a Prescription Drug Affordability Board tasked with reviewing prescription drug costs and setting upper payment limits for specified prescription drugs. Government price controls like those proposed by this bill are an especially drastic action with unpredictable consequences. While the intent of this bill is to lower drug prices, we fear SB 175 will fail to bring down costs for consumers or institutions and instead disincentivize development of new therapeutic breakthroughs.

This bill will not lower prescription drug costs for patients because it does not address out-of-pocket costs. Patients pay a given price when they visit a pharmacy based on what their health insurer determines—it is for this reason why two patients will pay a different price for the same drug. Out-of-pocket costs have been rising for patients as a result of decisions made by health insurers. SB 175 does not address the price patients pay out-of-pocket and will therefore not directly impact patient affordability for prescription medications.

This bill also provides no clear path for lowering prescription drug costs for public or private payers or the healthcare system overall. While it tasks the board with establishing a process for setting upper payment limits for certain medications, the bill utilizes arbitrary measures for the selection of such medications and prescribes no process for setting this "limit." The price control scheme in SB 175 is designed around the premise that prescription drug costs have ballooned out of control or are increasing at an unsustainable rate. Yet prescription drugs, including inpatient medicines, have and continue to make up about 14% of national health expenditures—both in the past and projected for the next decade.[1] And medicine spending on a per-patient-per-year basis, adjusted for inflation, grew by less than 1% between 2009 and 2018.[2]

Unfortunately, artificial price controls only serve to disincentivize biopharmaceutical companies from developing new, more effective therapies. Economists have estimated that government price controls can have a significant, damaging effect on the development pipeline. For example, one study found that an artificial 50% decrease in prices could reduce the number of drugs in the development pipeline by as much as 24%,[3] while another

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[1] Roehrig, Charles. *Projections of the Prescription Drug Share of National Health Expenditures Including Non-Retail*. June 2019.

[2] IVQIA Institute for Human Data Science. *Medicine Use and Spending in the U.S.: A Review of 2018 and Outlook to 2023*. May 2019.

[3] Maloney, Michael T. and Civan, Abdulkadir. *The Effect of Price on Pharmaceutical R&D* (June 1, 2007). Available at SSRN: https://ssrn.com/abstract=995175 or http://dx.doi.org/10.2139/ssrn.995175

study found investment in new Phase I research would fall by nearly 60%,[4] decreasing the hopes of patients who are seeking new cures and treatments.

Price controls will dampen investment and would not allow companies to adequately establish prices that will provide a return on investment. The average biopharmaceutical costs $2.6 billion to bring from research and development to market.[5] Small and mid-sized innovative, therapeutic biotechnology companies who make up most of BIO's membership are responsible for more than 72% of all "late-stage" pipeline activity.[6] They sacrifice millions of dollars, often for decades before ever turning a profit, if at all. In fact, 92% of publicly traded therapeutic biotechnology companies, and 97% of private firms, operate with no profit.[7] Out of thousands of compounds only one will receive approval. The overall probability that a drug or compound that enters clinical testing will be approved is estimated to be less than 12%.[8] Only five out of 5,000 compounds become viable marketed products. Pricing must also account for the 4,995 failures before the company discovers that successful drug compound.

Proposals such as these target the most innovative medicines, disproportionately impacting patients with diseases where there is high unmet need and where low-cost treatment options are not available (e.g. rare diseases), running counter to the aims of personalized medicine, and availability of new treatments. Further troubling, the arbitrary nature of upper payment limits ignores the value that an innovative therapy can have to an individual patient—especially one who may have no other recourse—or the societal impact innovative technologies can have, including increased productivity and decreased overall healthcare costs (e.g., due to fewer hospitalizations, surgical interventions, and physicians' office visits).

For these reasons, we respectfully urge your no vote on SB 175. If you have any questions, please do not hesitate to contact me to discuss this further.

Sincerely,

Brian Warren
Director, State Government Affairs

cc: Members, Senate Health and Human Services Committee

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[4] Vernon, John A., and Thomas A. Abbott, "The Cost of US Pharmaceutical Price Reductions: A financial simulation model of R&D Decisions," *NBER Working Paper*. NBER, February 2005. https://www.nber.org/papers/w11114.pdf Accessed: April 18, 2019.

[5] DiMasi, JA, et al., Innovation in the pharmaceutical industry: New estimates of R&D costs. Journal of Health Economics. February 12, 2016.

[6] "The Changing Landscape of Research and Development: Innovation, Drivers of Change, and Evolution of Clinical Trial Productivity," IQVIA Report, April 2019.

[7] Ibid.

[8] Biopharmaceutical Research and Development, The Process Behind New Medicines. PhRMA, 2015. http://phrma-docs.phrma.org/sites/default/files/pdf/rd_brochure_022307.pdf

Laura Rizzo, SVP External Affairs, Denver Metro Chamber of Commerce
Testimony against [SB21-175 Prescription Drug Affordability Review Board]
Senate Health and Human Services Committee

I'd like to start by thanking Madame Chair and committee members for your consideration of this testimony. My name is Laura Rizzo and I submit this testimony on behalf of the Denver Metro Chamber of Commerce and our 3,000 members in opposition to Senate Bill 175, Prescription Drug Affordability Review Board.

We know that far too many Coloradans struggle with the cost of health care. We hear about it from our employers and their employees and feel strongly that we must explore more market-based approaches for curbing the costs of health care. We appreciate the intent of this bill: to cut health care costs, but believe the bill as written undermines the concept of our market, puts access at risk and establishes a precedent for rate setting that we do not support.

At the core of this bill stands price setting. We have heard from our members across the supply chain, including drug manufacturers, insurance companies, and hospitals, and this is the provision to which they have voiced the strongest opposition. Fixing prices typically distorts a market and doing this on a state-by-state basis is a dangerous move. In a worst-case scenario, patient access to drugs may be threatened if market distortions are too serious, or if drug-makers believe government price-setting in Colorado presents too great a risk to their business model for them to participate in our market. That presents an entirely new access problem for Coloradans. Federal action on issues around pharmaceutical affordability would be far less likely to create unintended distortions or gaps in patient access than would a state-by-state approach.

We oppose price setting – in any industry. And have serious concerns in this case about how "affordability" would be determined. Is a medication that changes the course and quality of a life affordable? How will research and development costs be considered? How are patient numbers factored in? The pricing of pharmaceuticals is a complex and technical process and leaving pricing decisions to a state board would cause us concern in any industry.

Transparency certainly has potential for reducing health care costs, and we applaud the efforts in this bill to increase transparency within this industry. We also support robust, thoughtful discussions and data analysis on the value of medicine, which can inform supply chain actors' decisions in a free market, as opposed to mandating such actions. We oppose this bill in its current form, but support the notion of increasing transparency when linked to clear consumer benefit across the health care industry. We would also support an amendment to remove the board's authority to mandate an upper payment limit.

Please join us in opposing Senate Bill 175.

Senate Health & Human Services

SB21-175 Prescription Drug Affordability Review Board

Typed Text of Testimony Submitted

Name, Position, Representing	**Typed Text of Testimony**
Beth Utton For Self	Chairwoman Fields and distinguished members of the Senate Health & Human Services Committee, my name is Beth Utton. I am from Longmont, Colorado. As a concerned citizen I am offering testimony in favor of SB21-175, Prescription Drug Affordability Review Board. In 2013 I was diagnosed with rheumatoid arthritis (RA). Modern medicines for RA are very costly. I have been on multiple medications over the last eight years, the cost of which have run from $30,000 upwards per year. Let's face it, most of us, even with insurance, cannot afford this kind of medical expense for one year, let alone for the rest of our lives. Even with insurance, my out-of-pocket expenses have been substantial. I have managed some of the time due to patient assistance programs offered by the pharmaceutical manufacturers. I am grateful for these programs and I am aware that the patient assistance foundations Big Pharma creates are tax write-offs for them. Pharmaceutical companies claim that the cost of their more expensive medications is due to the research and development involved in developing those medications. Many of the big pharma companies receive federal grants for R&D. Then they are granted patents to "protect" their investment, when in actuality the taxpayers paid for much of that R&D. These patents are granted for way too many years. Then, before the patent expires, the companies make some tweaks to the medication and represent the change as substantial enough to qualify as a new medication, and they obtain a new patent. These patent issues would require federal intervention. In the meantime, many people face bankruptcy due to medical expenses and/or do without the care they need. The Prescription Drug Affordability Review Board is an important step that can be taken by Colorado to curtail exorbitant and unreasonable medication costs for its citizens.

	I urge you to vote YES on SB21-175. Thank you.
Virginia Gebhart For Self	SB21-175 Prescription Drug Affordability Review Board I'm a retired pharmacist, so this bill is of great interest to me. When I graduated from pharmacy school in 1975, Pharmacy was regarded as the most respected profession and pharmacists were the most accessible health care professional in the community. The average price of a prescription was between $5 and $10. Needless to say, things have changed. Fortunately, one of the changes we have seen is thousands of new drugs, some of which are miraculous cures which were science fiction back in 1975. Most of those miraculous cures have been discovered through research funded by the American taxpayer through the National Institutes of Health, the largest biomedical research institution in the world. Unfortunately, another change we have seen is the creation of something called Pharmacy Benefit Managers. It would take hours to list all of the shenanigans, schemes, scams, bribes, kickbacks, claw-backs, discounts, and swaps that go on between insurance corporations and pharmacy corporations inside the black box of Pharmacy Benefit Managers. These shenanigans along with patent walls around drugs drive up the cost of prescription drugs. Suffice it to say, these corporations are extremely creative in hiding what they are doing, profiteering on the backs of sick people. You may have seen the headline in the NYT on Mon, March 15: "The Drugs at the Heart of Our Pricing Crisis". Here's a quote from the story: "… prices are not falling for biologic drugs as fast as they should, nor as much as they could. Billions in excess drug costs are shouldered by employers, taxpayers and patients as a result." SB21-125 Prescription Drug Affordability Review Board is an attempt to address our drug pricing crisis. Every day, pharmacists all across the country see the anger, frustration and fear in the faces of their customers

	when they walk up to the counter and hear that even though they have insurance their asthma inhalers cost $700, their insulin for a month costs $1000 or more, their anti-rejection medication costs $500 per month. These high prescription drug prices are killing us. We must have prescription drug price regulation. This bill is a good start.
Lynn Myers Against Self	Chairwoman Rhonda Fields and Members of the Committee, Thank you for the opportunity to submit testimony on SB21-175. On behalf of patients, seniors and my Aurora neighbors, I am asking you to vote NO. It is safe to say that the pandemic has impacted all our lives. For a year now, most of us have not seen loved ones, eaten in our favorite restaurants, or even left the house, afraid of contracting the deadly virus. But the last couple of months have given me hope. After only a year, pharmaceutical researchers and scientists were able to develop multiple COVID-19 vaccines that have helped put us on the road to recovery. I recently drove 80 miles to get my vaccine shot and will do the same later this week for my second shot. I would do it again, as there is nothing more important one can do to protect themselves and others from the virus. I feel fortunate I will be fully vaccinated this week! It is my understanding members of the legislature were among the first in Colorado to have access to the vaccine. I am pleased I will have the same status. In order to be prepared to combat the next pandemic, we must remember that this incredible medical feat was made possible because the framework and resources were already in place! Our biopharmaceutical companies were successful because our market-based system has incentivized significant investments in research and new technologies over decades. A bill like SB21-175, which would create a Prescription Drug Affordability Review Board, is exactly the type of action that would slow medical advancement and investment.

	At a time when cures and treatments are more important that ever, we cannot afford any more roadblocks, and we certainly should not be regulating the very industry that has afforded us all a chance at normalcy. I am asking members of the Committee to vote against SB21-175. Thank you for your time. Sincerely, Lynn Myers
Kathryn Partridge For Self	Greetings and thank you Committee Chair and members for allowing me to testify today. My name is Kathy Partridge. I live in Longmont, and I am a retiree whose husband had worked for the University of Colorado. I am here today to testify in support of this bill (SB21-175 to create a Prescription Drug Affordability Board) Our family was threatened last year with the fear of a sixfold increase in the drug my husband takes to control his asthma, Advair, from $16 to $100 per month. The active ingredients of the new medication were exactly the same as the cheaper one, only the "delivery system" was different. Thankfully, my husband's doctor was willing to change the prescription back to the original formula. He had not known there would be such a difference in cost. It really brought home to us how a sudden excessive expense could disrupt the budget of people on fixed income like ourselves. How would we have absorbed an additional annual $1000? I want to again thank you for your time, and to ask you to please support the bill.
Kathleen Boyer For Self	Chairperson Fields and members of the Committee, my name is Kathleen Boyer. I am representing myself. I am a wife and a mom, and I have worked in the public health field for 20 years. I am asking you to support SB21-175 and the creation of a Prescription Drug Affordability Review Board. A dear friend of mine has a chronic and deadly illness. In order to stay alive, they have to take a pill daily. That pill, ONE pill, costs over $100. $100 per day, $700 per week, $3000 per month. That's more than a lot of people make. Fortunately my friend has insurance right now. I can’t help but think of those without insurance, or with high copays. It is disturbing to think that there are people out there dying because they can’t afford their medicine.

	Please vote yes on SB21-175 to help keep drug costs down. It could be a matter of life and death.
Julie Reiskin For Colorado Cross-Disability Coalition	Thank you committee members: I am writing on behalf of the Colorado Cross-Disability Coalition. We are a statewide social justice organization focused on disability rights. I am writing to support this bill with the expected amendment that QALYs (quality adjusted life years) as a form of evaluating cost effectiveness may never be used by the Board. We want to see reasonable costs for prescription drugs while making sure that people can get medication they need. We represent many people who have rare conditions for which there are no peer reviewed studies and for whom only one medication works.
Andrea Fuller None Self	Good afternoon Mr/Madame Chair and members of the committee. Thank you for the opportunity to share my testimony and information that I believe is important to consider for SB21-175. My name is Andrea Fuller and I represent myself and my family. I would like to thank Representative Jaquez Lewis and other sponsors for sponsoring bill SB 175 and their efforts to improve transparency and information regarding prescription drug costs. I come as a neutral party on this bill and to provide information about prescriptions that help my child, and for my family to afford prescription drugs that our lives depend upon. I have a son with special needs who takes a minimum of four necessary prescription drugs. They range in retail price from $69 to $1,900. Without Medicaid, I would not be able to afford and provide my son with these necessary, life-improvement prescriptions. One of the drugs he takes on a daily basis, and it is helping him and his unique medical diagnosis. That drug averages approximately $1,900 - per month. I won't be on Medicaid forever and I am deeply concerned about (1) what the cost will be out-of-pocket when the time comes, and (2) what regulations or policies are in place, if any, regarding the pricing structure. Following are some examples of the inexplicable price changes over the past five years. For Drug 1 that my son takes, in January 2014 the retail price was $326, In April 2017, it was $152 - a nearly 50% difference in 3 years. For Drug 2, from January 2014 to May 2018 the retail price ranged from $181-$190. By February 2019, the price increased to $226, a difference of nearly $40 in 7 months! Who decides prescription prices and why? Even more important, how can the average person afford life-saving, necessary drugs at exorbitant, wildly fluctuating prices? I worry greatly about this and how it will impact my son - and my life and my family's health - if we ever have to pay above a certain threshold. Please consider this information and how the cost of prescriptions affects many others like us, who need these life dependent

	drugs, and so that we don't have to choose to go without, or choose between our home, food, utilities, or medicine. Thank you. Andrea Fuller
Debora Barker For Self	Good Afternoon Madam Chair and members of the committee. Thank you for allowing me to share my story. My name is Debbie Barker, I'm from Watkins, CO. I am here because I support SB 175 I live with debilitating migraines that require medication to manage the symptoms. I've found two medications that work well for me and these medications allow me to function normally and go about my day, unfortunately, I can't be kept on them because of their high cost. What has worked has been Emgality 120mg/ml injection for $724.00 and Ubrelvy 50/100mg -10-20tabs per month for $918.00-$$2100.00 per month. Due to the high costs I've had to skip the medication, which means that when I am experiencing a migraine, I cannot do anything, I'm completely useless! Unfortunately, I'm not alone. I have so many friends that find themselves in similar situations every month, where they can't afford the medications they need to stay healthy and live their lives. The toll of having a medical condition like this is taxing enough; the financial burden only makes such a situation more stressful. I can't afford the cost of these prescriptions that I need, and this hasn't just affected my finances, or the one off day here or there; It prevents me from having the quality of life we all want and deserve. It affects almost every decision I make on a daily basis. Not having the medications I need because of the cost means I am always at risk of getting a debilitating migraine where I cannot function. No Coloradan should have to live in fear of financial ruin or be unable to live a safe and healthy life because of drug costs. The creation of a prescription drug affordability board is an essential first step to hold drug companies accountable and fix this broken system; drugs don't work if people can't afford them, I'm proof of that.

	Please join me in supporting SB 175 to take a step forward for accountability in the pharmaceutical supply chain and lower prescription drug costs, thank you.
Mariah Leach For Self	Thank you for this opportunity to share my experiences. My name is Mariah Leach, I live in Louisville, and I was diagnosed with rheumatoid arthritis (RA) when I was just 25 years old. RA is a chronic autoimmune disease that can cause both permanent joint damage and extreme fatigue, as well as impacting other body systems. There is no cure for RA, and I will have to live with it for the rest of my life. I currently depend on a biologic medication to keep my disease under control. These medications can be completely life-changing for patients living with chronic illnesses. When I am not medicated, I deal with pain and fatigue serious enough to require a handicap parking placard and sometimes a wheelchair. But when I have access to an effective biologic medication, I am able to function in my daily life, do my job, and be active with my three small children. The downside is that these medications are extremely expensive. I was recently charged a copay of $2,206 for just two syringes - only one month of my medication - and that amount was with my insurance. Over the years since my diagnosis I have been on five different biologics, and all have cost thousands of dollars a month. I'm grateful to have copay assistance to help cover this cost, but if I lost that assistance, or if my insurance stopped covering a portion of my medication, I would never be able to afford the medication I rely on to function on my own. The cost of my biologic medication is just one of many costs of living with a chronic illness - my healthcare costs consume well more than my fair share of our family's budget. As a mom, I carry a certain amount of guilt for the opportunities my children have to forgo to cover my healthcare costs. I am lucky that we are still able to provide for my children's needs, but I know that isn't the case for every patient. Many are forced to choose between their treatment and other family needs, especially these days. It is my hope that a prescription drug affordability board would help make these life changing prescription medications accessible to all Coloradans who may need them.

Madam Chair and members of the committee, thank you for allowing me to share my story. My name is Marissa Josub and I am a soon-to-be graduate of the Masters of Social Work program at MSU Denver. I am in support of SB 175 on my own behalf and for the populations I serve.

A couple of years ago, I received a prescription for a medication from my primary care physician to help manage my increasingly debilitating mental health symptoms. After a brief explanation of the medications that I had tried in the past to manage my symptoms, my provider decided to prescribe a particular medication that she believed would meet my needs. Though I had a full-time, salaried position and health benefits, this medication was incredibly expensive to fill monthly and overall unsustainable largely due to the price tag.

While I received this prescription to help aid my mental health symptoms, the high cost of managing the medication adversely affected my mental health, causing additional stress. Balancing my budget to determine what essentials to cut in order to afford my medication was a frustrating and painful challenge. Not only was my medication vital for keeping me on track to manage my daily life, but medication also allows me to manage the significant demands of a career in social work and effectively serve my clients. I tried coupons and discount apps that the pharmaceutical company claimed to offer, but nothing helped to lower the cost. Eventually, I was reduced to tears when picking up the prescription – the pharmacist felt so bad that she offered me a one-time discount. It was then I knew that I could not continue the medication and therefore unfortunately never experience the long-term positive benefits that it could have provided.

I know very well that I am not alone in this struggle. While I am privileged enough to receive support from family for my medical care, I know of so many who do not have the same privilege. Throughout my education, internships, and employment in healthcare settings I have heard the many challenges that individuals and families that have experienced for affording their essential medications. Prior to starting the master's program, I worked as the Education, Support and Advocacy Coordinator for Colorado and Utah for the Crohn's & Colitis Foundation, a national health service non-profit dedicated to patients with Inflammatory Bowel Disease. This illness has no cure and very often requires very expensive medications to manage debilitating symptoms. It effects all ages, young children to elder adults, but no matter the age, symptoms can be incredibly severe. In addition to the physical challenges of this disease, patients frequently experience challenges to their mental health. Therefore, this illness requires financial support for both physical and mental health needs.

There are so many people that have to choose between paying for rent and bills or affording the medications they need to stay healthy, and in many cases, alive. If people cannot afford to take their medications, they may be at risk of higher medical bills down the road, further jeopardizing their physical and financial health. I have witnessed how financial stress can also cause a lack of adherence to their medical care altogether, creating further risk for more threatening medical conditions and mental health challenges. The fact is - drugs do not work if people cannot afford them, and no Coloradan should be forced to choose between their health and keeping food on the table.

As a social worker, I advocate for policy changes that directly benefit the clients I serve. The creation of a drug affordability board is a necessary step to hold pharmaceutical companies accountable and fix this broken system to ensure that my clients and I can afford the medications we need to stay healthy, both physically and mentally. Thank you for your time and I urge the committee to join me in supporting SB 175 to lower prescription drug costs for all Coloradans.

Colorado Senate Health and Human Services Committee
March 17, 2021

Re: Opposition to SB21-175

Chairwoman Fields and Members of the Committee:

My name is Rose Femia Pugliese and as mother to a child with significant medical needs, I am opposed to SB21-175.

My child has a rare condition that requires constant treatment and care. I am so grateful to have access to innovative medical treatments to aid her with her medical needs, although the medication is very expensive. By implementing a Prescription Drug Affordability Review Board, an appointed group of strangers would be making decisions on what medications would be accessible to patients, like my child. I understand the desire to lower prescription costs; my child's injection costs approximately $24,000 per shot.

My cousin in Italy has a child with the same disorder as mine. However, his child does not have access to the same medications and treatment as my child because the government has decided that his child cannot have this medication. While this rare condition is not life-threatening to our children, it has serious and significant impacts on their lives.

Doctors should have the ability to prescribe medications that they feel are medically necessary for our children. A Prescription Drug Affordability Review Board should have no right to make these determinations for our children.

This past year has shown us all the importance of access to necessary medical treatments. We cannot implement a policy that will restrict access of medications and treatments to our families. Additionally, potential cures that are currently in trial or are still in the early stages of research, could soon save even more lives in Colorado, especially the lives of children.

Medical decisions should be made by our doctors, not appointed officials. I ask as a mother that you all vote "No" on SB21-175.

Thank you for the opportunity to submit this testimony. I hope you will continue to consider families like mine when reviewing any legislation that impacts patient care in Colorado.

Respectfully,

Rose Femia Pugliese
Colorado Springs

ONE COLORADO

March 17, 2021

Senate Health & Human Services Committee

Re: Letter of Support for SB21-175 Prescription Drug Affordability Review Board

One Colorado Education Fund (OCEF) is the state's leading advocacy organization for lesbian, gay, bisexual, transgender, and queer Coloradans and their families. We have worked in a nonpartisan manner over the past eleven years to advance policy measures that help close the gap between legal and lived equality for LGBTQ Coloradans. Since our organization's founding, we have invested heavily in our health equity work to understand the challenges and barriers faced by the community in achieving a healthy life.

Since 2017 we have published health insurance buyer's guides for the open enrollment period. These guides are tools for the LGBTQ community to be able to decipher the complex information presented by insurance plans offered on the state exchange. These guides include a Hormone Therapy Prescription Coverage Guide and a PrEP and HIV Prescription Coverage Guide. In total, we track the coverage tier and treatment type of 42 prescription drugs that have a defined impact on the lives and well-being of LGBTQ Coloradans. From this historical tracking along with personal insights provided by our members, we know all too well the sustained impacts that uncontrolled prescription drug pricing has had on our community. We are hopeful that through SB21-175 the state can begin upon a meaningful path to help ensure all Coloradans have access to the medications they require without having to worry about where to find funds to cover ever-increasing drug costs. And for this bill to have its true impact on the lives of Coloradans, it must maintain its existing suite of consumer protections.

We would like to thank Senator's Jaquez Lewis and Gonzales for bringing forth this legislation and ask for the committee's support of this bill.

Sincerely,

Michael Crews
Policy Director

Madam Chair, Members of the Committee, my name is Carol Pace. I am a volunteer with AARP Colorado. AARP is focused on Coloradans age 50 and above, and has over 673,000 members in the state.

AARP supports SB21-175, Prescription Drug Affordability Review Board as it stands to protect older Coloradans from financially devastating prescription drug costs.

Older adults are reliant upon prescription drugs, and likely to need prescription drugs for medical conditions related to heart disease, osteoarthritis, diabetes, respiratory disease, and cancer.

A recent AARP survey found that 3 of 4 adults age 50+ regularly take at least one prescription medication, and over 8 in 10 take at least two drugs. More than half of seniors take four or more drugs.

Some older adults live in greater fear of medical costs than of the illness itself, as prescription drugs represent an increasingly high out-of-pocket expense, more of a problem for many that are on a fixed income.

High drug costs affect patient compliance with taking their medications, leading to further and more costly medical problems and increased hospitalizations. Older adults report splitting pills or taking medications irregularly, in order to afford the cost of the medications.

High drug costs result in some older adults needing to choose between their medications and other necessities such as housing, utilities, and food on the table for themselves and their families.

We ask that the committee support SB 21-175

Respectfully,

Carol Pace, AARP volunteer

Senate Health & Human Services

Witness List - SB21-175 Prescription Drug Affordability Review Board

First Name	Last Name	Position	Representing	Testifying
Lisa	**Elder**	**Against**	Self	**In Person**
Kelly	**Greene**	**Against**	Self	**In Person**
Angie	**Howes**	**Against**	Colorado Retail Council	**In Person**
Emily	**Roberts**	**Against**	Colorado BioScience Association	**In Person**
Isabel	**Cruz**	**For**	Colorado Consumer Health Initiative	**In Person**
Patrick	**Boyle**	**Against**	Pharmacy Care Management Association	**In Person**
Jennifer	**Churchfield**	**Against**	Front Range Pharmalogic	**In Person**
Ashley	**Mains**	**Amend**	Colorado Pharmacists Society	**In Person**
Trey	**Rogers**	**Against**	Pharmaceutical Research and Manufacturers of America	**In Person**
Tamara	**Pogue**	**For**	CCAT/ Summit County	**Remotely**
Beth	**Melton**	**For**	Counties and Commissioners Acting Together (CCAT)	**Remotely**
Jennifer	**Churchfield**	**Against**	Front Range PharmaLogic	**Remotely**
Stacey	**Buzbee**	**For**	Self	**Remotely**
Michael	**Conway**	**For**	Commissioner of Insurance	**Remotely**
Kim	**Bimestefer**	**For**	Department of Health Care Policy and Financing	**Remotely**
Mark	**Spiecker**	**Against**	Self	**Remotely**
Selena	**Owen**	**Neutral**	RxPlus Pharamcies	**Remotely**
Carol	**Pace**	**For**	AARP Colorado	**Remotely**
Kathleen	**Van Voorhis**	**For**	Interfaith Alliance of Colorado	**Remotely**
Alan	**Miller**	**Against**	Rocky Mountain Oncology Society	**Remotely**
Leah	**Lindahl**	**Amend**	Healthcare Distribution Alliance	**Remotely**
Sami	**Diab**	**For**	Self	**Remotely**
Brian	**Warren**	**Against**	Biotechnology Innovation Organization	**Remotely**
Joshua	**Ewing**	**Amend**	Colorado Hospital Association	**Remotely**
Mary	**Sanders**	**Questions Only**	Self	**Remotely**
Katelin	**Lucariello**	**Against**	PhRMA	**Remotely**
Amber	**Freed**	**Against**	Self	**Remotely**
Lindsey	**Vigoda**	**For**	Self	**Remotely**

Witness Signup List

Laura	**Rizzo**	**Against**	Denver Metro Chamber of Commerce	**Remotely**
Claudia	**Curry Hill**	**For**	Self	**Remotely**
Gretchen	**Mills**	**For**	National Multiple Sclerosis Society	**Remotely**
Brittany	**Burcham**	**For**	Self	**Remotely**
Laura	**Rizzo**	**Against**	Denver Metro Chamber	**Remotely**
Jane	**Horvath**	**For**	Horvath Health Policy --Healthcare Financing consultant	**Remotely**
Amanda	**Massey**	**Against**	Colorado Association of Health Plans	**Remotely**
Lauren	**Masias**	**Against**	Colorado Competitive Council	**Remotely**
Angie	**Vopat Patton**	**For**	Self	**Remotely**
Virginia	**Gebhart**	**For**	Self	**Remotely**
Beth	Utton	For	Self	Submitted text
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Lynn	Myers	Against	Self	Submitted text
Kathryn	Partridge	For	Self	Submitted text
Kathleen	Boyer	For	Self	Submitted text
Julie	Reiskin	For	Colorado Cross-Disability Coalition	Submitted text
Andrea	Fuller	Neutral	Self	Submitted text
Debora	Barker	For	Self	Submitted text
Mariah	Leach	For	Self	Submitted text
Emily	Hastings	For	Self	Uploaded file
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Senate Health & Human Services

Testimony - SB21-175 Prescription Drug Affordability Review Board

First Name	Last Name	Position	Representing	Testifying
Lisa	**Elder**	**Against**	Self	**In Person**
Kelly	**Greene**	**Against**	Self	**In Person**
Angie	**Howes**	**Against**	Colorado Retail Council	**In Person**
Emily	**Roberts**	**Against**	Colorado BioScience Association	**In Person**
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Julie	Reiskin	For	Colorado Cross-Disability Coalition	Submitted text

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Text of Testimony

concerned citizen I am offering testimony in favor of SB21-175, Prescription Drug Affordability Review Board.

In 2013 I was diagnosed with rheumatoid arthritis (RA). Modern medicines for RA are very costly. I have been on multiple medications over the last eight years, the cost of which have run from $30,000 upwards per year. Let's face it, most of us, even with insurance, cannot afford this kind of medical expense for one year, let alone for the rest of our lives. Even with insurance, my out-of-pocket expenses have been substantial. I have managed some of the time due to patient assistance programs offered by the pharmaceutical manufacturers. I am grateful for these programs and I am aware that the patient assistance foundations Big Pharma creates are tax write-offs for them.

Pharmaceutical companies claim that the cost of their more expensive medications is due to the research and development involved in developing those medications. Many of the big pharma companies receive federal grants for R&D. Then they are granted patents to "protect" their investment, when in actuality the taxpayers paid for much of that R&D. These patents are granted for way too many years. Then, before the patent expires, the companies make some tweaks to the medication and represent the change as substantial enough to qualify as a new medication, and they obtain a new patent.

These patent issues would require federal intervention. In the meantime, many people face bankruptcy due to medical expenses and/or do without the care they need. The Prescription Drug Affordability Review Board is an important step that can be taken by Colorado to curtail exorbitant and unreasonable medication costs for its citizens.

SB21-125
Prescription Drug Affordability Review Board

I'm a retired pharmacist, so this bill is of great interest to me. When I graduated from pharmacy school in 1975, Pharmacy was regarded as the most respected profession and pharmacists were the most accessible health care professional in the community. The average price of a prescription was between $5 and $10. Needless to say, things have changed.

Fortunately, one of the changes we have seen is thousands of new drugs, some of which are miraculous cures which were science fiction back in 1975. Most of those miraculous cures have been discovered through research funded by the American taxpayer through the National Institutes of Health, the largest biomedical research institution in the world.

Unfortunately, another change we have seen is the creation of something called Pharmacy Benefit Managers. It would take hours to list all of the shenanigans, schemes, scams, bribes, kickbacks, claw-backs, discounts, and swaps that go on between insurance corporations and pharmacy corporations inside the black box of Pharmacy Benefit Managers. These shenanigans along with patent walls around drugs drive up the cost of prescription drugs. Suffice it to say, these corporations are extremely creative in hiding what they are doing, profiteering on the backs of sick people.

You may have seen the headline in the NYT on Mon, March 15: "The Drugs at the Heart of Our Pricing Crisis". Here's a quote from the story:
"… prices are not falling for biologic drugs as fast as they should, nor as much as they could. Billions in excess drug costs are shouldered by employers, taxpayers and patients as a result."

SB21-125 Prescription Drug Affordability Review Board is an attempt to address our drug pricing crisis. Every day, pharmacists all across the country see the anger, Chairwoman Rhonda Fields and Members of the Committee,

Thank you for the opportunity to submit testimony on SB21-175. On behalf of patients, seniors and my Aurora neighbors, I am asking you to vote NO.

It is safe to say that the pandemic has impacted all our lives. For a year now, most of us have not seen loved ones, eaten in our favorite restaurants, or even left the house, afraid of contracting the deadly virus.

But the last couple of months have given me hope. After only a year, pharmaceutical researchers and scientists were able to develop multiple COVID-19 vaccines that have helped put us on the road to recovery.

I recently drove 80 miles to get my vaccine shot and will do the same later this week for my second shot. I would do it again, as there is nothing more important one can do to protect themselves and others from the virus. I feel fortunate I will be fully vaccinated this week! It is my understanding members of the legislature were among the first in Colorado to have access to the vaccine. I am pleased I will have the same status.

In order to be prepared to combat the next pandemic, we must remember that this incredible medical feat was made possible because the framework and resources were already in place! Our biopharmaceutical companies were successful because our market-based system has incentivized significant investments in research and new technologies over decades.

A bill like SB21-175, which would create a Prescription Drug Affordability Review Board, is exactly the type of action that would slow medical advancement and investment.

At a time when cures and treatments are more important that ever, we cannot afford any more roadblocks, and we certainly should not be regulating the very industry that has afforded us all a chance at normalcy.

Greetings and thank you Committee Chair and members for allowing me to testify today. My name is Kathy Partridge. I live in Longmont, and I am a retiree whose husband had worked for the University of Colorado. I am here today to testify in support of this bill (SB21-175 to create a Prescription Drug Affordability Board)

Our family was threatened last year with the fear of a sixfold increase in the drug my husband takes to control his asthma, Advair, from $16 to $100 per month. The active ingredients of the new medication were exactly the same as the cheaper one, only the "delivery system" was different. Thankfully, my husband's doctor was willing to change the prescription back to the original formula. He had not known there would be such a difference in cost.

It really brought home to us how a sudden excessive expense could disrupt the budget of people on fixed income like ourselves. How would we have absorbed an additional annual $1000?

Chairperson Fields and members of the Committee, my name is Kathleen Boyer. I am representing myself. I am a wife and a mom, and I have worked in the public health fi

I am writing on behalf of the Colorado Cross-Disability Coalition. We are a statewide social justice organization focused on disability rights.
I am writing to support this bill with the expected amendment that QALYs (quality adjusted life years) as a form of evaluating cost effectiveness may never be used by the Board. We want to see reasonable costs for prescription drugs while making sure that people can get medication they need. We represent many people who have rare conditions for which there are no peer reviewed studies and for whom only one medication works.

Good afternoon Mr/Madame Chair and members of the committee. Thank you for the opportunity to share my testimony and information that I believe is important to consider for SB21-175. My name is Andrea Fuller and I represent myself and my family. I would like to thank Representative Jaquez Lewis and other sponsors for sponsoring bill SB 175 and their efforts to improve transparency and information regarding prescription drug costs. I come as a neutral party on this bill and to provide information about prescriptions that help my child, and for my family to afford prescription drugs that our lives depend upon.

I have a son with special needs who takes a minimum of four necessary prescription drugs. They range in retail price from $69 to $1,900. Without Medicaid, I would not be able to afford and provide my son with these necessary, life-improvement prescriptions. One of the drugs he takes on a daily basis, and it is helping him and his unique medical diagnosis. That drug averages approximately $1,900 - per month. I won't be on Medicaid forever and I am deeply concerned about (1) what the cost will be out-of-pocket when the time comes, and (2) what regulations or policies are in place, if any, regarding the pricing structure. Following are some examples of the inexplicable price changes over the past five years.
For Drug 1 that my son takes, in January 2014 the retail price was $326, In April 2017, it was $152 - a nearly 50% difference in 3 years.
For Drug 2, from January 2014 to May 2018 the retail price ranged from $181-$190. By February 2019, the price increased to $226, a difference of nearly $40 in 7 months!

because I support SB 175

I live with debilitating migraines that require medication to manage the symptoms. I’ve found two medications that work well for me and these medications allow me to function normally and go about my day, unfortunately, I can't be kept on them because of their high cost. What has worked has been Emgality 120mg/ml injection for $724.00 and Ubrelvy 50/100mg -10-20tabs per month for $918.00-$$2100.00 per month. Due to the high costs I’ve had to skip the medication, which means that when I am experiencing a migraine, I cannot do anything, I'm completely useless!

Unfortunately, I’m not alone. I have so many friends that find themselves in similar situations every month, where they can't afford the medications they need to stay healthy and live their lives.

The toll of having a medical condition like this is taxing enough; the financial burden only makes such a situation more stressful.

I can't afford the cost of these prescriptions that I need, and this hasn’t just affected my finances, or the one off day here or there; It prevents me from having the quality of life we all want and deserve. It affects almost every decision I make on a daily basis. Not having the medications I need because of the cost means I am always at risk of getting a debilitating migraine where I cannot function.

No Coloradan should have to live in fear of financial ruin or be unable to live a safe and healthy life because of drug costs. The creation of a prescription drug affordability board is an essential first step to hold drug companies accountable and fix this broken system; drugs don’t work if people can’t afford them, I’m proof of that.

Thank you for this opportunity to share my experiences. My name is Mariah Leach, I live in Louisville, and I was diagnosed with rheumatoid arthritis (RA) when I was just 25 years old. RA is a chronic autoimmune disease that can cause both permanent joint damage and extreme fatigue, as well as impacting other body systems. There is no cure for RA, and I will have to live with it for the rest of my life.

I currently depend on a biologic medication to keep my disease under control. These medications can be completely life-changing for patients living with chronic illnesses. When I am not medicated, I deal with pain and fatigue serious enough to require a handicap parking placard and sometimes a wheelchair. But when I have access to an effective biologic medication, I am able to function in my daily life, do my job, and be active with my three small children.

The downside is that these medications are extremely expensive. I was recently charged a copay of $2,206 for just two syringes - only one month of my medication - and that amount was with my insurance. Over the years since my diagnosis I have been on five different biologics, and all have cost thousands of dollars a month. I'm grateful to have copay assistance to help cover this cost, but if I lost that assistance, or if my insurance stopped covering a portion of my medication, I would never be able to afford the medication I rely on to function on my own.

my name is Carol [illegible] and I live in Longmont, CO. I am in strong support of SB22-175 to create a Prescription Drug Affordability Board for Colorado.

I am at the pharmacy counter in my local Walgreens, picking up a prescription of Spiriva, an inhaler. The man behind the counter looks at me, pauses with the prescription in his hand, all bagged up and ready to go, “Hey, I don’t know if you knew this, but this is going to cost you $1,100.” What?!?! He goes on to say “It is a 3 month supply. Did you know it would cost this much?” No, I did not. Having been newly diagnosed with adult onset asthma, I am not familiar with prescription costs for inhalers. And to top it off:

the last inhaler I was prescribed cost me $248 (with insurance paying $50) for a one-month supply, and I had asked my doctor to prescribe something different so I could lower my out-of-pocket costs,

it’s a complicated business, navigating what the doctor prescribes versus what my health condition needs versus what the health insurance will pay versus are there discounts available, and then going back to the doctor and asking for a different prescription,

there are no discounts that I have found for this particular brand,

the doctor is not entirely sure that what I have is adult onset asthma,

this cost does not include what I pay out of pocket (approximately $130) every time I visit a doctor. So far, for my symptoms, I’ve seen my general practitioner twice, been to Urgent Care, an allergist, a pulmonologist and I have an appointment with an ears/nose/throat doctor coming up; the other prescriptions I’m now using (acid reflux medicine), over the counter medicines, or additional tests asked for by the doctors.

Each of the doctors have asked me to schedule follow-up visits also.
I was asked to schedule a comprehensive breathing test, which I have found out will cost me $861 with insurance, and $1,122 if I self-pay - costly either way.

I work full-time and researching all of this takes time that I can ill afford in a busy workday (let alone doctor appointments and tests they want taken like breathing tests).

It turns out that the cost of inhalers varies based on a person’s insurance, primarily the deductible. Having a healthy history without need of prescription drugs, I have taken on a high deductible (currently $6,000) plan for the last several years. I pay a monthly premium that has gone from $210 to $350 in the last four years, which is affordable because I am the only person for whom I am paying health insurance, but I do not find that adding a $250-$330 charge onto my monthly bills to be reasonable. I’m wondering why the companies can charge so much for necessary medicines, when they can charge less if I paid a higher monthly premium.

I wondered if there are more affordable inhalers. So I called the company, Ingenio, with whom my insurance provider, Anthem, has a contract for prescriptions and asked for prices on other inhalers. The person asked me what type of inhaler I needed (there are several formats), and what strength. I answered “I’m not sure - the doctor didn’t

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Senate Health & Human Services

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Laura	**Rizzo**	**Against**	Denver Metro Chamber of Commerce	**Remotely**
Claudia	**Curry Hill**	**For**	Self	**Remotely**
Gretchen	**Mills**	**For**	National Multiple Sclerosis Society	**Remotely**
Brittany	**Burcham**	**For**	Self	**Remotely**
Laura	**Rizzo**	**Against**	Denver Metro Chamber	**Remotely**
Jane	**Horvath**	**For**	Horvath Health Policy --Healthcare Financing consultant	**Remotely**
Amanda	**Massey**	**Against**	Colorado Association of Health Plans	**Remotely**
Lauren	**Masias**	**Against**	Colorado Competitive Council	**Remotely**
Angie	**Vopat Patton**	**For**	Self	**Remotely**
Virginia	**Gebhart**	**For**	Self	**Remotely**
Beth	Utton	For	Self	Submitted text

Witness Signup List

Virginia	Gebhart	For	Self	Submitted text

Witness Signup List

Lynn	Myers	Against	Self	Submitted text
Kathryn	Partridge	For	Self	Submitted text
Kathleen	Boyer	For	Self	Submitted text
Julie	Reiskin	For	Colorado Cross-Disability Coalition	Submitted text

Witness Signup List

Andrea	Fuller	Neutral	Self	Submitted text
Debora	Barker	For	Self	Submitted text

Witness Signup List

Mariah	Leach	For	Self	Submitted text
Emily	Hastings	For	Self	Uploaded file

Witness Signup List

Carol	Pranschke	For	Self	Uploaded file
Roger	Partridge	Against	Self	Uploaded file
Rose	Femia Pugliese	Against	Self	Uploaded file
Carol	Pace	For	AARP Colorado	Uploaded file
Leah	Lindahl	Amend	Healthcare Distribution Alliance	Uploaded file
Marissa	Josub	For	Self	Uploaded file
Kyle	Leggott	For	Self	Uploaded file

Witness Signup List

Debbie	Brown	Against	Colorado Business Roundtable	Uploaded file
Michael	Lee	Against	Self	Uploaded file
Mary	Desta	Questions Only	Self	Uploaded file
Matt	Flanders	Against	State Legislative and Policy Director of Citizens Council for Health Freedom	Uploaded file
Michael	Crews	For	One Colorado	Uploaded file
Laura	Rizzo	Against	Denver Metro Chamber	Uploaded file
Steven	Haden	Against	Envision: You	Uploaded file

Text of Testimony

concerned citizen I am offering testimony in favor of SB21-175, Prescription Drug Affordability Review Board.

In 2013 I was diagnosed with rheumatoid arthritis (RA). Modern medicines for RA are very costly. I have been on multiple medications over the last eight years, the cost of which have run from $30,000 upwards per year. Let’s face it, most of us, even with insurance, cannot afford this kind of medical expense for one year, let alone for the rest of our lives. Even with insurance, my out-of-pocket expenses have been substantial. I have managed some of the time due to patient assistance programs offered by the pharmaceutical manufacturers. I am grateful for these programs and I am aware that the patient assistance foundations Big Pharma creates are tax write-offs for them.

Pharmaceutical companies claim that the cost of their more expensive medications is due to the research and development involved in developing those medications. Many of the big pharma companies receive federal grants for R&D. Then they are granted patents to “protect” their investment, when in actuality the taxpayers paid for much of that R&D. These patents are granted for way too many years. Then, before the patent expires, the companies make some tweaks to the medication and represent the change as substantial enough to qualify as a new medication, and they obtain a new patent.

These patent issues would require federal intervention. In the meantime, many people face bankruptcy due to medical expenses and/or do without the care they need. The Prescription Drug Affordability Review Board is an important step that can be taken by Colorado to curtail exorbitant and unreasonable medication costs for its citizens.

Prescription Drug Affordability Review Board

I’m a retired pharmacist, so this bill is of great interest to me. When I graduated from pharmacy school in 1975, Pharmacy was regarded as the most respected profession and pharmacists were the most accessible health care professional in the community. The average price of a prescription was between $5 and $10. Needless to say, things have changed.

Fortunately, one of the changes we have seen is thousands of new drugs, some of which are miraculous cures which were science fiction back in 1975. Most of those miraculous cures have been discovered through research funded by the American taxpayer through the National Institutes of Health, the largest biomedical research institution in the world.

Unfortunately, another change we have seen is the creation of something called Pharmacy Benefit Managers. It would take hours to list all of the shenanigans, schemes, scams, bribes, kickbacks, claw-backs, discounts, and swaps that go on between insurance corporations and pharmacy corporations inside the black box of Pharmacy Benefit Managers. These shenanigans along with patent walls around drugs drive up the cost of prescription drugs. Suffice it to say, these corporations are extremely creative in hiding what they are doing, profiteering on the backs of sick people.

You may have seen the headline in the NYT on Mon, March 15: “The Drugs at the Heart of Our Pricing Crisis”. Here’s a quote from the story:
“… prices are not falling for biologic drugs as fast as they should, nor as much as they could. Billions in excess drug costs are shouldered by employers, taxpayers and patients as a result.”

SB21-125 Prescription Drug Affordability Review Board is an attempt to address our drug pricing crisis. Every day, pharmacists all across the country see the anger, Chairwoman Rhonda Fields and Members of the Committee,

Thank you for the opportunity to submit testimony on SB21-175. On behalf of patients, seniors and my Aurora neighbors, I am asking you to vote NO.

It is safe to say that the pandemic has impacted all our lives. For a year now, most of us have not seen loved ones, eaten in our favorite restaurants, or even left the house, afraid of contracting the deadly virus.

But the last couple of months have given me hope. After only a year, pharmaceutical researchers and scientists were able to develop multiple COVID-19 vaccines that have helped put us on the road to recovery.

I recently drove 80 miles to get my vaccine shot and will do the same later this week for my second shot. I would do it again, as there is nothing more important one can do to protect themselves and others from the virus. I feel fortunate I will be fully vaccinated this week! It is my understanding members of the legislature were among the first in Colorado to have access to the vaccine. I am pleased I will have the same status.

In order to be prepared to combat the next pandemic, we must remember that this incredible medical feat was made possible because the framework and resources were already in place! Our biopharmaceutical companies were successful because our market-based system has incentivized significant investments in research and new technologies over decades.

A bill like SB21-175, which would create a Prescription Drug Affordability Review Board, is exactly the type of action that would slow medical advancement and investment.

At a time when cures and treatments are more important that ever, we cannot afford any more roadblocks, and we certainly should not be regulating the very industry that has afforded us all a chance at normalcy.

Greetings and thank you Committee Chair and members for allowing me to testify today. My name is Kathy Partridge. I live in Longmont, and I am a retiree whose husband had worked for the University of Colorado. I am here today to testify in support of this bill (SB21-175 to create a Prescription Drug Affordability Board)

Our family was threatened last year with the fear of a sixfold increase in the drug my husband takes to control his asthma, Advair, from $16 to $100 per month. The active ingredients of the new medication were exactly the same as the cheaper one, only the "delivery system" was different. Thankfully, my husband's doctor was willing to change the prescription back to the original formula. He had not known there would be such a difference in cost.

It really brought home to us how a sudden excessive expense could disrupt the budget of people on fixed income like ourselves. How would we have absorbed an additional annual $1000?

Chairperson Fields and members of the Committee, my name is Kathleen Boyer. I am representing myself. I am a wife and a mom, and I have worked in the public health fi

I am writing on behalf of the Colorado Cross-Disability Coalition. We are a statewide social justice organization focused on disability rights.
I am writing to support this bill with the expected amendment that QALYs (quality adjusted life years) as a form of evaluating cost effectiveness may never be used by the Board.   We want to see reasonable costs for prescription drugs while making sure that people can get medication they need. We represent many people who have rare conditions for which there are no peer reviewed studies and for whom only one medication works.

Good afternoon Mr/Madame Chair and members of the committee. Thank you for the opportunity to share my testimony and information that I believe is important to consider for SB21-175. My name is Andrea Fuller and I represent myself and my family. I would like to thank Representative Jaquez Lewis and other sponsors for sponsoring bill SB 175 and their efforts to improve transparency and information regarding prescription drug costs. I come as a neutral party on this bill and to provide information about prescriptions that help my child, and for my family to afford prescription drugs that our lives depend upon.

I have a son with special needs who takes a minimum of four necessary prescription drugs. They range in retail price from $69 to $1,900. Without Medicaid, I would not be able to afford and provide my son with these necessary, life-improvement prescriptions. One of the drugs he takes on a daily basis, and it is helping him and his unique medical diagnosis. That drug averages approximately $1,900 - per month. I won't be on Medicaid forever and I am deeply concerned about (1) what the cost will be out-of-pocket when the time comes, and (2) what regulations or policies are in place, if any, regarding the pricing structure. Following are some examples of the inexplicable price changes over the past five years.
For Drug 1 that my son takes, in January 2014 the retail price was $326, In April 2017, it was $152 - a nearly 50% difference in 3 years.
For Drug 2, from January 2014 to May 2018 the retail price ranged from $181-$190. By February 2019, the price increased to $226, a difference of nearly $40 in 7 months!

because I support SB 175

I live with debilitating migraines that require medication to manage the symptoms. I’ve found two medications that work well for me and these medications allow me to function normally and go about my day, unfortunately, I can't be kept on them because of their high cost. What has worked has been Emgality 120mg/ml injection for $724.00 and Ubrelvy 50/100mg -10-20tabs per month for $918.00-$$2100.00 per month. Due to the high costs I’ve had to skip the medication, which means that when I am experiencing a migraine, I cannot do anything, I'm completely useless!

Unfortunately, I’m not alone. I have so many friends that find themselves in similar situations every month, where they can't afford the medications they need to stay healthy and live their lives.

The toll of having a medical condition like this is taxing enough; the financial burden only makes such a situation more stressful.

I can't afford the cost of these prescriptions that I need, and this hasn’t just affected my finances, or the one off day here or there; It prevents me from having the quality of life we all want and deserve. It affects almost every decision I make on a daily basis. Not having the medications I need because of the cost means I am always at risk of getting a debilitating migraine where I cannot function.

No Coloradan should have to live in fear of financial ruin or be unable to live a safe and healthy life because of drug costs. The creation of a prescription drug affordability board is an essential first step to hold drug companies accountable and fix this broken system; drugs don’t work if people can’t afford them, I’m proof of that.

Thank you for this opportunity to share my experiences. My name is Mariah Leach, I live in Louisville, and I was diagnosed with rheumatoid arthritis (RA) when I was just 25 years old. RA is a chronic autoimmune disease that can cause both permanent joint damage and extreme fatigue, as well as impacting other body systems. There is no cure for RA, and I will have to live with it for the rest of my life.

I currently depend on a biologic medication to keep my disease under control. These medications can be completely life-changing for patients living with chronic illnesses. When I am not medicated, I deal with pain and fatigue serious enough to require a handicap parking placard and sometimes a wheelchair. But when I have access to an effective biologic medication, I am able to function in my daily life, do my job, and be active with my three small children.

The downside is that these medications are extremely expensive. I was recently charged a copay of $2,206 for just two syringes - only one month of my medication - and that amount was with my insurance. Over the years since my diagnosis I have been on five different biologics, and all have cost thousands of dollars a month. I'm grateful to have copay assistance to help cover this cost, but if I lost that assistance, or if my insurance stopped covering a portion of my medication, I would never be able to afford the medication I rely on to function on my own.

I am at the pharmacy counter in my local Walgreens, picking up a prescription of Spiriva, an inhaler. The man behind the counter looks at me, pauses with the prescription in his hand, all bagged up and ready to go, “Hey, I don’t know if you knew this, but this is going to cost you $1,100.” What?!?! He goes on to say “It is a 3 month supply. Did you know it would cost this much?” No, I did not. Having been newly diagnosed with adult onset asthma, I am not familiar with prescription costs for inhalers. And to top it off:

the last inhaler I was prescribed cost me $248 (with insurance paying $50) for a one-month supply, and I had asked my doctor to prescribe something different so I could lower my out-of-pocket costs,

it’s a complicated business, navigating what the doctor prescribes versus what my health condition needs versus what the health insurance will pay versus are there discounts available, and then going back to the doctor and asking for a different prescription,

there are no discounts that I have found for this particular brand,

the doctor is not entirely sure that what I have is adult onset asthma,

this cost does not include what I pay out of pocket (approximately $130) every time I visit a doctor. So far, for my symptoms, I’ve seen my general practitioner twice, been to Urgent Care, an allergist, a pulmonologist and I have an appointment with an ears/nose/throat doctor coming up; the other prescriptions I’m now using (acid reflux medicine), over the counter medicines, or additional tests asked for by the doctors.

Each of the doctors have asked me to schedule follow-up visits also.
I was asked to schedule a comprehensive breathing test, which I have found out will cost me $861 with insurance, and $1,122 if I self-pay - costly either way.

I work full-time and researching all of this takes time that I can ill afford in a busy workday (let alone doctor appointments and tests they want taken like breathing tests).

It turns out that the cost of inhalers varies based on a person’s insurance, primarily the deductible. Having a healthy history without need of prescription drugs, I have taken on a high deductible (currently $6,000) plan for the last several years. I pay a monthly premium that has gone from $210 to $350 in the last four years, which is affordable because I am the only person for whom I am paying health insurance, but I do not find that adding a $250-$330 charge onto my monthly bills to be reasonable. I’m wondering why the companies can charge so much for necessary medicines, when they can charge less if I paid a higher monthly premium.

I wondered if there are more affordable inhalers. So I called the company, Ingenio, with whom my insurance provider, Anthem, has a contract for prescriptions and asked for prices on other inhalers. The person asked me what type of inhaler I needed (there are several formats), and what strength. I answered “I’m not sure - the doctor didn’t

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