Senate Judiciary Committee Testimony - October 29, 2024

As a pharmacist, I have had countless discussions with patients at the pharmacy counter about their prescription drug costs. It is never an easy task to explain to a retired teacher, a grandma, or a neighbor that their prescription copay will be over $600 simply because it is a new year or that their prescription that was $47.00 dollars last month is now $260, because they are in the Medicare coverage gap.

For the last 5-10 years, I have been having these conversations with my patients all too frequently as the cost of prescription drugs have far outpaced inflation. These conversations often lead to patients leaving prescriptions behind or rationing previously filled prescriptions solely due to the excessively high costs. At the beginning of each year, I see patients delaying medication refills because of the high Medicare Part D deductible. As the year progresses and patients begin to enter the Medicare Part D coverage gap, we often see patients stop filling their most expensive prescriptions for the remainder of the year.

These conversations just became disheartening to our patients and were burning out myself and my dedicated pharmacy staff. So, we set out to try and avoid these conversations all together. Even before the patient arrives at the pharmacy counter, my staff and I explore ways to reduce our patients costs and bridge these coverage gaps. We want to ensure that the patient leaves the pharmacy with the prescribed medication or a therapeutically equivalent medication in their hands. Being a part of a critical access hospital, affords my staff the time to advocate for our patients and more closely work with providers, nurses, social workers, and medical assistants to overcome these financial barriers. It often takes the entire healthcare team, across multiple departments, to connect patients with manufacturer samples, find a free trial coupon, enroll patients in a prescription assistance program, explore opportunities through the 340B Drug Savings Program, and if all else fails paying for a patient's copay out of our own pockets.

Since the passage of the Inflation Reduction Act, our patients have certainly benefited directly at the pharmacy counter. This legislation has drastically improved the financial stability of many of my elderly patients who are almost all living on a fixed income. I am reminded of a type-1 diabetic farmer that was spending nearly $7,500 a year solely on insulin copays prior to turning 65 in 2022. He now spends less than $900 annually because of the $35 per month cap on the copays for Novolog and Lantus that he is prescribed.

Another way we have helped reduce our patients' prescription expenses is by counseling them on selecting the right Medicare Part D plans each year. Unfortunately, the open enrollment period has typically led to me explaining ever increasing prescriptions costs and patients becoming increasingly worried about their household budgets. However, this open enrollment period has led to entirely different feelings for my patients. I am looking forward to showing them their 2025 plan comparisons, because more out of pocket savings will be rolled out to all patients, not just those dependent on insulin. Last week, I counseled an eighty-four year-old retired home healthcare aide suffering from heart disease and Type 2 diabetes. She takes 13 prescription medications including Entresto, Xarelto, Victoza, Praluent, and Jardiance. She will see her out of pocket costs fall from over $7,000 in 2024 to only $2,000 dollars in 2025. These

are life-changing savings for many of my patients and my staff and I can focus on the more clinical aspects of our profession.

The Inflation Reduction Act not only has helped reduce prescription drug expenses, but has also had a dramatic effect on one of the most important medication classes we have in our toolkit today, vaccines. At Iroquois Memorial Hospital, the pharmacy staff helps lead our vaccination program across many care areas including long-term care residents, patients of our rural health clinics, and acute care patients. The expansion of coverage for many recommended adult vaccinations including shingles, RSV, and COVID-19 has undoubtedly led to increased vaccination rates among our patients. Two years ago, nearly all patients interested in receiving the 2 dose shingles vaccine series first inquired about the cost, before we ever discussed the effectiveness or potential side effects. Unfortunately, a large percentage of patients would decline receiving the vaccine when they discovered their out of pocket costs were nearly $400 for the series. Today, these vaccines are fully covered for Medicare beneficiaries and the conversations I have with patients are centered around the importance of receiving the vaccines, instead of the cost.

Although current legislation has led to significant reductions in the price of prescription medications to a large segment of the US population, there is still more work to be done. I see an ever increasing need to legislate meaningful cost reductions for all patients in the United States, especially those working class Americans with employer sponsored health insurance. As we see type 2 diabetes and heart disease diagnosed in patients in their 20s and 30s, it is increasingly important to ensure these patients and their families can afford to treat these diseases effectively for decades and during their most productive years.

Michael A. Sandsmark, PharmD
Iroquois Memorial Hospital and Resident Home
Director of Pharmacy
200 East Fairman Avenue
Watseka, IL 60970