

**LOWERING HEALTH CARE COSTS FOR
NEVADA SENIORS: TAKING ACTION TO BRING
DOWN PRESCRIPTION DRUG PRICES**

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ONE HUNDRED SEVENTEENTH CONGRESS

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TUESDAY, AUGUST 23, 2022

U.S. SENATE,
SPECIAL COMMITTEE ON AGING,
Washington, DC.

The Committee met, pursuant to notice, at 2 p.m., at College of Southern Nevada Board of Regents, 3200 E. Cheyenne, North Las Vegas, Nevada, Hon. Jacky Rosen, Member of the Committee, presiding.

Present: Senator Rosen

**OPENING STATEMENT OF SENATOR
JACKY ROSEN, MEMBER OF THE COMMITTEE**

Senator ROSEN. Good morning, the Senate Aging Committee will come to order. I am glad to be here today, and I want to thank the College of Southern Nevada for hosting this important hearing. I also want to thank our witnesses and everyone who has been able to join us here in person, as well as those, of course, watching online.

We are holding this morning's field hearing in Las Vegas to discuss a pressing need for Nevada's seniors, lowering the high cost of prescription drugs. The past two and a half years have been incredibly challenging for so many Nevadans, and as we work to finally put the COVID-19 pandemic in the rearview mirror, we must continue to invest in the health and well-being of our most vulnerable, especially our seniors.

What does that mean? Well, it means that making sure that seniors in Nevada and across the country, well that they have easy access to quality, affordable health care no matter what community they live in. It means taking steps to address the high cost of prescription medications, including by allowing Medicare to use its buying power to negotiate for lower drug prices, and it means capping out-of-pocket prescription drug spending for seniors on Medicare Part D.

Medicare is a sacred promise. It is a promise of guaranteed access to health care after a lifetime of hard work. Despite this promise, we know that many seniors still have trouble affording and accessing much needed prescription medication. No one, and especially seniors living on fixed incomes, should have to choose between buying groceries and taking lifesaving medication, but for years, far too many Nevada seniors have faced this impossible

choice. In fact, unfortunately, many seniors ration their medications or skip taking them altogether because of high costs, and we are going to hear real life stories of this today, but simply put, this is unacceptable.

That is why after nearly 30 years of inaction, I am proud to have worked with my colleagues in Congress to deliver on the promises that so many have previously made and to finally, finally lower drug costs.

We are bringing about real relief for Nevada seniors and seniors across America, and this hearing could not be more timely. My Democratic colleagues and I just passed the Inflation Reduction Act, and just last week, President Biden signed this historic bill into law. This transformative new law will finally allow Medicare to negotiate the best price of prescription medication for America's seniors.

The Inflation Reduction Act will also cap seniors' yearly out-of-pocket spending on prescription drugs at \$2,000, and it will cap the price of insulin for Medicare beneficiaries at just \$35 a month. This new law will usher in an era of increased access to an affordability of lifesaving prescription medication for Nevada's seniors, and because private insurance often follows Medicare, the new negotiation authority included in this bill could end up lowering prescription drug costs not only for seniors, but for all families.

As we prepare for this new law to go into effect, I am thrilled to have the opportunity to hear from our excellent panel of witnesses today about how the high cost of drugs has imposed—have imposed burdens on Nevada seniors, how high drug costs impact seniors' health and well-being, how this impacts health care professionals and caregivers, and how the new law I helped pass will soon help reduce costs right at the pharmacy counter.

I am also looking forward to hearing about how Congress can best implement this new law and continue our work to lower health care costs across the board for Nevada's seniors, including through legislation I have introduced. Before we begin, I want to remind the witnesses to please keep their remarks to five minutes, and with that, I am going to introduce all of our witnesses at once, and then we will proceed to your opening statements. Our first witness, Ms. Maria Moore, who serves as a State Director of AARP Nevada. Thank you, Maria. She is a longtime advocate for the aging community. Ms. Moore previously served as AARP Nevada's Community Outreach Director since 2003.

She has also served on several boards and commissions, including the Nevada Commission on Aging, VA Southern Nevada Health Care System, Volunteer Association, and the United Way of Southern Nevada Emergency Food and Shelter Board. Thank you, Ms. Moore, for being here with us today and sharing your expertise with the Committee.

Next, I will introduce Dr. Christina Madison, a Clinical Pharmacist and Associate Professor at Roseman University College of Pharmacy. Dr. Madison also works with patients at—excuse me—at Huntridge Family Clinic, one of the largest providers of HIV prevention and gender affirming care in Nevada, and volunteers in medicine of Southern Nevada, where she provides immunization and communicable disease care.

As a Clinical Pharmacist, Dr. Madison has seen firsthand the roadblocks that patients experience in trying to access their prescription medications. As an Associate Professor, she has supported residents and fellows as they begin their own journeys into pharmacy care. Thank you, Dr. Madison, for being with us today and sharing your expertise with the Committee.

Our next witness, Mr. Jeff Klein. He is President and CEO of Nevada Senior Services. Nevada Senior Services is a health care organization that works to find ways to make health care more affordable and accessible for seniors all across the Las Vegas Valley. Prior to his service at Nevada Senior Services, Mr. Klein founded Altila Associates, where he conducted and supervised extensive engagements for hospitals, medical groups, and academic centers.

He has also spent time in health care leadership and hospital management in New York State. Thank you for being here and sharing your expertise with us, and finally, our next witness is Ms. Regina Milner from Las Vegas. Ms. Milner, well she is a patient advocate and Medicare beneficiary who personally knows the struggle of managing multiple health conditions and affording her many medications.

She will share the stress and the burden that she has faced during her own health journey to access lifesaving insulin and the other medications that she needs. Thank you, Ms. Milner, for being with us today and for sharing your personal experience with the Committee, and of course, all of us across the country.

I am going to proceed now to witness testimony. We will begin with Ms. Moore. You may begin your testimony. Thank you.

**STATEMENT OF MARIA MOORE,
STATE DIRECTOR, AARP, LAS VEGAS, NEVADA**

Ms. MOORE. Thank you, Senator Jacky Rosen, for having us here today. AARP, on behalf of our 38 million members, including over 300,000 members in Nevada and all older Americans nationwide, appreciates the opportunity to submit testimony on this important hearing of the Senate Aging Committee.

AARP has been fighting for decades to make prescription drugs more affordable, which is why we pushed so hard for drug pricing provisions in the recently enacted Inflation Reduction Act of 2022. These new policies will go a long way to lower drug prices and out-of-pocket costs for older Nevadans.

We thank Senator Rosen for her support of this law and the Senate Aging Committee for this—for its recent hearings and other efforts to keep prescription drug pricing reform in the spotlight. For perspective on this historic nature of this new law, it is important to fully understand the difficulty that so many older Americans face in trying to afford the medications they need to stay healthy.

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

In Nevada, the average annual cost of prescription drug treatment increased 26.3 percent between 2015 and 2019, while the annual income for Nevada residents only increased 18.8 percent. This

population simply does not have the resources to absorb the rapidly escalating prescription drug prices, and many are really facing the reality of having to choose between their medications and rising prices of other basic needs, such as housing or food.

We know the number one reason someone does not fill a prescription is because of its costs. For years, prescription drug prices increases have dwarfed even the highest rates of general inflation. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost \$12.20 a gallon, and milk would be \$13 a gallon.

Just in January, the drug industry raised prices on over 800 prescription medications, just as they have increased prices for decades, including three quarters of the top 100 drugs with the highest spending in Medicare Part D. After years of promises, Congress has enacted the historic changes in the Inflation Reduction Act.

This new law will finally require Medicare to leverage its buying power and begin to negotiate with drug companies for lower prices. The provisions will apply to a growing number of drugs that are among the highest cost to consumers in Medicare, resulting in substantial savings for both seniors and taxpayers.

The Congressional Budget Office estimates this policy alone will save Medicare nearly \$100 billion over 10 years. The law will also give peace of mind to millions of seniors with high drug costs by capping their out-of-pocket Part D drug spending at \$2,000 per year. There is currently no cap on these costs, and many Medicare beneficiaries simply do not have the financial resources to fill prescriptions that cost them \$10,000 or more every year.

The law also caps insulin co-pays in Part D at \$35 a month, which will help—which will be a major help for the roughly one in three Medicare beneficiaries with diabetes. These are incredibly important policies that will not only save millions of Americans, but it will also save lives.

The Inflation Reduction Act will also require drug companies to pay penalties if they raise their prices faster than inflation. This policy will address the long standing practice of drug companies raising their prices year after year, often at more than twice the rate of inflation. This will help rein in seniors out of pocket cost sharing and Medicare drug premiums. In addition, the Inflation Reduction Act will make available certain recommended vaccines for seniors on Medicare with no cost sharing, like the shingles vaccine that has a list price around \$350.

This policy already applies to Medicare Part B covered vaccines and a small group of private markets, but for years, Medicare beneficiaries have had to pay some level of cost sharing for Medicare Part D covered vaccines, depending on their plan coverage. This will not only save seniors out-of-pocket costs but is also an important preventative benefit to help older adults from illness.

Approximately 4.1 million Medicare beneficiaries received a vaccine covered under Part D in 2020. This new law is a historic victory for families across the country who are struggling to afford their prescriptions, but the fight isn't over. Big drug companies will spend millions trying to overturn or undermine the law so they can keep charging Americans the highest prices in the world.

AARP will keep fighting big drug companies' out of controlled prices and we won't back down. Thank you again to the Special Aging Committee for holding this hearing in Nevada, and to Senator Rosen for inviting us here to raise awareness about this critical issue. Thank you.

Senator ROSEN. Thank you, Ms. Moore.

We will now turn to Dr. Madison. You may begin your testimony.

**STATEMENT OF CHRISTINA MADISON, PHARM.D., FCCP,
AAHIVP, FOUNDER AND CEO, THE PUBLIC HEALTH
PHARMACIST, PLLC., LAS VEGAS, NEVADA**

Dr. MADISON. I first want to take a moment to thank Senator Rosen for hosting this Committee meeting, focusing on an extremely important topic of prescription drug cost and how it impacts our Nevada seniors. Let me first take a moment to introduce myself. My name is Dr. Christina Madison. I am a Clinical Pharmacist and Associate Professor of pharmacy practice.

I am also the Founder and CEO of the Public Health Pharmacist, which is a consulting firm specifically focused on public health. I have been training the next generation of allied health professionals, including pharmacy students and pharmacy residents, as well as medical physician assistant and nurse practitioner students for the past 15 years.

In my nearly two-decade career, I have spent counseling patients on how to treat and prevent the spread of infectious diseases, and for the past two years, I have been working overtime on the COVID-19 response, providing vaccinations, testing, and treatment.

I have personally facilitated the administration of over 12,000 doses of the COVID-19 vaccine, and now I am helping to coordinate the monkeypox response through the increased access to vaccinations, which are currently in limited supply. My work over the years, and especially during the pandemic, has put a spotlight on the need to focus on health equity, which includes access to affordable prescription drugs.

It is my honor and privilege to provide witness testimony as a public health advocate who has dedicated my professional career to caring for the underserved and vulnerable populations. I am thrilled to be sitting here with you today following the recent passage and sign it into law of the Inflation Reduction Act by President Biden on August 16th.

This new law is an historic down payment on a deficit reduction to fight inflation, invest in domestic energy production and manufacturing, and will reduce carbon emissions by roughly 40 percent by 2030. More pertinent to this hearing is the fact that this law will also allow Medicare to negotiate for prescription drug prices and extend the expanded Affordable Care Act program for three years through 2025.

Our country is on the verge of another health crisis, and seniors across Nevada are struggling with affordable care and coverage. Addressing health disparities and inequities is one of the main focuses of public health, and as a patient advocate, I know firsthand the importance of making sure patients have their basic needs met, which includes making sure that they have access to their medications by making them more affordable.

Understanding that seniors, in particular those in the BIPOC community, or APPI, and Indigenous brothers and sisters are facing more than just issues with their medications, but just getting to their doctor's visits in the first place, as well as structural racism and historic trauma. With most seniors taking multiple medications and having issues with polypharmacy, we know that several are having to make the difficult decision of paying rent, groceries, or gas, before paying for their prescription medications.

More and more are accessing food pantries and donations to supplement getting their basic needs met in order to afford their medications while living on fixed incomes. The passage of the Inflation Reduction Act of 2022 is going to make a meaningful and measurable difference in the lives of Nevadans.

Nevada residents are being disproportionately impacted by high prescription drug prices. Per AARP, over 200,000 Nevadans have been diagnosed with diabetes. Almost 270 Nevadans have been diagnosed with either asthma or COPD, and over 230,000 Nevadans have been diagnosed with some form of cancer. These are three very expensive disease States that require chronic, high cost prescription medications.

For example, between the years 2015 and 2020, the price difference of these medications are as follows. Victoza, which is a very common treatment for diabetes, went from a little under \$8,000 to over \$11,000 per year. Another medication, Revlimid, used to treat some forms of cancer, went from \$185,000 to over \$260,000.

Last but not least, Spiriva Handihaler, used to treat COPD, went from almost \$4,000 per year to over \$5,000 per year, just in a span of five years. We know that this represents a significant price increase that far exceeds normal increase due to inflation. These are just a couple of examples of the exorbitant drug costs that seniors are currently experiencing.

As I work with nonprofits and community partners, I see that more and more people are accessing these types of social services in order to just deal with their every day. Everything costs more, but that shouldn't include necessary lifesaving medications. I have conducted many medication review sessions called brown bag events with seniors in the community, and I often see them holding on to medications because they don't know when they may need it again.

This is that depression era thought process. This is incredibly dangerous, especially if they get these older meds mixed up with the new medications. The first thing I do is I ask them what their medical conditions are, why they are taking each of their medications, and if they are taking them as directed.

Oftentimes, there are at least a few that no longer have an indication or duplicated medication and can be safely discarded. Ultimately, I know that this generation doesn't like to let things go because they are used to doing more with less because their meds are so expensive. This just is one of these things that they just don't want to let go of. Did you know that 20 percent of all medications are never picked up at a pharmacy?

Typically because of lack of transportation, perceived need, and ultimately cost. Reducing the cost of prescription medications through the Inflation Reduction Act of 2022 is going to help not

just the cost of prescription drugs, but people's quality of life because they will be able to afford other things.

Medications don't work if you don't have them, and you can't take them if you can't afford them. That is why I am relieved that Congress just passed the Inflation Reduction Act, which will help lower costs for Nevada's seniors, including for many of the patients I serve every day.

This new law will be the first time that Medicare will be allowed to negotiate for lower drug prices in history. It will cap seniors' out of pocket spending at \$2,000 per year and the price of insulin and other lifesaving medications for thousands of Nevada seniors at just \$35 per month.

Thank you, Senator Rosen and the congressional Democrats, for working to pass this legislation, which is critical, and it is a lifeline to so many who live here in Las Vegas. I am providing this testimony to bring attention to these issues and to discuss solutions for our struggling Nevadans so that they can live healthier and happier lives.

Thank you so much for the opportunity to speak with you today. Senator ROSEN. Thank you. Thank you, Dr. Madison, for your statement. We are going to proceed to Mr. Klein.

Mr. Klein, you may now begin your testimony, please.

**STATEMENT OF JEFFREY KLEIN, FACHE,
PRESIDENT AND CEO, NEVADA SENIOR
SERVICES INC., LAS VEGAS, NEVADA**

Mr. KLEIN. Thank you. On behalf of Nevada Seniors Services and our aging community in Nevada, thank you for the opportunity to provide testimony to the Senate Aging Committee. I would be remiss if I did not thank Senator Rosen for this invitation to appear and for the Senator's steadfast support of Nevada's seniors and all our older Nevadans.

I am also grateful to Senator Rosen, the Senate Special Committee on Aging, as well as other members of our congressional delegation, including Senator Cortez Masto, Representative Susie Lee, Steven Horsford, and Dina Titus for their support in passage of the Inflation Reduction Act of 2022.

I have the privilege to serve as the President and CEO of Nevada Senior Services, and also as a board member of both the American Society on Aging and the National Association of Nutrition and Aging Services Programs.

A trusted nonprofit leader in aging services for Southern Nevada, Nevada Seniors Services provides a comprehensive range of quality programs and are designed to assist seniors and their family caregivers to live their best lives while aging in place. Our goal is providing remarkable care, balanced with culture that supports autonomy, choice, and safety.

We accomplish this providing a no wrong door model of inclusive service delivery as the Aging and Disability Resource Center for most of Southern Nevada. We offer adult day health care, memory loss programs, case management, in-home respite and personal care, home repair and modifications, caregiver support programs, and Hospital2Home, which is a unique dementia friendly care transitions program.

This remarkable program has achieved a less than one percent hospital readmission rate. Nevada Seniors Services serves over 2,500 seniors and their families every year. By way of example, Hospital2Home assists persons with complex health conditions, cognitive impairment, and those without home social supports to transition safely from the hospital to home without a readmission.

Frequently, this requires immediate resourcing to ensure availability of critical medications, nutrition, follow on medical care, and psychosocial supports for family caregivers. Nevada Senior Services has a long history of offering vaccine clinics for flu, pneumonia, shingle, and most recently, COVID, reaching out to our most vulnerable seniors, family caregivers, and frontline staff.

Our Nevada Care Connection Resource Center assists persons to connect to resources and to ongoing long-term services and supports such as medication, nutrition, housing, transportation, case management, and access to benefits, including Medicaid and SNAP. Last year, we provided over 3,500 critical resource connections to our citizens.

HomeMeds is our latest initiative, an evidence-based medication review for identifying potential medication related problems in collaboration with pharmacists and physicians. It is designed to reduce the risk of medication errors and adverse effects, including unnecessary medication related hospitalizations.

This program targets seniors and persons with cognitive impairment, and it is made possible by, actually by a grant from the U.S. Department Administration for Community Living. Nevada's demographics and population characteristics make senior care in general and prescription medications critical issues to address.

We continue to be one of the three States with the highest rate of growth in the over 65 population in the country and 14.3 percent of our seniors live alone. Nearly nine in ten persons aged 65 or older currently taking prescription medicines are reporting that they take four or more prescription medicines.

In addition, one-fourth of them report that it is difficult to report—afford their prescriptions, particularly those who are either in the fair or poor health status categories and whose income is below \$30,000 annually, and who take four or more prescriptions. One-fifth of our older adults report not taking their prescriptions as prescribed due to cost.

Many seniors are poor reporters, not sharing the decisions about not taking their medications as prescribed with their prescriber. It is not an infrequent occurrence for seniors to admit making difficult choices between nutrition, housing, pet care, and taking their prescription medications. Polypharmacy is a significant risk factor for hospitalizations and falls frequently resulting in hospitalizations.

Medication related issues associated with seniors and diabetes closely correlates with falls and with medication related drug overdoses. The Inflation Reduction Act of 2022 makes an important down payment in addressing these prescription drug issues that impact the ability of older Americans to have their best possible lives, aging in place with their family and friends. It accomplishes this by impacting a number of issues that have been longstanding

priorities for our seniors, Nevada Seniors Services, ASA, NANASP, and many local organizations serving our aging community.

Three of the priorities included in the legislation are the \$2,000 cap on out-of-pocket costs for prescription drugs for those on Medicare beginning in 2025. It is estimated that over 1.8 million older adults spend more than that amount every year. No co-pays or cost sharing for vaccines covered solely under Medicare Part D beginning in 2023.

Expanding the low-income subsidy, the LIS, to include beneficiaries with incomes up to 150 percent of the poverty line beginning in 2024. As members of this Committee know, within Part D prescription drug program, START, standard benefits is an initial \$480 deductible before coverage even begins. For this is a high enough barrier to forgo purchase and needed treatment for many of our seniors.

The legislation allows for the first time in history for Medicare to negotiate for the price of drugs, unfortunately, not till the beginning of 2026 and starting with just ten drugs. It also caps co-pays for insulin for Medicare beneficiaries at \$35 a month. As of 2024, those drugs with high costs enough to qualify for the program's catastrophic coverage, would no longer have to pick up the five percent co-pay for each prescription.

We have a duty to address these important issues associated with affordability and access to prescription medications. We must be committed to helping seniors manage their health span while their life span increases, and while they stay engaged in life and maintaining their independence.

We are grateful for the support and work and contributions of the Senate Aging Committee in making these objectives more attainable. I thank the special Committee for allowing me to speak today, and I am very happy to take any questions.

Senator ROSEN. Thank you so much, Mr. Klein, for your statement. We will wrap up our witness remarks with Ms. Milner. Ms. Milner, please, you may begin.

**STATEMENT OF REGINA MILNER,
PATIENT ADVOCATE, LAS VEGAS, NEVADA**

Ms. MILNER. Thank you and your staff so much for having me here today to share my experience with insulin and other expensive prescription drugs. My name is Regina Milner. I am a 60-year-old type I diabetic patient, a patient advocate, a systemic lupus warrior, and a resident of Las Vegas, Nevada.

I am also a stiff person syndrome, rare disease warrior who is GAD-65 seropositive, which has also caused my type I diabetes. That is a genetic disorder. That is one—it is one in a million chance and strikes one in a million people. However, most importantly, I am proudest of my titles of mother and grandmother.

My children and grandchildren have witnessed my 20 plus years of struggling and consistently advocating for diagnoses, medications, and equitable medical care and treatment, all while navigating my way through an unfair and unequal, systemic medical discrimination system.

In process of—in the process of paying for my medical care and medication to try to maintain health as possible—my health as pos-

sible, I became completely indigent and I now presently rely on my daughter, who also suffers from autoimmune disease, to provide me with a roof over my head and the care that I need.

My many illnesses require me to use over 20 drugs, actually 27 drugs and medical supplies that include two specific brands of insulin, Tresiba and Humalog, which require prior authorization, as well as my Dexcom G6 device and glucose monitor. In addition, I take weekly injections of Benlysta for my lupus and autoimmune diseases. I am now in need of IVIG treatment.

The cost of maintaining my health isn't cheap. One of my lupus medications, Benlysta, has a retail price of almost \$5,000. It is thanks to my enrollment in Medicare Part D extra help program, which subsidizes my Benlysta payment to under \$10 that I can afford it. I also take insulin products and need insulin twice a day, but the products I use are not included in the formulary.

During COVID, my glucose levels increased to over 700 while doctors' offices were closed, which is extremely dangerous and can result in diabetic coma. Unfortunately, my physicians didn't understand my genetic type of diabetes and told me that I did not need diabetes medications or insulin.

The test results were repeatedly dismissed until I found myself sleeping into a coma. It took several weeks of more advocating for prior authorization to get the correct insulins that worked for my illnesses. I know all too well the dangers of not having access to the lifesaving medications I need.

My father, also deceased, suffered from the same illnesses. Senator Rosen, your advocacy and that of your Democratic colleagues is so much appreciated. The Inflation Reduction Act, which has just been signed into law last week, will cap out-of-pocket costs at \$2,000 per year and cap insulin at \$35 per month for people on Medicare, which is a life changing amount for folks like me.

Instead of rationing or skipping medications, seniors and others like me across the country can finally put their health first without being worried about the cost. Related disease management and these exponential growth costs have cost me my quality of life. I have worked in many administrative roles.

I used to type 90 words per minute. I now have a muscle disorder. I was also a game dealer for the Monte Carlo Resort and the casino on the Las Vegas Strip. I am a single parent, and I knew I had to make ends meet for my children, but the diseases I have made it impossible to keep a job. Capping the cost of prescription drugs—excuse me, my muscle disorder is affecting my speech—will make a difference for so many Nevada seniors and so many other minorities and people who are struggling.

I don't have a choice in the medications I take or the genetic diseases I was born with, but I do see a brighter future, especially with the passage of the Inflation Reduction Act and the cost savings to come. I am losing my ability to verbalize myself clearly due to my muscle disorder and autoimmune disease.

My next statement is loud and clear. America's seniors have long needed prescription drug reform and these out-of-pocket costs caps for many people on Medicare are the right step forward. I know that I am not alone in this struggle.

There are so many of us who need our prescription drugs, especially in the autoimmune disease and chronically ill community. We can't afford to wait, but with the Inflation Reduction Act, thank God we won't have to. In closing, I am thankful to wake each day and begin each day with gratefulness, because it is by the grace of God that I am alive and standing before you today.

In the process, I have had to fight for my life, and I have dealt with a lot of disparity that has resulted in me being misdiagnosed, receiving treatment that has endangered my health, and I have been barred from treatment that I should have received, unfortunately. I am so grateful that you have taken the time to listen to my story and have me here today.

I thank you for all of your time and for listening to my medical experience. I know that other people are experiencing this as well, and I hope that I can be a help to them as well. Again, I sincerely and truly thank you, Senator Rosen, and all of your staff. They have been beautiful. They have been wonderful. This opportunity to share my story today, and for your hard work and the successes that you have accomplished to help us.

Senator ROSEN. Well, Ms. Milner, you are the reason why we all do what we do. You are the reason why we are here today. Your strength and your bravery is—people watching, people who know you. You fight for those who don't quite have the strength and we are so grateful that you are here. It is why we are here. It is why we are having the hearing, and I really, really appreciate you.

I think we will get started on some questions, so if you need a drink, if you need anything from our team, you just let us know, Ms. Milner, okay? Okay, perfect. Why are we here? The high cost of prescription drugs, the new out-of-pocket spending cap. It is no secret that Americans pay far more for prescription drugs and people in other industrialized nations, and in fact, according to Rand Corporation, a recent report from the Rand Corporation, Americans pay more than two and a half times more, two and a half times more for the average prescription drugs than do citizens in 32 other developed countries, and that is when it comes to brand name drugs.

Americans pay nearly—excuse me, when it comes to brand name drugs, Americans pay nearly three and a half times more than our counterparts in other countries. Fortunately, President Biden just signed into law the Inflation Reduction Act, which congressional Democrats recently passed.

All of our strong support, my strong support and this new law, as we spoke about, you have heard, will soon cap the out-of-pocket costs for seniors on Medicare Part D at \$2,000 per year total no matter how many prescriptions they may take and no matter what those prescriptions are.

You said there are people on sometimes 20 different medications. It is—there is a lot for people to navigate. Ms. Milner, you said how many prescription drugs do you take a month?

Ms. MILNER. With my prescription drugs and supplies that I need, including my Dexcom G6, which I am so grateful for, it saves my life every day, I take 27.

Senator ROSEN. 27.

Ms. MILNER. 27 prescriptions.

Senator ROSEN. You are enrolled in the Medicare Part D extra help program, which helps you subsidize those costs?

Ms. MILNER. Yes, ma'am, and I am so grateful. I just began using it this month, and this SHIP program has been so helpful to me in helping me to get enrolled and to understand Medicare. It has been a new education.

Senator ROSEN. If you didn't have this program, how much would you spend if you just had to pay for it?

Ms. MILNER. You know, they are still at this point itemizing the total cost of my drugs with my new—

Senator ROSEN. Right—

Ms. MILNER [continuing]. Part D, but at this point, it looks like I would be well over \$15,000—

Senator ROSEN. A year—

Ms. MILNER. Benlysta is—

Senator ROSEN. Per month?

Ms. MILNER [continuing]. \$5,000 by itself, per month.

Senator ROSEN. If you are estimating about \$15,000 a month, and we are going to put in a \$2,000 a year cap, that is just about \$167 a month. I don't know, maybe you could sum that up in a sentence or two with how that is going to change your life?

Ms. MILNER. I thank God. I am so grateful because every morning that I wake up is a blessing and I can take my medication. I can still think clearly and still navigate and still advocate for myself. Being able to have my medication is a blessing. Being able to have your help, all of your help is a blessing. I am so thankful and grateful. That is all I can say is thank you.

Senator ROSEN. Well, it is coming, the help is coming, and so we are going to talk now a little bit about Medicare price negotiation, because that is really going to make a huge difference, because one of the core components of the Inflation Reduction Act, again I am so proud to help pass that, we have finally made it possible for Medicare to negotiate directly, directly with big pharmaceutical manufacturers to ensure the lowest possible drug prices for our seniors, and so over the next few years, the Department of Health and Human Services will be allowed to negotiate the prices of the most expensive drugs on the market to help lower costs for seniors in Nevada and across the country. Many of the most expensive drugs, which often have limited or no competition, are for serious conditions like cancer, and I am going to repeat the statistics for Nevada.

Cancer impacts more than 230,000 Nevadans. My mother died of lung cancer. I was one of those Nevadans that—it impacted my family. Diabetes that impacts more than 202,000 Nevadans, and asthma, which affects more than 260,000 Nevadans, and so I am pleased that as a result of this new law—again, I can't reiterate enough Medicare is finally, finally going to be able to use its purchasing power to deliver those lower costs for seniors who rely, like Ms. Milner, on the lifesaving medication. Ms. Moore, we are going to talk about AARP Nevada.

You have just been a longtime advocate for Medicare drug price negotiation, and can you just maybe give a few more words about not just how hard you work, but how you have come to this point? The Inflation Reduction Act, you were a champion.

AARP is a champion for it. How it is going to help millions of Nevadans—well, millions of seniors across the country, Nevada seniors, of course, keep our prescription drug prices down.

Ms. MOORE. Thank you, Senator Rosen. As you stated, AARP has made the argument for many years, for decades, that with more than 50 million Americans getting their medications through Medicare, if the program was allowed to negotiate prices, the power of those numbers would deal a much better deal for Medicare beneficiaries and for taxpayers who ultimately foot the bill for the lion's share of the medication costs, and after decades of pushing for this reform, the Inflation Reduction Act finally authorizes Health and Human Services Secretary to begin negotiating the prices of ten of the highest costs medications or prescription drugs in 2023, and the negotiated prices will go into effect in 2026 for Part D medications, and in 2028 for drugs covered under Medicare Part B.

The number of drugs whose prices will be negotiated on behalf of Medicare will increase in subsequent years, and by 2029, a total of 60 drugs will be subject to a negotiated price—negotiated prices.

Overall, this process will create substantial savings for seniors and taxpayers by reducing the prices of the growing number of expensive and widely used prescription drugs. The Congressional Budget Office estimates that this program will save Medicare approximately \$100 billion in 10 years, and according to the Kaiser Family Foundation report, Medicare negotiation could actually drive down prices for drugs used by 8.5 million people on Medicare, accounting for nearly one in five, 18 percent of the 47.7 million Medicare Part D enrollees in 2019.

Senator ROSEN. Thank you. You know, I think we all know that an ounce of prevention is worth a pound of cure, so by providing these medications, we can keep people healthier, happier. It is better for their families, of course, for their pocketbooks. They don't have to make choices, and most importantly, we can keep them away from the most expensive care, which is obviously going to the hospital, and so, Mr. Klein, I am going to turn to you, because I would say not many, but I would say probably all of the seniors that you serve are on Medicare, right, and so this Medicare negotiation provisions ensure that people get their medication, and they stay healthier. They don't have to make the choices, maybe they are not entering the emergency room. How do you think it is going to impact the work that you do and others like you?

Mr. KLEIN. We are very excited about the prospect. This has been a long time coming. As Senator knows, the VA has been at this for forever, so has the Department of Defense. Every managed care organization negotiates prices for drugs. The people who have really been on the raw end of this problem are those people frequently who just above the poverty line, seniors on fixed incomes, and without a controlled drug costs, making those big decisions between food, pets, and life. Every day we go through the process of trying to find resourcing for people to get medication because they either have a plan that they can't afford, they can't afford another plan, the alternatives leave the costs too high, and so they are constantly making major health choices.

This is the cavalry coming for those people on fixed incomes, and while it may not affect everybody tomorrow, it will over time, and

with an aging population, folks who are going to live into their 80's, maybe 90's, the long haul here is really important, so we are—we think this is going to have a big impact day to day.

In the short run, we think, it is going to create some incentives and opportunities for us to look at alternative medication funding mechanisms to try to help people on fixed incomes kind of span the time while they wait for this to really hit home.

Senator ROSEN. That is fantastic. We know that people living with chronic disease, we live better and longer, and that medication is what is helping that, and I am sure you work with many grandparents, so those grandkids are the true beneficiaries, perhaps, of getting to know their grandparents, but we are going to turn next to you, Dr. Madison, because nobody knows better than you than the high prescription drug, the costs, the impacts on patient health outcomes, compliance, and their health care providers, you being one of them. Unfortunately, we have far too often seen that the high cost of prescription drugs, well, it impacts both the seniors who need them and also the health care providers who manage their care, doctors, pharmacists, other health care professionals.

Well, you didn't go into this job not to help people. You went into this business to make a difference, to save people's lives and help them, but when it comes to prescribing or recommending treatments, you can only do your job—everyone can only do their job if, effectively if patients don't face those insurmountable financial barriers, and for many seniors, there are barriers for each and every one of their prescriptions. Think about Ms. Milner. Again, according to AARP, the average older American takes roughly five prescriptions a month, typically on a chronic basis to treat conditions like we have talked about, cancer, asthma, COPD, diabetes, heart disease, and others.

Shockingly, the average annual list price for one brand name drug used on a chronic basis was over \$6,600 in 2020, which is more than one-third of the average senior's Social Security retirement benefit. Think about that. More than one-third of your yearly income just spent on one brand name prescription drug. Even existing Medicare Part D coverage can't always make that affordable for most seniors.

Dr. Madison, I am going to turn to you. As a clinical pharmacist, I know how deeply and passionately you care about this. You have been involved in assessing both patients health needs and their medication evaluation, as you have spoken to, and their management, so can you tell us about the times when you have recommended medications to your patients that you know that are appropriate and effective, the best medication, but had to instead suggest something perhaps less effective or less beneficial because the patient simply couldn't afford the choice.

Dr. MADISON. Absolutely. One of the first things that I was thinking of when I was thinking of this question was, you know, our lovely advocate over here, Ms. Milner, and really the high cost of diabetes. There have been amazing innovations in diabetes therapeutics over the past, really just the past five years, and seeing a lot of these newer medications that are injectable therapies that are taken maybe once a day, but they are quite expensive, so

you know, knowing that someone could benefit from an injectable long acting medication and not being able to receive it, having to use things like oral medications, oral medications that are taken multiple times a day, which we know directly impacts an individual's ability to remember taking their medication, we are talking about seniors—exactly.

The more we can simplify their regimen, the more likely they are to get the most benefit from their therapy, and so, many times we have had to recommend a generic or something that is more likely to impact their kidneys or their bones or their eyesight. You know, I just, I was so touched by Ms. Milner's testimony, and I see so many of the patients that I have worked with over the years in her, and even just thinking about my own grandmother who passed during the beginning of the pandemic and thinking about her care and, you know, having dementia and not understanding, you know, all of the different things that she needed and caregiving and making those decisions when you get to that twilight of our lives, and it is really impactful, you know, the work that you are doing, the work of Congress, and I am so excited to see the improvement in quality of life that our seniors are going to have, and not just that, but our economy, because think about it, if people don't have to worry about affording their medications, they are more likely to engage in doing and going out and spending money and being consumers, so it is not just about the amount of life, but the quality of life that our seniors can live.

Senator ROSEN. You want the best patient outcome—

Dr. MADISON. Absolutely.

Senator ROSEN [continuing]. and you answered some of my other questions, but you didn't answer, I want you to talk more about the hoops that you might have to go through as a medical provider if you know that there is a good medication out there that is really going to make a difference, to try to get that financial assistance for your patients. Tell me about that.

Dr. MADISON. There is a couple of different things that we can do. Obviously, there are certain manufacturers that have copay assistance cards, so that is very helpful, but not every pharmacy has the time to be able to go through and do that and so that can be a little bit challenging, and then also, you know, if you are having an issue with receiving your medication, there may be some things about, you know, delivery. As I mentioned before, 20 percent of prescriptions are abandoned usually because they can't access them, or they can't afford them, and so if transportation is an issue, being able to deliver the medication to the patient's home is extremely impactful, and then not being able to provide them with the best medication has other possible side effects, so it is not as good, so the medical condition that they have may not be treated to the best of its ability, but then they may also be more likely to experience side effects from the medication as well, and so those are the things that we really want to try to avoid.

Unfortunately, the hoops that we have to jump through are prior authorizations, things not being on a formulary, going and negotiating with the managed care offices because they put certain things on because they got it because there was two or three other medications that that manufacturer also made and they made a bundle

and they said, okay, we are going to put all of these medications on the formulary, and unfortunately, the rhyme and reason to that is not something that the average senior understands. They just understand that they are not able to access the best medication, and it is really hard—

Senator ROSEN [continuing]. time jumping through hoops when you could be actually dealing with patients, and so that takes away your time to be able to do direct care.

Dr. MADISON. Yes, absolutely.

Senator ROSEN. I have one more question for you. Well, we have a bunch more to go through, but I was a caregiver for my parents and in-laws as they aged, so I understand that aspect, but have you seen the high cost of prescription drugs? How does it impact the caregivers who take care of your patients? Maybe if people aren't able to get the best medication or they are having to ration or whatever you are seeing.

Dr. MADISON. Well, we are seeing people consolidate households. We are seeing people dipping into their savings, if they even have savings. You know, if they are living paycheck to paycheck, they are going to social services.

They are accessing food pantries, they are accessing assistance programs, you know, meals on wheels, dining with dignity, all these different things that, you know, I am seeing people that ordinarily wouldn't access those services or are coming but are reluctant because they feel embarrassed, or they feel like they don't understand how they got into this situation, and they are so thankful when they come and receive donations, clothing. You know, some people lost their jobs during the pandemic and lost everything, and so the caregivers of people who have chronic medical conditions, they need a respite as well, and so you see a lot of stress, anxiety, depression in those caregivers because they are internalizing the hurt and the pain that the people that they are taking care of are experiencing.

Senator ROSEN. Giving people their medication at affordable prices creates a better community for everyone—

Dr. MADISON. It impacts so many things.

Senator ROSEN [continuing]. that is the bottom line right there. Well, we are going to talk a little bit specifically about diabetes now for a minute, because currently more than 375,000 Nevada seniors receive prescription drug coverage through Medicare Part D, and over a quarter of them, more than 93,000 Nevada seniors, have diabetes, so across the U.S. in 2020, Part D enrollees spent a total of \$1 billion, \$1 billion on out-of-pocket on insulin. That is an average of \$54 per insulin prescription. For many Nevada seniors living on that fixed income, \$54 for each insulin prescription, we know, we know it is just not affordable.

Despite being a lifesaving drug, many seniors, including as we have heard today, you, Ms. Milner, are forced to sometimes ration your insulin or you simply don't buy it at all, but again, we are proud to report helps on the way thanks to the Inflation Reduction Act.

Beginning next year, it will be here before we know it, the cost of insulin will be capped at \$35 a month for Medicare beneficiaries, not just here, across the country, and so \$35 insulin.

I know you take 27 medications, but just tell me how that feels—how that feels to you, just that one change.

Ms. MILNER. That one change makes me feel so relieved because as I stated, the—as Dr. Madison understands, it isn't on the formulary. I had to go through many hoops, hurdles in order to have my physicians do the prior authorizations, dealing with the MCOs who in prior authorization, departments that sometimes don't understand how important it is because other medications, insulins can make you very ill, as it did with me, and so having that relief is just a burden that I feel is just—I can breathe. It is gone.

Senator ROSEN. It is going to help the rest of your medical condition just to have that stress removed.

Ms. MILNER [continuing]. and that is because when your glucose is not right, nothing is right. Nothing feels good. It is the worst feeling in the world, so it is a total relief, just that drug alone, knowing that \$35, oh, my God. I mean, I am so—again, the only word I can use is grateful, and regardless of how ill I am, for me, the solution is to wake up every day and be grateful for all that I do have, for the people that have helped me, the people who have sacrificed for me. I am grateful, and I am grateful for you and you and you. For everything, I am grateful.

Senator ROSEN. We are grateful for you too and we are——

Ms. MILNER. It is a godsend.

Senator ROSEN. We are proud to do this work, and so I am going to turn over to Ms. Moore in AARP, because this is just one story. I probably could have a thousand people here, and you would hear a similar story about their struggles, about the relief they will feel when just this one burden is off of their mind, and you represent over 320,000 Nevada seniors. I know we are hearing from one, but you can speak on behalf of them. What do you think—if you just want to think about the emotional relief or what that might mean to people, just give your impression.

If you can consolidate 325,000 seniors into a couple of sentences, what do you think just that one change means?

Ms. MOORE. Like Ms. Milner, she is one of many stories. We know that many families across Nevada and across the country really are struggling with the outrageous prices of insulin, and really people needed to stay alive and healthy.

That is the bottom line. It is just one tragic example of the larger problem, we have heard from Dr. Madison, of the drug industry that affects so many different medications, and thankfully, the \$35 monthly cap for insulin in Medicare that AARP supported will affect very soon.

Like you said, 2023 is right around the corner and Part D plans will require to offer this copay a month even before the enrollee meets the deductible for the year, so people will see the co-pay changes at the beginning of the year, and AARP would welcome the chance to extend this cap to others beyond Medicare as well, whether it be at State or Federal level.

AARP offices across the U.S. have been active in the State Legislatures and across the country, as I said, for over the past few years, to pass insulin co-pays in State laws that would apply to private insurance, so AARP will keep fighting for Americans 50 plus, and for all, so that they can afford their medications.

Senator ROSEN. Thank you. Mr. Klein, I know you work with so many seniors and you are going to be able to maybe put some of your financial resources or some of the magic that you do to help those thousands of seniors every year. Give me a little, from your perspective, \$35 insulin, how is it going to help your team, help others, and what is the impact on what you do?

Mr. KLEIN. It is a huge boost. First of all, it is going to be a boost to the team. Folks who work in the trenches take this seriously. It weighs on them every day. Every time somebody comes through the door, a patient comes through the door who needs help, and you don't have a resource, it is a failure in the minds of the people who are attempting to take care of them and help them. This is the cavalry coming. First of all, it is hope, and hope is really important in this population. It is almost more important than the immediate—to know that something is coming—

Senator ROSEN. Give you a boost.

Mr. KLEIN. It gives you a boost. It tells you that there is an opportunity to impact it. Second, for this particular population, our staff are constantly looking for resources, attempting to find other not for profits, who might have a medication program that we could pair with, well if we can lower the cost, can we fill in the blank to help them get coverage for the short period of time that might be the bridge between programs or to wait for something larger to come along, so this is major news. It is major news not only for the senior, but importantly, it is major news for caregivers who have really been struggling with this and who take it home with them every night.

Senator ROSEN. Will be able to put those resources to some other benefit. Dr. Madison, from a medical perspective, we know the impact it is going to have, so just tell us the impact if people take their medications regularly on time, at the right dose. Tell me how you are feeling about that.

Dr. MADISON. Yes. The three Rs, right. Right drug, right time, and the right way.

Senator ROSEN. See, there you go. I didn't even—

Dr. MADISON. Tell people the three Rs. I mean, it is incredible, right. Obviously, you know, we are talking a lot about diabetes because it impacts so many individuals, but really, these concepts and these, you know, these interventions go across any chronic medical condition, and so for me, my biggest thing when I talk to my patients is, do you feel better or worse or the same?

If it is the same or worse, then I need to think what is going on, is the medication that you are taking appropriate? If it is not, how can we fix it? Having the ability to be able to take your medication at the right time and the right way and the way that it was intended by your health care professional, by your physician, by your nurse practitioner, by your physician assistant, right, it is so critical because when you start getting between that relationship, now you have messed things up, and the intended purpose of that medication goes away because now the patient can no longer be adherent because the medication only works if you can take it and you can't take it if you don't afford it.

This is incredible. I think just looking at, you know, chronic disease management, there are so many ripple effects that will go to-

ward this. If you are able to be healthier because you are able to take your medications, you are going to be a more productive member of society.

You are going to be able to do more things. You may start a small business. You—there are so many different things that you could do. As a senior, you may be able to take care of your grandkids that you maybe weren't able to before, and that could help the family, and then you can—then you can potentially help your children so that they don't have the burden of childcare. There is so many ripple effects that this can help with just by simply making sure people can take their medication.

Senator ROSEN. Thank you. Well, we are going to talk about some other prescription drugs now because this is just one of them, the first one that is going to hit right away, no deductible. It is going to be so impactful, but we are going to put caps on price increases for drugs under Part D, because we have discussed today, Nevada's seniors, including those with Medicare Part D insurance coverage, well, it goes without saying, they are paying far too much for their prescription drugs, and drug manufacturers have continued to raise prices at unsustainable rates, and so, in fact, according to a recent Kaiser Family Foundation study, half, half of all Part D covered drugs had price increases greater and the rate of inflation in 2020, greater than the rate of inflation in 2020. This is just unacceptable, and it is one of the reasons why Democrats in Congress, why we did pass the Inflation Reduction Act, and so we are going to talk a little bit more about the law.

Starting next year, this new law will require manufacturers that raise the prices of drugs faster than inflation to pay rebates back to Medicare. This way, drug companies will either need to keep prices affordable in line with actual increases in the cost to make them or have to pay a rebate to Medicare.

Either way, seniors win. I want seniors across Nevada and across the country to hear us loud and clear. This new law will bring relief to seniors by lowering their expensive drug costs. Ms. Milner, I know we are going to keep going around the table, but you take a lot of medications, and so you have had some of them that have gone up and up and up, and so I am going to ask you, from your perspective, not just the cost, we know they are unaffordable, but what is the emotional burden when you see the drug go up so high year after year?

Ms. MILNER. It is an insurmountable emotional burden, because as you have all stated, it is a domino effect. It affects not just me, but my family. I think, wow, I have got three grandsons. I want to still be able to get down on the floor and play racecars with my grandsons, and I can't do that if I can't afford my drugs.

However, I have noticed, and I want to say, since I am on the right diabetes medication, I can afford to eat right, and when I can afford to eat right, God bless me, I take less diabetes medication, less insulin, and it makes me feel so good because then I have more energy. I am more cognizant.

I can just do better all the way around, so it means the world to me. It really does. I mean, I think that if we have more people who could help others who are in this situation to advocate for themselves, they would be a whole lot healthier. I mean, just un-

derstanding that, yes, you have to take your medication, but you also have to eat right.

Senator ROSEN. That costs money, so now you spend less money on your medication, you can eat healthier—

Ms. MILNER. I can afford to buy the vegetables I need.

Senator ROSEN. That is right.

Ms. MILNER. Eat right and keep my glucose at a level that it should be, and it really matters.

Senator ROSEN. Sounds fantastic. Well, Ms. Moore, I keep turning to you because you get to represent all the seniors in Nevada, and so on a bigger note, what do you hear from Nevada AARP members about the drug manufacturers just raising these highly inflated costs well over the rate of inflation. What do you hear from your AARP members about this?

Ms. MOORE. Senator Rosen, the rising prices of prescription drug prices, that is the number one. One of the things that we hear most from our members, and it is no secret, so you are—we hear your stories every day.

In the years leading up to the passage of the Inflation Reduction Act, 37,724 Nevadans signed AARP petitions calling on Congress to take action to reduce drug prices. I know that the Senator got many of her emails, letters, and—just about every day. We were relentless. It was truly tragic when an older person, fixed income, has to choose, like you said, between essentials like food and rent and the medications that they need to keep themselves healthy. It is a ripple effect, and when the prices of those drugs are increasing and often much higher than the rate of inflation, there is simply no way for these seniors to keep up. You just can't. It is also important to keep in mind that these increases are at the top of sometimes decades of annual price increases, and those price increases add up over time.

Senator ROSEN. Thank you. I am going to—I want to say I am grateful for the AARP partnership. Those e-mails helped, and those letters and those calls and all the conversations we had. Honestly, I carry those stories with me. I retell those stories. I am grateful for that partnership, and Mr. Klein, I guess the same thing to you, because you see different. We have a patient. You talk about all the seniors. You have a lot of boots on the ground. Again, we are going to try to get those—they may go up, but only to the rate of inflation.

Mr. KLEIN. Cost escalation for people on fixed incomes, and many seniors are just that, people on fixed incomes, and we can't forget that many of our seniors are taking care of even older parents, taking care of a spouse, taking care of a child, and frequently taking care of grandchildren in today's world, so you take someone who is on a fixed income, who is also caregiving for a wider group, and then you apply cost escalations that force them to make choices, and those choices are serious. They are not just choices about themselves and what they do for themselves, but they are in effect choices of what they make for their entire caregiving unit.

At the end of the day, some people end up in nursing homes when that cost gets to be too great for them to bear. The consequences of high escalation and pharmacy costs really bring those

costs on the bear, so this is again, this is, as I mentioned earlier, this really is in many respects the cavalry.

This is putting a lid on just how much burden some of these families will have to absorb, and also, we think it will also put a lid on some of the other problems that these choices make, so you know, to Regina's comment about nutrition, when you have to make a choice between good nutrition and medication, you can't win in that choice.

Senator ROSEN. That is right.

Mr. KLEIN. Putting a lid on it, creating certainty, is really critical, and I think this has been an amazing and important accomplishment.

Senator ROSEN. Well, and I think to your point, whether it is a multigenerational household like Ms. Milner's, or whether they are the seniors who are living independently on their own, we want to keep them there. We want to keep them from moving, if we can, to a nursing home or some of those, and keep them either independent or with their family where it is much better.

I am going to just ask you, doctor, as a provider—now if again, you are looking to provide a medication or multiple medication, so knowing that this isn't going to go up exponentially, how do you feel as a provider when you walk in the room and you are going to have to talk to a patient?

Dr. MADISON. Incredible. That is the best way to say it, incredible.

You know, when you look at a patient's face when you tell them the cost of a medication and you see sort of the life drain from their face and the emotion change, it is devastating, and to know that these prices will be capped and that now they don't have to make those difficult choices between their basic needs being met and their life saving medications is just incredible. I can't think of a better word other than that to say it and really just—

Senator ROSEN. It will remove stress and burden from providers because you don't want to go in with the disappointing news, so that is going to make your ability to care for patients so much better.

Dr. MADISON. Not to mention the fact that as a provider, you take those stories home too.

Senator ROSEN. Right.

Dr. MADISON. I think it helps everyone. It is not—you know, I think about many times where I just think about just recently where I was helping out at an advocacy agency, and we were giving out food to seniors, and a woman drove up and we were walking over to start helping out, and she was turned away because they were closed at that time, but because of a language barrier, she didn't realize that they were just closed for lunch and not closed for good, and so she had asked me earlier, like, I was walking over in the parking lot, and she asked me where to go, and so when I told her, I knew she was there for the food assistance, and so as I saw her about to leave, I noticed she didn't have the food in her hands, and I said, ma'am, you know, is there anything else I can help you with? She said, oh, no, no, no, they said that they are closed, and I said, oh, they are just closed for lunch, can you wait like another like maybe 20 minutes, and they will open up again,

and she said, oh, yes, thank you, thank you, so very like sense of relief, and then about an hour later, we went back to help give out the food and she came back.

I was so happy to see her because, I mean, it was just the difference of better communication, but I was just thinking like how many other people in her house that she was feeding that were depending on that food.

Senator ROSEN. The ripple positive effects in advocating for people, and so I am going to—it leads me directly into my next question, which is really advocating for patients in need, and of course, all of you are advocates, but Mr. Klein, I am so incredibly proud of the work that Nevada Senior Services does to help educate, advocate for seniors who need help finding health care, finding resources, navigating complex agencies, trying to do those home modifications sometimes you may need in a bathtub or bathroom getting, you know, whatever those things are so you can age safely in place, and services are just so important.

You know, Nevada senior population is growing so quickly. Between 2011 and 2018, Nevada's population, age 65 and older, increased by 40 percent. I think that puts us in one of the faster growing States, I might say, and the population of Nevadans aged 85 and older increased by 25 percent. That is double the national rate, and so one of the programs you do, one that particularly stands out to me is your comprehensive geriatric assessment program, and you bring together a team of medical and social service professionals to examine that patient's overall well-being, and that, of course, includes prescription medication review and management, so can you just talk to us a little bit or walk us through the comprehensive geriatric assessment process, and in particular, well, you are going to have hopefully have a little bit of help with the Inflation Reduction Act, but how you help them navigate the cost of the prescription drugs, which is why we are here.

Mr. KLEIN. Thank you. Very quick, we are very proud of that program. It was a first in Nevada. I would love to say it was the first in America, but I actually opened one of these in 1972 in Philadelphia, which was actually the idea of one of our medical directors at a hospital I was working at. I have carried it with me.

Senator ROSEN. That is a good thing to carry.

Mr. KLEIN. It was, and when we created it in Nevada, we created it as a collaboration, so we have a board certified physician in geriatrics who comes to us from Touro. We have pharmacy—former geriatric pharmacy help who comes to us from Rosemont.

We have our own geriatric nurses, our social workers, occupational therapy that also comes from Touro, and that team gets together and spends about three hours examining the records and the history of the person who is coming to them, usually with their family caregiver, and then doing an in-person exam of the patient to try to get at the root of all the complex problems people have, some of which are purely medical, but most of which are combinations of complex issues that include family caregiving issues and always medication issues.

Senator ROSEN. Right.

Mr. KLEIN. It is not unusual for us to find people on drugs that they shouldn't be on in the first place that are contraindicated for seniors.

It happens all the time, and we are in a position then to go back to their physicians and their primary care physicians and say, well, you might want to think about some alternatives, and it is not unlikely that we get that story of the person that says sheepishly, well, I haven't been taking this one or that one because, and inevitably because it is dollars, and so one of the people in the room is a navigator or a social worker who has got real skills in navigating where opportunities for reimbursement and other financial supports are, and they go to work. Nobody leaves there without their medications.

Senator ROSEN. Right.

Mr. KLEIN. Nobody leaves there without a resource for medications. Nobody leaves there without the opportunity to get follow-up from the team, and so it works well, and it works as a family endeavor of not only the whole health care team, but the family caregiver in conjunction with the person who is receiving services.

Senator ROSEN. That seems like this great overall comprehensive project and group, and I think that is what gives you so much success. We are going to move on to our last question and something that we have been thinking about—well, we always think about this, but because of COVID-19, it has really been on the forefront of everyone's mind, which is the vaccinations, and of course, for seniors, there is quite a few vaccinations that they can take to help improve their lives and keep them disease free, and so free vaccinations for seniors on Medicare Part D. Dr. Madison, many of the senior patients you see, I hope they have the Part D plans and therefore almost half a million Medicare eligible individuals in Nevada, 15 percent of our population, actually has a Part D, and in rural counties, have a higher percentage per capita of Medicare beneficiaries with Mineral, Nye, and Douglas counties' Medicare eligible population is currently over 30 percent, 30 percent of their total populations.

Thousands of Nevada seniors who could benefit, again, from reduced health care costs from the Inflation Reduction Act because we are going to establish zero cost sharing for vaccines for seniors on Medicare Part D starting in January, zero cost sharing.

That is what the Inflation Reduction Act is doing. It is an especially important relief. Some of these diseases, I know there is pneumonia and shingles. You could probably tell me all the ones there are, but some of these vaccines like shingles, we talked about the price, are so expensive.

Can you tell me, Dr. Madison, how you think the Inflation Reduction Act's free vaccine provisions, how that is going to make a difference for the population that you serve, and what are the health care consequences of seniors foregoing these vaccines?

Dr. MADISON. First and foremost, I want to say public health is obviously my focus, and you know, vaccinations are literally the single most effective public health intervention in modern medicine, right. That is how we were able to get rid of smallpox, and up until about a month ago, polio, right, and so it is so important for us to be able to provide these preventative care measures, in

particular to seniors, because these vaccine preventable diseases can be devastating to seniors.

When we think about hospitalizations, especially when we think about things like influenza, that 36,000 individuals per year being hospitalized and potentially passing away is usually from the secondary bacterial pneumonia that they get after getting the flu, so when we can provide things like pneumococcal vaccination, influenza vaccination, it helps to not only keep those seniors healthy, but out of the hospital, which again, creates more health care cost and more burden on themselves and their families and their communities, so this is extraordinary that they will be able to provide these vaccinations at no cost to seniors, and I just think about individuals who have suffered from shingles. If anybody has known anyone who has had shingles, it is something I would not wish on my worst enemy, and now that the ACIP, which is the Advisory Committee on Immunization Practices, has now recommended it now all the way down to the age of 19, there are now people who can get it that have autoimmune diseases that are more at risk because their immune system is suppressed, and it puts them more at risk for getting things like shingles, so extraordinary, incredible.

Can't think of anymore, you know, fantastical words that I can use, but just so great that we can provide these vaccinations, life-saving, life changing vaccinations to seniors.

Senator ROSEN. Mr. Kline, all these vaccinations are going to be free, so how are you going to be sure that you get the word out to all the seniors, even more working with your partner agencies, every senior in Nevada that who wants one can get one free of charge due to the Inflation Reduction Act.

Mr. KLEIN. Advocacy, advocacy, advocacy. We are really proud. We have been running vaccine clinics for as long as I can remember. It started with flu and pneumonia and the latest flu vaccine comes out, the latest pneumonia vaccine, we try to get the word out into the community.

Importantly, we work with a network of other not for profit, so organizations like Helping Hands, so folks who deliver food banks, who are food pantries, we get the word out, we collaborate. We try to reach the people who are hard to reach, those seniors who are not out about as much, and to encourage them to come out.

Then we follow-up with them because they can't get all their shots at one time, so we have to run a second clinic and then we say, gee, we are really glad you got your pneumonia shot, but it is time you get your COVID booster, or it is time for you to get your flu shot, and so we have a pretty aggressive, in a most positive way, loving way we can make it, a line of encouragement with our partners all over Southern Nevada, and then we run programs, and we run—we provide food. We provide education. We try to do things that encourage folks who otherwise can't get out, and those who can't get out, who are homebound, we send somebody to them.

Senator ROSEN. That is fantastic. You are going to get the last question because speaking of advocacy, AARP, really, you are the big umbrella organization looking at all of these things, and so how are you going to help everyone here today be sure that the word gets out to every senior in Nevada, rural and urban, regardless of

the language that they speak, that they have access to free vaccines starting next year?

Ms. MOORE. We have a saying at AARP that says what we do for one, we do for all. It is our founder's—I feel it is my favorite quote from her. The free vaccines under Medicare, as Dr. Madison said, there is only one word for it, incredible. Incredible and very soon, so for this benefit and all benefits of this historic law, we are certainly going to plan major public education and outreach and push various articles. We have our comms director here with us today, ensuring that folks know where to go for the best information, and we will be producing videos, we will be doing lots on our website.

That is—you know, it is not only for our members, but really anyone can access that information. We want our members and the public to have a clear sense of what this—what is expected and what is to come in this new law, and we welcome the work of our Members of Congress.

You know, we work really well with you, Senator Rosen, and we know that that will continue, or really any other stakeholders we work with. Jeff, very well, and other not for profits, nonprofits, and community partners because we want to keep a focus on this issue.

We want to help educate the public about the prescription drug provision in the Inflation Reduction Act, so our work is not done.

Senator ROSEN. Well, and you have a partner in me, and I know that you have a partner with everyone here, and of course, the rest of the Democratic Federal delegation, and so I can't thank you all enough for being here, for contributing your time, your expertise, your emotions, your passion, all of it. It means so much to so many, and of course, I want to thank the College of Southern Nevada for giving us this wonderful space to do this, and because you know what, in a country as prosperous as ours, we should do better. We should always do better, especially for our seniors, and no senior, as we have spoken about, should be forced to choose between paying for life saving medication or keeping their lights on. No senior should have to choose between affording their insulin or putting food on the table, and no senior should be expected to spend nearly all of their Social Security check on the prescription drugs they need just to live their everyday lives.

Unfortunately, as our witnesses have testified today, this is far too often the case in Nevada and across the country. We can and we must do better, and now, thanks to action in Congress, we are going to do better, and I am proud again to say that Democrats in Congress, well, we have been listening to Nevadans and to the American people.

We have taken your stories, these stories here today and those you represent back to Washington, and we enacted bold, historic legislation in the Inflation Reduction Act, legislation I am proud to have voted for that will finally lower prescription drug costs, and as we have heard today, I am going to reiterate all of this. This new law will do just this, finally, finally allow Medicare to negotiate for the best price of prescription drugs.

Finally cap seniors' Part D out of pocket spending at \$2,000 per year. Finally, cap seniors' insulin costs at \$35 per month. Finally, cap prescription drug price increases to no greater than the rate of

inflation, and finally, increase Medicare subsidies for lower income Americans.

We are going to do even a little bit more. We are going to ensure that all seniors receive all their vaccines at \$0 cost sharing, free, free, and we are going to reduce burdens on those health care providers, like Dr. Madison and others, and the caregivers, those angels and our family and those that work with us, by delivering lower costs for seniors across the board, and I am so proud of the work my Democratic colleagues and I have done to lower these costs for seniors to protect and to expand Medicare, but I want everyone to know this is just the beginning.

Moving forward, I will continue to fight to protect Medicare, to reduce health care and prescription drug costs for Nevada's seniors, and I will continue to work with all my colleagues to make Medicare even stronger for years to come.

Now our closing business, if any Senators not in attendance today have additional questions for these witnesses, any statements you would like to add for the record, the hearing record will be kept open for seven days until next Tuesday, August 30th.

With that, thank you all again for participating, and this concludes today's hearing.

[Whereupon, at 3:48 p.m., the hearing was adjourned.]

APPENDIX

Prepared Witness Statements



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

LOWERING HEALTH CARE COSTS FOR NEVADA SENIORS:
TAKING ACTION TO BRING DOWN PRESCRIPTION DRUG PRICES

August 23, 2022
Las Vegas, Nevada

Maria Moore
State Director, AARP Nevada

For further information contact:
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AARP, on behalf of our 38 million members, including over 300,000 members in Nevada, and all older Americans nationwide, appreciates the opportunity to submit testimony on this important hearing of the Senate Aging Committee.

AARP has been fighting for decades to make prescription drugs more affordable, which is why we pushed so hard for the drug pricing provisions in the recently enacted *Inflation Reduction Act of 2022*. These new policies will go a long way to lower drug prices and out-of-pocket costs for older Nevadans. We thank Senator Rosen for her support of this law and the Senate Aging Committee for its recent hearings and other efforts to keep prescription drug pricing reform in the spotlight.

For perspective on the historic nature of this new law, it is important to fully understand the difficulty that so many older Americans face in trying to afford the medications they need to stay healthy. On average, Medicare Part D enrollees take between four and five prescriptions per month, often for chronic conditions that will require treatment for the rest of their lives. At the same time, Medicare beneficiaries have a median annual income of just under \$30,000. One-quarter have less than \$8,500 in savings.

In Nevada, the average annual cost of prescription drug treatment increased 26.3% between 2015 and 2019, while the annual income for Nevada residents only increased 18.8%. This population simply does not have the resources to absorb rapidly escalating prescription drug prices and many are facing the reality of having to choose between their medications and rising prices for other basic needs such as food or housing. We know the number one [reason](#) someone does not fill a prescription is because of the cost.

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

After years of promises, Congress has enacted the historic changes in the Inflation Reduction Act. This new law will finally require Medicare to leverage its buying power and begin to negotiate with drug companies for lower prices. The provision will apply to a growing number of drugs that are among the highest cost to consumers and Medicare, resulting in substantial savings for both seniors and taxpayers. The Congressional Budget Office estimates this policy alone will save Medicare nearly \$100 billion over 10 years.

The law will also give peace of mind to millions of seniors with high drug costs by capping their out-of-pocket Part D drug spending at \$2,000 per year. There is currently no cap on these costs, and many Medicare beneficiaries simply do not have the financial resources to fill prescriptions that can cost them \$10,000 or more every year. The law also caps insulin co-pays in Part D at \$35 month, which will be a major help for the roughly one-in-three Medicare beneficiaries with diabetes. These are incredibly important policies that will not only save money for millions of Americans but will also save lives.

The Inflation Reduction Act will also require drug companies to pay penalties if they raise their prices faster than inflation. This policy will address the long-standing practice of drug companies raising their prices year after year, often at more than twice the rate of inflation. This will help rein in seniors' out-of-pocket cost sharing and Medicare drug plan premiums.

In addition, the Inflation Reduction Act will make available certain recommended vaccines for seniors on Medicare with no cost sharing, like the shingles vaccine that has a list price of around \$350. This policy already applies to Medicare Part B-covered vaccines and the small group and private markets, but for years, Medicare beneficiaries have had to pay some level of cost-sharing for Medicare Part D-covered vaccines depending on their plan coverage. This will not only save seniors out-of-pocket costs but is also an important preventative benefit to help protect older adults from illness. Approximately 4.1 million Medicare beneficiaries received a vaccine covered under Part D in 2020.

This new law is an historic victory for families across the country who are struggling to afford their prescriptions, but the fight isn't over. Big drug companies will spend millions trying to overturn or undermine the new law so they can keep charging Americans the highest prices in the world. AARP will keep fighting big drug companies' out-of-control prices, and we won't back down. Thank you again to the Special Aging Committee for holding this hearing in Nevada, and to Senator Rosen for inviting us here to raise awareness about this critical issue.

Testimony of Dr. Christina M. Madison, PharmD, FCCP, AAHIVP
Hearing on "Lowering Health Care Cost for Nevada Seniors:
Taking Action to Bring Down Prescription Drug Prices"
August 23, 2022

I first want to take a moment to thank Senator Rosen for hosting this committee meeting focused on an extremely important topic of prescription drug costs and how it impacts our Nevada Seniors.

Hello, my name is Dr. Christina Madison. I am the founder and CEO of the public health consulting firm The Public Health Pharmacist, PLLC, a clinical pharmacist and associate professor of pharmacy practice. I have been training the next generation of allied health professionals including pharmacy student and pharmacy resident as well as medical, physician assistance, and nurse practitioner students for the past 15 years.

My nearly two-decade career has been spent counseling patients on how to treat and prevent the spread of infectious diseases. For the past two and half years, I have been working overtime on the COVID-19 response providing vaccinations, testing, and treatment. Facilitating the administration of over 12,000 doses of the COVID-19 vaccines. Now I'm helping to coordinate the Monkeypox response through increased access to vaccinations which are currently in limited supply. My work over the years — and especially during the pandemic — has put a spotlight on the need to focus on health equity, which includes access to affordable prescription medications.

It is honor and privilege to provide witness testimony as a public health advocate who has dedicated my professional career to caring for underserved and vulnerable populations.

I'm thrilled to be sitting here with you today following the recent passage and signing into law of the Inflation Reduction Act by President Biden on August 16th. This new law is an historic down payment on deficit reduction to fight inflation; invests in domestic energy production and manufacturing; and will reduce carbon emissions by roughly 40% by 2030.

More pertinent to this hearing is the fact that this law will also allow Medicare to negotiate for prescription drug prices and extend the expanded Affordable Care Act program for three years, through 2025.

Our country is on the verge of another healthcare crisis and Seniors across Nevada are struggling with affordable care and coverage. Addressing health disparities and inequities is one of the main focuses of public health. As patient advocate, I know firsthand the importance of making sure patients basic needs are met, which includes making sure they have access to their medications by making them more affordable.

Understanding that Seniors, in particular, those in the BIPOC community, are facing more than just issues with their medications, but just getting to their doctor's visits in the first place, as well as structural racism and historic trauma.

With most senior taking multiple medications and having issue with "polypharmacy" we know that several are having to make the difficult decision of paying rent, groceries or gas before

paying for their prescription medications. More and more are accessing food pantries and donations to supplement getting their basic needs met in order to afford their medications while living on fixed incomes. The passage of the Inflation Reduction Act of 2022 is going to make a meaningful and measurable difference in the lives of Nevada Seniors.

Nevada residents are being disproportionately impacted by high prescription drug prices. (per AARP)

202,674 Nevadans have been diagnosed with Diabetes

260,763 Nevadans have been diagnosed with Asthma and/or COPD

231,724 Nevadans have been diagnosed with cancer

These are three very expensive disease states that require chronic high-cost prescription medications

For example, between 2015 and 2020 the price of

- Victoza which is a medication to treat diabetes went from \$7,936 to \$11,300/per year
- Revlimid used to treat some forms of cancer went from \$185,574 to \$267,583/per year
- Spiriva Handihaler used to treat COPD went from \$3,886 to \$5,289/per year

This represents a significant price increase that far exceeds normal increases due to inflation.

These are just a couple of examples of the exorbitant drug costs that Seniors are experiencing.

As I work with non-profits and community partners I see that more and more people are accessing these types of social services that ever before.

Everything costs more, but that shouldn't include necessary lifesaving medications.

I've conducted many "medication review" sessions called Brown Bag events with Seniors in the community, and I often see them holding on to medications because they don't know when they may need it again. This is incredibly dangerous. Especially if they get these older meds mixed up with their newer medications. The first thing I do is ask them what their medical conditions are and why they are taking each of their medications. Often times there at least a few that they no longer have an indication for have a duplicate medication for and can safely discard.

Ultimately, I know that this generation doesn't like to let things go because they are used to doing more with less and because they meds are so expensive, they just don't want to let them go.

Did you know the 20% of all medications are never picked up at the pharmacy? Typically, because of lack of transportation, perceived need, and cost. Reducing the cost of prescription medications through the Inflation Reduction Act of 2022 is going to help not just the cost of prescription drugs but people's quality of life because they will be able to afford other things.

Medications don't work if you don't take them. And you can't take your medications if you can't afford them.

That's why I'm relieved that Congress just passed the Inflation Reduction Act, which will help lower costs for Nevada seniors, including for many of the patients I serve every day. This new law will for the first time allow Medicare to negotiate for the lowest price of prescription drugs;

will cap seniors' out of pocket spending at \$2,000 per year; and will cap the price of insulin – a lifesaving drug for hundreds of thousands of Nevada seniors – at \$35 per month. Thank you to Senator Rosen and Congressional Democrats for working to pass this legislation, which will be a critical lifeline for so many of my patients here in Las Vegas.

I'm providing this testimony to bring attention to these issues and to discuss solutions for our struggling Nevadans so that they can live healthier and happier lives.

Thank you for the opportunity to speak to you today.

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STATEMENT FOR THE RECORD
For the
UNITED STATES SENATE SPECIAL COMMITTEE ON AGING
FIELD HEARING
On
AFFORDABLE PRESCRIPTIONS NOW:
EXAMING LEGISLATION TO LOWER COSTS FOR SENIORS

August 23, 2022
Las Vegas, Nevada

Jeffrey Klein, FACHE
President & CEO
Nevada Senior Services Inc.
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**STATEMENT FOR THE RECORD
UNITED STATES SENATE SPECIAL COMMITTEE ON AGING FIELD HEARING:
AFFORDABLE PRESCRIPTIONS NOW:
EXAMING LEGISLATION TO LOWER COSTS FOR SENIORS**

**Jeffrey B. Klein FACHE
President & CEO, Nevada Senior Services**

On behalf of Nevada Senior Services and Nevada's aging community, thank you for this opportunity to provide testimony to the Senate Aging Committee. I would be remiss if I did not recognize and thank Senator Rosen for this invitation to appear and for the Senator's steadfast support of our older Nevadans. I am also grateful to Senator Rosen, the Senate Special Committee on Aging as well as other members of Nevada's Congressional delegation including Senator Cortez-Masto, Representatives Suzie Lee, Steven Horsford and Dina Titus for their support in passage of the Inflation Reduction Act of 2022.

Nevada Senior Services

I have the privilege to serve as President & CEO of Nevada Senior Services and as a board member of both the American Society on Aging (ASA) and the National Association of Nutrition and Aging Services Programs (NANASP). A trusted non-profit leader in aging services for southern Nevada, Nevada Senior Services provides a comprehensive range of quality programs and designed to assist seniors and their family caregivers to live their best lives while aging in place. Our goal is providing remarkable care, balanced within a culture that supports autonomy, choice, and safety. We accomplish this by providing a "no wrong door" model of inclusive service delivery as the Aging and Disability Resource Center for most of southern Nevada. We and offer adult day health care, memory loss programs, case management, in-home respite and personal care, home repair and modifications, caregiver support programs and Hospital2Home, a unique dementia friendly care transitions program. This remarkable program has achieved a less than one percent hospital readmission rate. Nevada Senior Services currently serves over 2,500 seniors and their families each year. By way of example:

Hospital2Home – assists persons with complex health care conditions, cognitive impairment and those without home social supports to transition safely from the hospital to home without readmission. Frequently this requires intensive immediate resourcing to insure availability of critical medications, nutrition, follow-on medical care and psycho-social supports for family caregivers.

Nevada Senior Services, Inc.
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Vaccination Clinics – We have a long-history of offering vaccine clinics for flu, pneumonia, shingles and most recently Covid reaching out to our most vulnerable seniors, family caregivers and frontline staff.

Nevada Care Connection Resource Center/Aging & Disability Resource Center – Assists persons to connect to resources and to on-going long-term services and supports such as medication, nutrition, housing, transportation, case management, and access to benefits including Medicaid and SNAP. Last year, we provided over 3500 critical resource connections.

HomeMeds – One of our most recent initiatives is HomeMeds, an evidence-based medication review for identifying potential medication-related problems in collaboration with pharmacists and physicians. It is designed to reduce the risk of medication errors and adverse effects including unnecessary medication related hospitalizations. This program targets seniors and persons with cognitive impairment. It is made possible by a grant from the Administration for Community Living.

The “State” of Nevada

Nevada’s demographics and population characteristics make senior care in general and prescription medications critical issues to address.

- ❖ Nevada continues to be one of the three states with the highest rates of increase in the population 65 years or older (57% between 2008-2018).
- ❖ Nevada population has higher rates of individuals who are Hispanic or Asian compared with national figures.
- ❖ The rate of individuals who are limited English speaking are double the national rate.
- ❖ 14.3% of senior Nevadans live alone.

Older Adults and Prescription Drugs

Nearly nine in ten (89%) persons aged 65 or older report they are currently taking a prescription medicine with 54% reporting that they take four or more prescription drugs. In addition, one fourth indicate it is difficult to afford their prescriptions, particularly those who report being in either “fair” or “poor” health (45%) and whose income is below \$30,000 annually (34%) and who take four or more prescriptions (28%). One fifth of older adults report not taking their prescriptions as prescribed due to cost. Many seniors are poor reporters not sharing their decisions about not taking their medications as prescribed with their doctor. It is not an infrequent occurrence for seniors to admit making difficult choices between nutrition, housing, pet care and taking their prescription medications.

Polypharmacy is a significant risk factor for hospitalizations and falls frequently resulting in hospitalizations. Medication related issues associated with seniors and diabetes closely correlates with falls and medication related drug overdose.

- ❖ Older adult falls 25.5%; 15.7% of readmissions two or more falls
- ❖ Drug overdose 58% higher in age group 85+

Inflation Reduction Act of 2022

The Inflation Reduction Act of 2022 makes an important down payment in addressing prescription drug issues that impact the ability of older Americans to have their best possible lives aging in place with family and friends. It accomplishes this by impacting a number of issues that have been longstanding priorities for our seniors, Nevada Senior Services, ASA and NANASP as well as other local organizations serving our aging community. Three of these priorities included in the legislation are:

- A \$2,000 annual cap on out-of-pocket costs for prescription drugs for those on Medicare beginning in 2025. It is estimated that over 1.8 million older adults spend more than that amount each year.
- No co-pays or cost-sharing for vaccines covered solely under Medicare Part D beginning in 2023. This impacts mainly the shingles vaccine, which can cost over \$300 for the vaccine series; flu, pneumonia and covid-19 vaccines were already covered without co-pays under Medicare Part B.
- Expanding the Medicare Low Income Subsidy (LIS) to include beneficiaries with incomes up to 150% of the poverty line beginning in 2024; the LIS is currently available to incomes below 135% of the poverty line. As members know, within Part D prescription drug program standard benefits is an initial \$480 deductible before initial coverage begins. For many this is a high enough barrier to forego purchase and needed treatment.

The legislation allows for the first time in history for Medicare to negotiate for the price of drugs but not beginning until 2026 and starting with just 10 drugs. It also caps co-pays for insulin for Medicare beneficiaries at \$35 per month.

The legislation also extends for two years the subsidies provided under the Affordable Care Act to enable lower and middle-class older adults not yet eligible for Medicare to afford Marketplace plans.

As of 2024 those with drug costs high enough to qualify for the programs' catastrophic coverage benefit would no longer have to pick up the 5 percent co pay for each prescription.

We have a duty to address these important issues associated with affordability and access to prescription medications. We must be committed to helping seniors manage their Healthspan while their Lifespan increases, and while they stay engaged in life maintaining their independence.

We are grateful for the important work and contributions of the Senate Aging Committee in making these objectives more attainable.

I thank the Special Committee for allowing me to speak today and I am willing to take any questions.

Nevada Senior Services, Inc.

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Testimony of Regina Milner**Senate Committee on Aging****Lowering Health Care Costs for Nevada Seniors: Taking Action to Bring Down Prescription Drug Prices****August 23, 2022**

Senator Rosen, thank you for having me here today to share my experience with insulin and other expensive prescription drugs. My name is Regina Milner. I'm a 60-year-old disabled patient, a patient advocate, a systemic lupus warrior and a resident of Las Vegas, Nevada. I'm also a stiff-person syndrome rare disease warrior who is GAD65 seropositive- that is a one in a million chance. However, most importantly, I am proudest of my titles of mother and grandmother. My children and grandchildren have witnessed my 20+ years of struggling and consistently advocating for diagnoses, medications, and equitable medical care and treatment all while navigating my way through unfair and unequal systemic medical discrimination. In the process of paying for medical care and medicine to try to remain as healthy as possible, I became completely indigent. I presently rely on my daughter (who also suffers from autoimmune disease) to provide me with a roof over my head and the care I need.

My many illnesses require me to use over 20 drugs and medical supplies that include two specific brands of insulin, as well as my Dexcom G6 device and glucose monitor. In addition, I take weekly injections of Benlysta for my lupus and autoimmune diseases. I am also now in need of IVIG treatment. The cost of maintaining my health isn't cheap—one of my lupus medications, Benlysta, has a retail price of almost \$5,000. It's thanks to my enrollment in the Medicare Part D Extra Help program, which subsidizes my Benlysta payment to under \$10, that I can afford it. I also take two insulin products and need insulin twice a day, but the products I use are not included in the formulary. During COVID, my glucose levels increased to over 700, which is extremely dangerous and can result in a diabetic coma. Unfortunately, my physicians didn't understand my type of diabetes and told me that I didn't need oral diabetes medications or insulin. The test results were repeatedly dismissed until I found myself sleeping into a coma. It took several weeks of more advocating for prior authorization to get the correct insulins that worked for my illnesses. I know all too well the dangers of not having access to the lifesaving medications I need.

Senator Rosen, your advocacy and that of your Democratic colleagues is much appreciated. The Inflation Reduction Act, which was just signed into law last week, will cap out-of-pocket costs at \$2,000 per year and cap insulin at \$35 per month for people on Medicare, which is a life-changing amount for folks like me. Instead of rationing or skipping medication, seniors across the country can finally put their health first without being worried about the cost.

Belated disease management and these exponential drug costs have cost me my quality of life. I have worked in many administrative roles and was a game dealer at the former Monte Carlo Resort and Casino on the Las Vegas Strip. I'm a single parent, and I knew I had to make ends meet for my children. But my diseases have made it almost impossible to keep a job. Capping the cost of prescription drugs will make a difference for so many Nevada seniors. I don't have a choice in the medications I take or the diseases I was born with, but I do see a brighter future, especially with the passage of the Inflation Reduction Act and the cost savings to come.

I am losing my ability to verbalize myself clearly, but my next statement is loud and clear. America's seniors have long needed prescription drug reform, and these out-of-pocket cost caps for people on Medicare are the right step forward. I am not alone in this struggle—there are so many of us who need our prescription drugs, especially in the autoimmune disease and chronically ill community. We can't afford to wait. But with the Inflation Reduction Act, we won't have to.

In closing, I am so thankful to wake each day and begin each day with gratefulness. It is by the grace of God that I am alive and standing before you today. I thank you all for your time, and for listening to my medical experience. Again, I sincerely and truly thank you, Senator Jacky Rosen, and all your staff for the opportunity to share my story today and for all your hard work and the successes that you've accomplished to help us.