

U.S. Senate Committee on the Judiciary Committee Hearing
"Reducing Prescription Drug Prices:
How Competition Can Make Medications Affordable for Patients"
October 29, 2024

Chair Durbin and members of the Committee. My name is Deanna Brandt and I live in Countryside, Illinois. I would like to tell you a little about my experience in using the Part D section of Medicare.

I have been on Medicare since 2002. For about 19 of those years, I was on very few prescriptions and for the most part they were generic and considered Tier One drugs and very inexpensive. I was very healthy so very few problems.

In 2021, I developed Covid, although I was unaware with no symptoms. However, I developed atrial fibrillation, or Afib, maybe from Covid. It was detected when I was sent to the hospital to be treated for the Afib. From 2021 to the present I have had RSV, 2 back surgeries, a bladder tumor and stones in my bile ducts. Needless to say, it has required more prescriptions but happy to say, I now feel very well.

Three of the medications I take are quite expensive and put me in the coverage gap pretty early in the year. In 2021, I was able to stay in the initial coverage section until I had to deal with Afib and then I was pushed very quickly into the coverage gap in October. In 2022 it was May, 2023, April and this year I got all the way to June.

My out-of-pocket costs in 2021 were \$4,533. In 2022 they were \$7,019, just \$31 from the catastrophic stage. In 2023 it was \$7,528 and I did reach the catastrophic stage. To date this year, I have spent \$5,634 but I will have at least another \$1,200 through the end of the year.

Although I have Social Security and a pension, and therefore on a fixed income, I do have to watch my spending. I live in a moderately priced condo. I have a mid-priced car. And I do not go on vacations. The amount I spent on drugs was more than I received from the required distribution from my 401K. Instead of saving that money, I paid for drugs. I do like to assist my grandchildren with their school loan debt but the last 3 years I was unable to assist. For others, that \$7,000 could mean their basic needs like food, housing or transportation are greatly affected. The average person spends about \$3,000 in groceries a year and about \$1,500 a month in rent. For many the cost of their drugs is a decision of whether they do or do not pay for their basic needs. I was at a pharmacy one day when a lady came to pick up her prescription. They told her the price. I don't remember exactly what it was but it was well over \$100. She stood there for a minute and then said, I don't have that kind of money and she walked away from the counter without her medication. My regret was that I didn't react and offer her some help.

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I have a friend that is in a study for cancer. The drug that she is taking would cost her \$4,000 a month if she wasn't in the study. That is more money than most people receive from Social Security. She would not have been able to afford to pay that amount. She is thankfully in remission at the moment. I have another friend that pays \$1,000 a month for a cream for a dermatology problem.

There is assistance for low income people and there is a group of people with enough disposable income to afford medications. It is the group in the middle that seemingly bear the heaviest burden in this matter. Prescriptions that are necessary for quality of life should not be beyond any senior, let along any other age group's ability to afford it. Being healthy should not just be for the people with discretionary income.

Food for thought — I sometimes question how the incessant advertising of prescription drugs, on all forms of media, affect the overall drug cost. Could that money spent be repurposed into lowering drug costs? I cannot decide which drugs I take, only my doctor can.

My friends and I are very grateful for Medicare and the drug program. We certainly don't want to go backwards. It just seems for the cost for drugs that are considered Tiers 3, 4 and 5 are very excessive. We are all grateful that next year there will be a cap on our medications at \$2,000. It could be the difference, for many, of eating or taking their medications.

Thank you for your time and your efforts to lower prescription drugs. Keep working on this to make it better for me and others.