U.S. Senate Committee on the Judiciary Committee
"Reducing Prescription Drug Prices:
How Competition Can Make Medications Affordable for Patients"
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Testimony of:

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Good morning, thank you Senator Durbin and members of the Judiciary Committee for the opportunity to testify today. My name is Dr. Anthony Douglas II, I am a General Surgery Resident Physician at University of Chicago Medicine with a focus on Trauma and Acute Care Surgery, and I am the founder of the Surgical Advocacy Fellowship. I'm here on the behalf of my patients and Citizen Action Illinois.

As physicians on the front lines, we have a pulse on how everyday Americans are affected by high out of pocket prescription costs. We make and carry out the plans for patients in the inpatient and outpatient settings. We perform the operations, and we guide Americans across this country to recovery.

For physicians like myself, one of the most difficult conversations to have are those with patients over the phone when they are at the pharmaceutical counter. As I sit before you, I can hear the worry, the desperation, and embarrassment of my patients from the CVS or Walgreens counter saying, "Dr. Douglas I cannot afford this medication." I remember the face of the woman with type 1 diabetes who came to our emergency department with appendicitis, who was not taking the insulin she was prescribed. When I asked her why, her answer was simple: "I cannot afford it." Her surgery was delayed. I sat and watched her dangerously high blood sugars improve each day with angst, hoping she didn't have a complication as we waited. Senators, I have story after story of people balancing the cost of medications to sustain their livelihood and the cost of their mortgage, utilities, childcare, and groceries. And they almost always choose the more pressing immediate needs over their medications.

My father who is in the audience, was prescribed Jardiance for his type 2 diabetes. It costs him $660 dollars a month to refill. He has since been switched to a more affordable, but less effective medication. In an Uber ride, Carol, a middle-aged woman, drove me to the airport. After asking me what I did for a living, she divulged that she had a kidney transplant a week ago. I scolded her for not being at home, recovering, and her response made me feel ashamed. She said she had no choice but to drive Uber because the cost of the drugs to keep her body from rejecting her brand-new kidney were too great.

In my state of Illinois, a survey of adults, revealed that 1 in 4 people split, ration, or take sips of their medications to prolong needing a refill. That means __X__ Americans in a room like this are not taking their medications as prescribed because they must delay paying to refill the prescription. As a physician, I can tell you drugs do not work like that. Medication non-adherence accounts for 25% of hospitalizations and 125,000 deaths a year. One of the significant drivers of how much our country spends on health care is inefficiency. The lack of prescription affordability leads Americans to visit the emergency department or be admitted to the hospital for conditions that could be effectively controlled at home if they simply had access to the appropriate medications. That is inefficient.

In 2023, according to the US Department of Health and Human Services, 4200 drug products had price increases. 46 percent of those increases were larger than the rate of inflation. The average price increase was 15% or about $590 per drug. The Inflation Reduction Act was a pivotal step towards addressing the rising costs of prescription drugs for Medicare Part D patients. The Act helped to reduce the price of a drug like Xarelto, a blood thinner I prescribe almost daily, from $517 to $197, a 62% cut. Other drug prices were cut between 38-79%. This and the annual drug spending cap for senior Americans will make medications more affordable and save lives.

But, in my experience Medicare Part D enrollees are merely a fraction of the population that is suffering from the rising cost of prescription drugs. We cannot forget about a number of other vulnerable groups: the young and uninsured, who unexpectedly develop an illness; the middle working class who develop chronic diseases and whose employer-based or private insurance doesn't quite relieve the costs; ethnic minorities who are disproportionately uninsured, unemployed, living in poverty, and victims of health inequities. All of these populations are suffering. We spend hours as physicians filling out prior authorizations, just to find out that even after insurance kicks in, the cost of a medication is still out of reach for some patients.

We need additional intervention at the Federal level. The pharmaceutical industry threatens that regulation of drug pricing would force them to remove drugs from the market— attempting to incite fear among Americans who are desperately in need of their medications. In reality, the pharmaceutical industry spends more in advertising in America than research and development. As a result, the citizens of these United States pay more in drug costs than any other developed country. Why should a state like Florida have to import prescription drugs, made and manufactured here in the U.S., from Canada, to lower the costs of medications for their citizens? This price gouging must end, and it must end through federal regulation. Drugs do not work, if people cannot afford them. And I cannot fulfill my duty as a physician if my patients can't follow their doctor's orders. Thank you.