



Senate Human Services Committee

SB 2183

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Chair Lee and Members of the Senate Human Services Committee-

My name is Janelle Moos, Advocacy Director with AARP North Dakota. The high cost of insulin and other prescription drugs is putting life-saving medications out of reach for many North Dakotans. No one should have to choose between their prescription drug costs and groceries or rent.

Before I get into the reasons we are working so hard to fight the high cost of prescription drug prices I'd like to spend just a moment reminding you who we are and why we are here. AARP is a nonpartisan, nonprofit, nationwide organization with nearly 38 million members. 84,000 of those members live in North Dakota – a staggering number when you consider the overall population of our state.

The high cost of prescription drugs hits our members, and frankly all North Dakotans. In AARP's 2020 survey of North Dakota adults, in the past two years, one-quarter reported not filling a prescription that was provided by their doctor- 44 percent of those adults- decided not to fill a prescription that their doctor had given them because of the cost of the drug.

As you can see in one of my attachments, between 2012 and 2017, the average annual cost of prescription drug treatment increased 57.8 percent, while the annual income for North Dakotans only increased 6.7 percent.

On that same handout you can get a good feel for why they have to make that crushing choice. Near the top of the page are three common illnesses in North Dakota – cancer, diabetes and heart disease – with the number of residents of our state who have been diagnosed. More than 60,000 with cancer and nearly as many with diabetes. Below those numbers are common drugs used to treat them and their costs from 2017. Please, take note that we've included what those same drugs cost just five years earlier. **One nearly doubled, another jumped \$100,000!**

On our Facebook page you can see some videos of North Dakotans facing these costs. There is one from Dennis, a diabetic, who told us about his concerns he may have to go back to work

after retiring to pay for his insulin- his co-pay is about \$100/month- with insurance- without insurance, his co-pay would be about \$400/month.

Even though insulin has been around for almost a century, the cost of the diabetes drug has skyrocketed in recent years, nearly tripling between 2002 and 2013. And Medicare Part D spending on insulin jumped 840 percent between 2007 and 2017, from \$1.4 billion to \$13.3 billion, far outpacing growth in the number of beneficiaries using insulin therapy, according to a Kaiser Family Foundation analysis.

All totaled, Americans with diabetes, the majority of whom are older adults, face insulin prices that average more than \$5,000 per year, some reports show. And these high prices have led a growing number of patients who rely on the lifesaving drug to resort to rationing or skipping doses because they can't afford the medication.

Placing a cap on consumer's out-of-pocket prescription drug expenses is one approach that some states are considering to relieve consumer's financial burdens. States have designed out-of-pocket caps in a number of ways, including applying spending limits to certain drugs only, or applying the cap to either a consumers' monthly or annual prescription drug expenditures. AARP believes that such efforts should be implemented in conjunction with other policy changes that will help reduce prescription drug prices. We encourage the legislature to consider this bill along with other broader reforms such as prescription drug cost transparency and wholesale prescription drug importation in part of the conversation to help lower the cost of prescription drugs for North Dakotans.

Thank you again for your thoughtful work on this issue. We wholeheartedly appreciate any effort to make medicine more affordable.