

# **Prescription Drug Affordability Board and stopping Rx Price-Gouging Fact Sheet**

## **Everyone deserves access to affordable medicine**

No matter our age, race, income or zip code, everyone deserves access to affordable medicine. For years, pharmaceutical corporations have legally price-gouged life-saving medicine causing prescription drug costs to skyrocket in the United States. This contributes to increased health insurance premiums and growing numbers of people who are unable to afford the prescriptions they need.

This legislation (HF17, SF168) stops price-gouging of generic and off-brand prescription drugs and establishes a Prescription Drug Affordability Board that has the authority to lower drug costs by setting statewide upper payment limits (UPLs) for additional high cost drugs. This helps patients, payers, purchasers, and providers afford medications, building on federal initiatives passed in the Inflation Reduction Act.

## **Establish a Prescription Drug Affordability Board and Stop Rx Price-Gouging**

The goal of a Prescription Drug Affordability Board is to identify the UPLs at which the people who need the drug can afford to buy it, and the insurers, purchasers, and state programs can afford to provide the drug to everyone in the state who should get it. The Board is composed of seven members appointed by the Governor. The Board will review prescription drugs that may pose affordability challenges to Minnesotans including:

- New brand name prescription drugs which enter the market at \$60,000 or more per year or course of treatment;
- Existing brand name medications which increase in price by \$3,000 or more per year or course of treatment; and
- Existing generic medications which increase in price by 200% or more per year or course of treatment.

The Board will consider a broad range of information when evaluating the affordability of a drug, including consultation with the Advisory Council, comments submitted by the public, and justifications provided by pharmaceutical manufacturers. After this review, the Board may vote to set an upper payment limit, which applies to all public and private payments and reimbursements for that drug for Minnesotans. The Board will thoroughly monitor, assess and use their authority where necessary to mitigate the impacts of high cost prescription drugs on Minnesotans and our healthcare system.

## **Lower Prescription Drug Costs Now**

Out of control prescription drug costs hurt all of us, and drive up the cost of our entire healthcare system. As Minnesotans continue to be harmed by high prescription drug costs, the state has the responsibility to take meaningful action, and broad public support to do so. Eighty-seven percent of Minnesotans support this commonsense action. (Health Care Value Hub, Nov. 2020). Five states have already established similar Boards.

# Stories from Minnesota

## Prescription drugs don't work if people can't afford them.

### **Deborah W. of International Falls, MN (03A)**

"I have interstitial cystitis and the only drug that helps my bladder pain is Elmiron. However, it costs \$800 a month. The manufacturer covers it for me for 11 months of the year, but I most definitely don't have \$800 laying around for the one month. I save for months in order to afford it. Last year, I had to have a GoFundMe because I received no assistance at all. I worry every day whether I'll be able to afford Elmiron, and if it will be covered next year at all."

### **Barbara B. of Faribault, MN (24B)**

"My name is Barbara and I am a 72-year-old wife and mother who deals with the daily pain of COPD, osteoarthritis, and fibromyalgia. Along with the physical pain, I often face financial pain because of the high cost of my inhalers. My Trelegy Ellipta inhaler costs \$353 before I hit the deductible and I live on a fixed income. I just cannot afford that. I have to ration or skip taking my inhaler when I need it, which makes it hard to breathe. I want to be able to see my family grow even more. I have 8 kids, 19 grandchildren, and 8 great grandchildren... I am still young and would love to see my family grow even larger."

### **Yvonne C. of Oronoco, MN (25A)**

"I suffer from blood clotting. My doctor recommended and prescribed my Eliquis. But when I went to pick up a prescription, I was told the copay would be \$430. It's now changed to \$470, after Medicare drug coverage and supplemental Blue Cross. I pay it out of my monthly budget. It takes a huge toll. I just have to tighten my budget and cut out anything that brings me joy. I really hope the cost comes down, as I have other medications and it all adds up."

### **Deanna R. of Rochester, MN (23A)**

"About 10 months ago I started taking an oral chemo drug for my leukemia. My doctor helped me join in with a special pharmacy which will sometimes help folks like me. They have been helping so far, and the drug seems to be helping a great deal. I started out with 3 pills a day, which cost between \$4,000 and \$5,000 a month. Because of illness, I was taken down to one a day for a few months. I am now taking 2 a day with the possibility of moving up to 3 again, when my hematologist decides. I noticed the cost for 2 at this time is getting close to \$8,000 per month. There is no guarantee on how long the special pharmacy will be able to continue to help."

### **David U. of Saint Paul, MN (57B)**

"I recently had a Pulmonary Embolism. I had very few symptoms and very little lung damage. However, I have been prescribed blood thinners to hopefully prevent another blood clot from forming in the future. Both Xarelto and Eliquis will cost me around \$300 per month which is a classic case of price fixing. I am retired and living on Social Security so I object to paying this much for medications which means I will have to skimp on or give up something else."