

TESTIMONY OF JESSICA GORSKI
Maryland WISE Women, Healthcare Huddle Facilitator
IN SUPPORT OF HB 340,
The Lowering Drug Costs for All Marylanders Now Act
BEFORE THE HOUSE HEALTH AND GOVERNMENT
OPERATIONS COMMITTEE
FEBRUARY 8, 2024

Madame Chair Peña-Melnyk, Vice Chair Bonnie Cullison, and Members of the House Health and Government Operations Committee, thank you for this opportunity to testify in support of HB 340, legislation to strengthen Maryland's Prescription Drug Affordability Board. My name is Jessica Gorski, and I am a member of WISE, an organization composed of over 700 women in Anne Arundel County. WISE is also a member of the MD Legislative Coalition which consists of groups statewide from Frederick County to the eastern shore who work together to help affect positive change for Marylanders. I am also the facilitator of the WISE Health Care Huddle, a group dedicated to ensuring Marylanders' have access to quality, affordable healthcare. Recognizing that the ongoing escalation of prescription drug costs are a major factor in soaring premiums and increasing health care expenditures, both WISE and the MD Legislative Coalition have made HB 340 one of our legislative priorities.

In 2019 this committee and legislative body recognized the burden high-cost drugs have on this state and its residents and passed House Bill 768, creating the nation's first Prescription Drug Affordability Board. I want to thank Chair Peña-Melnyk for her leadership with 2019's legislation, and I thank Vice Chair Cullison and Delegate White Holland for continuing the fight with HB 340. While 2019's law was monumental, it is limited in its authority, focusing only on addressing costs of prescription drugs for state and local governments. This will undoubtedly help our state and local budgets as well as help us understand the dysfunction of the supply chain, but it does nothing for patients who are hurt most by these skyrocketing costs. We are still hurting five years later, so I am back before this committee again to urge that you hold drug corporations accountable and take action to make prescription drugs more affordable for Marylanders.

HB 340 remedies this issue by strengthening the Prescription Drug Affordability Board and granting it the authority to address high-cost drugs for all Marylanders by establishing upper payment limits. We need this because the high cost of prescription drugs is not only making it hard for us to get the medications we need, their high cost also attributes to almost 30% of the cost

of our ever increasing health insurance premiums. Our premiums should not rival our mortgage payments and still require deductibles matching several car payments. Marylanders are tired of worrying about if an illness will make them unable to pay their bills month to month. Those of us who must use lifesaving medications feel trapped. Our savings are gone, our children's college funds do not exist anymore, our retirement is a dream we can no longer achieve, we struggle to make mortgage payments and pay our utilities. There is no planning for the future. We cannot even think beyond affording the prescriptions we need, the next doctor's appointment, or the next emergency that might make us lose any little bit we haven't already lost. Healthcare costs are the leading cause of bankruptcy in America today. We need our Board to actually have the authority to do something for Marylanders, creating a statewide rate setting mechanism is key for Marylanders to see real results sooner than later.

While I understand the arguments for rate setting possibly working against a free market and potentially squashing innovation, I do not believe either of those to be true, or a justification for the sky high costs of prescriptions today being necessary. I know the importance of innovation, but drug corporations spend far more on advertising, stock-buy backs, and executive compensation. Creating affordable access to life saving prescriptions allows people to live productive lives, many times allowing them to continue to work and support themselves and their families. The savings we all experience when fellow Marylanders are able to participate and continue to contribute to our economy are very important and measurable things.

In addition the leading pharmaceutical, PBM and insurance companies are not participating in free markets. They are in effect operating monopolies due largely to waning antitrust enforcement which allowed almost 60 companies over the past 20 years to merge into just 10. We the customers/patients are not necessarily receiving the best medications or treatments available. We are receiving the best medications and innovations being sold to and marketed by the wealthiest and most powerful pharmaceutical, PBM, and insurance companies out there. These groups are actually the ones that present any hindrance to small companies or individuals that may create true lifesaving innovations in medicine in Maryland. If these small innovators do not partner with the companies running the monopolies no one will learn about their discoveries. In fact most of these large companies have drastically slowed in anything new in the way of innovation and instead are making most of their monies through acquiring firms with promising drugs or protocols already, rather when looking at drivers of cost, we need to recognize the increases are

often coming from existing drugs on the market, rather than new drugs being introduced.

I believe we all remember Beta and VHS tapes. Beta was the better product and VHS received the larger marketing, hence we all used VHS tapes for years. While that might be fine for enjoying a relaxing movie, I don't want the second best when it comes to something that may save my husband's life while he battles the advancement of his cardiac sarcoidosis. I don't want the "popular" drug in the media, I want the drug that is going to drastically improve the outlook for our oldest child as she navigates the rest of her future with NF1. When I have an anaphylactic allergic reaction, like I did in May 2019, I don't want to worry that the needle might break and full dosing doesn't occur when I utilize epinephrine to save my life. I want to know I am using the best product out there, because I have two minutes or less to live if it doesn't work. That being said, if Marylanders are given the opportunity to acquire the newest innovation in medication out there and cannot afford these lifesaving medications then it won't matter how great they are because we still won't be able to access them anyway.

My life, my daughter's life, and my husband's life - all lives - are important and I welcome and applaud all medical innovation and research. It is recent innovations that led to providing a viable way for my daughter to have children of her own one day, after us being told when she was 4 years old she would never be able to. It is that continued drive to find lifesaving solutions I pray will, someday in the very near future, lead to a discovery that will save my husband's life. However even with my desire for continued progress and advancement, no one's access to affordable lifesaving prescriptions should be considered as possible infringement in the heavily profit driven pharmaceutical arena. The goal isn't to put drug companies out of business, in fact a low cost/high utilization model stands to make pharmaceutical companies as much money as a high cost/low utilization model, since more people will be able to afford medications and will purchase their products. Industry image will also be improved, and big pharma stands to benefit from an improved public image.

We are all Marylanders and we all are trying to provide the best care for our families. This is not a political issue this really is an issue of human lives and quality of life versus greed; not an attack on innovation and free markets. Drugs don't work if people cannot afford to use them. Please help us. I again would like to thank Chair Peña-Melnyk for her leadership, and Vice Chair Cullison and Delegate White Holland, for championing this lifesaving legislation. While I am disappointed to have to make this same argument again,

I am glad to be able to join the broad and diverse coalition of groups who wish to see this bill enacted and to have the bills sponsored by such powerful legislative leaders. As a representative of WISE and the MD Legislative Coalition, and as someone who desperately needs this legislation now, I urge a favorable report of HB 340.