Greetings, Chair Griffith and members of the Senate Finance Committee! My name is Sharon D Long and I live in Fort Washington. I have MS, a chronic disease of the brain, optic nerves, and spinal cord. MS has significantly impacted my spine in that I have difficulty walking and standing. I am here to share my story as it relates to step therapy and urge this committee to <u>FAVORABLY</u> report SB 515.

I was officially diagnosed the day before Thanksgiving 2018. My family and I are daily processing MS' impact "on the fly", thinking "outside the box" to get things done. It's become a superpower for me as I continue contributing to society. I work full-time, pay my taxes, go to church, and volunteer. I'm before you now for All of us with MS, especially those who can't speak for themselves.

Picture it: You're at a doctor's visit, in the examination room. You and your doctor are wrapping up and he's writing a prescription for a med that's been successfully working for your MS symptoms. In comes an insurance representative, who doesn't know you, interrupting your doctor and setting aside the prescription saying you're required to try an alternative drug for 6 months to a year before you can go back to what you Already know works. (*Keep in mind your doctor's taken an oath <u>to do no harm</u>. <i>Has that insurance representative or company? NO!*) Your preferred med is held "hostage" and you take this alternative drug getting sicker and sicker. Then, you're finally returned to the drug your doctor originally prescribed and was working for you. *What's happening with your body?* It's in "shock"- MS symptoms flaring, side effects from the alternative drug are manifesting, and the drug that had been working for you **NO LONGER WORKS**!

You were just treated like a "guinea pig" for the insurance company's bottom line profits!

Now what?! You and your doctor have to try to reverse the short-term and potentially long-term damage done to your body by starting all over, while your body suffers a "new Horrible MS normal". Guess what? The insurance company is getting paid TWICE at your expense- 1.) alternative drug and 2.) now you having to try other drugs to get, at least, your MS under control again. What about the non-MS side effects? Maybe you need more drugs for those too. *It's \$\$\$ going to the insurance company hand-over-fist while you suffer!*

While the topic **TODAY** is MS and Step Therapy, tomorrow it could easily be a drug <u>you</u> or a loved one are on for diabetes, high blood pressure, high cholesterol, asthma, or arthritis. Don't be naive and assume you won't be put in the same position in the future. For these insurers, it's about the \$\$\$ Not your or my health and wellbeing! Thank you for your time and I urge this committee to <u>FAVORABLY</u> report SB 515.

Sharon D. Long