2023 SENATE HUMAN SERVICES

SB 2031

2023 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Fort Lincoln Room, State Capitol

SB 2031
1/16/2023

Relating to a prescription drug reference rate pilot program; to provide for a legislative management report; to provide a penalty; and to provide an expiration date.

9:00 AM **Madam Chair Lee** called the hearing to order. **Senators Lee, Cleary, Clemens, K. Roers, Weston, Hogan** are present**.**

Discussion Topics:

- Food and drug law
- Top 25 drugs
- Prescription drug affordability
- Public Employee Retirement System
- Drug rebates

9:02 AM **Representative Robin Weisz District 14** introduced SB 2031 in favor.

9:03 AM **Jennifer Clark, Legislative Council** provided verbal information neutral.

9:11 AM **Representative Lisa Meier District 13** testimony with proposed amendment in favor #13463.

9:13 AM **Kathi Schwan, President AARP North Dakota** testimony in favor #13440, 13441, 13442.

9:21 AM **Bob Entringer Volunteer, AARP** verbal testimony in favor #13439.

9:25 AM **Josh Askvig State Director AARP ND** verbal testimony in favor.

9:26 AM **Drew Gattine, Senior Policy Fellow National Academy of State Health Policy** testimony neutral #13443, 13444.

9:45 AM **Leah Vukmir Vice President of State Affairs, National Tax Papers Union** online in opposition #13236.

9:49 AM **Jon Godfread, Commissioner North Dakota Insurance Department** testimony in opposition #13333.

9:54 AM **Schauna Garnder, Director Midwest Region of State Policy PhRMA** testimony in opposition #13147, 13148, 13149, 13150.

10:05 AM **Scott Miller, Executive Director ND PERS** testimony in opposition #13245.

10:13 AM **Tim Whalen, Chief of Injury Services Workforce Safety** testimony with amendment in opposition #13235.

10:16 AM **Rachel Sinness, Legal Director, and Attorney ND Protection Advocacy Project** testimony neutral #13417.

10:19 AM **Kristen Dvorak, Executive Director ARC** testimony in opposition #13398, 13399, and 13400.

10:20 AM **Jack McDonald, Retained Counsel Americas Health Insurance Plans AHHP** testimony in opposition #13408.

10:22 AM **Richard Glynn, Executive Director of Bioscience Association of North Dakota** in opposition #13306.

10:27 AM **Andrea Pfennig, Director of Governmental Affairs Greater ND Chamber** testimony in opposition #13493.

Additional written testimony:

Betty Grande, CEO of the Roughrider Center in opposition #13288

Dylan Wheeler, Head of Governmental Affairs, Sanford Health in opposition #13305

Dustin Gawrylow, North Dakota Watch Dog Network in opposition #13372, 13373

Thomas Bradbury, Director of Advocacy in opposition #13378

Donene Feist, Director for Family Voices of North Dakota in opposition #13403

Andrew Nyhus, Americans for Prosperity in opposition #13419

Levi Andrist, Lobbyist in opposition #13496

10:28 AM **Madam Chair Lee** closed the hearing.

Patricia Lahr, Committee Clerk

2023 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Fort Lincoln Room, State Capitol

SB 2031
1/16/2023

Relating to a prescription drug reference rate pilot program; to provide for a legislative management report; to provide a penalty; and to provide an expiration date.

2:51 PM **Madam Chair Lee** called the hearing back to order. **Senators Lee, Cleary, Clemens, K. Roers, Weston, Hogan** are present**.**

Discussion:

- Price reference model bill

2:53 PM **Drew Gattine - Senior Policy Fellow, National Academy of State Health Policy** verbal clarification on Medicare negotiations

3:04 p.m. Chair Lee closed the hearing.

Patricia Lahr, Committee Clerk

2023 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Fort Lincoln Room, State Capitol

SB 2031
2/1/2023

Relating to a prescription drug reference rate pilot program; to provide for a legislative management report; to provide a penalty; and to provide an expiration date.

9:40 AM **Madam Chair Lee** called the meeting to order. **Senators Lee, Cleary, Clemens, K. Roers, Weston, Hogan** are present**.**

Discussion Topics

- Distributors
- Medicare rate
- New rate implementation
- PERS pilot program

9:40 AM **Josh Askvig, State Director AARP of North Dakota** introduced amendment. #18451

9:41 AM **Josh Askvig**, provided additional information. #18473

9:42 AM **Josh Askvig**, additional information. #18490

10:18 AM **Scott Miller, Executive Director, North Dakota Public Employee Retirement System** provided information verbally.

10:33 AM **Senator Lee** calls for recess.

Additional Testimony:
Rick Detwiller, Register Pharmacist in opposition #18452
Leah Lindahl, Senior Director, State Government Affairs, Healthcare Distribution Alliance in opposition #18455
Thayer Roberts, Deputy Director, Partnership to Improve Patient Care in opposition #18457
Jennifer Clark, Code Revisor, Legislative Council in neutral #18453
Rebecca Fricke, North Dakota Public Employees Retirement System in neutral #18456

10:33 AM **Madam Chair Lee** closed the meeting.

Patricia Lahr, Committee Clerk

2023 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Fort Lincoln Room, State Capitol

SB 2031
2/1/2023

Relating to a prescription drug reference rate pilot program; to provide for a legislative management report; to provide a penalty; and to provide an expiration date.

11:01 AM **Madam Chair Lee** called the meeting to order. **Senators Lee, Cleary, Clemens, K. Roers, Weston, Hogan** are present**.**

Discussion Topics

- Distributors
- Medicare rate
- New rate implementation
- PERS pilot program

11:01 AM **Senator Lee** reconvened the meeting.

11:01 AM **Mike Schwab, Executive Vice President, North Dakota Pharmacy Association**, provided information on an amendment verbal

11:09 AM **Jon Godfread, Insurance Commissioner, North Dakota Insurance Department** provided information verbal

11:10 AM **Josh Askvig,** provided addition information verbal

11:11 AM **Mark Hardy, Executive Director, North Dakota Board of Pharmacy** provided information verbal

11:12 AM **Madam Chair Lee** closed the meeting.

Patricia Lahr, Committee Clerk

2023 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Fort Lincoln Room, State Capitol

SB 2031
2/1/2023

Relating to a prescription drug reference rate pilot program; to provide for a legislative management report; to provide a penalty; and to provide an expiration date.

11:23 AM **Madam Chair Lee** called the meeting to order. **Senators Lee, Cleary, Clemens, K. Roers, Weston, Hogan** were present**.**

Discussion Topics

- Medicare pricing
- Implementation cost

11:24 AM **Dylan Wheeler, Head of Governmental Affairs, Sanford Health** provided information verbal

Senator Hogan moves to adopt amendment. #LC23.0092.01003
Senator Cleary seconded.
Roll call vote.

Senators	**Vote**
Senator Judy Lee	N
Senator Sean Cleary	Y
Senator David A. Clemens	N
Senator Kathy Hogan	Y
Senator Kristin Roers	N
Senator Kent Weston	N

Motion failed 2-4-0

Senator K. Roers moves **DO NOT PASS**.
Senator Clemens seconded.

Roll call vote.

Senators	**Vote**
Senator Judy Lee	Y
Senator Sean Cleary	Y
Senator David A. Clemens	Y
Senator Kathy Hogan	N
Senator Kristin Roers	Y
Senator Kent Weston	Y

Motion Passes 5-1-0

Senator K. Roers will carry SB 2031.
11:33 AM **Madam Chair Lee** closed the meeting.

Patricia Lahr, Committee Clerk

REPORT OF STANDING COMMITTEE

SB 2031: Human Services Committee (Sen. Lee, Chairman) recommends **DO NOT PASS** (5 YEAS, 1 NAY, 0 ABSENT AND NOT VOTING). SB 2031 was placed on the Eleventh order on the calendar. This bill does not affect workforce development.

TESTIMONY

SB 2031

The Use of Medicines in the U.S. 2022: Usage and Spending Trends and Outlook to 2026

IQIVA • April 21, 2022

Key Findings

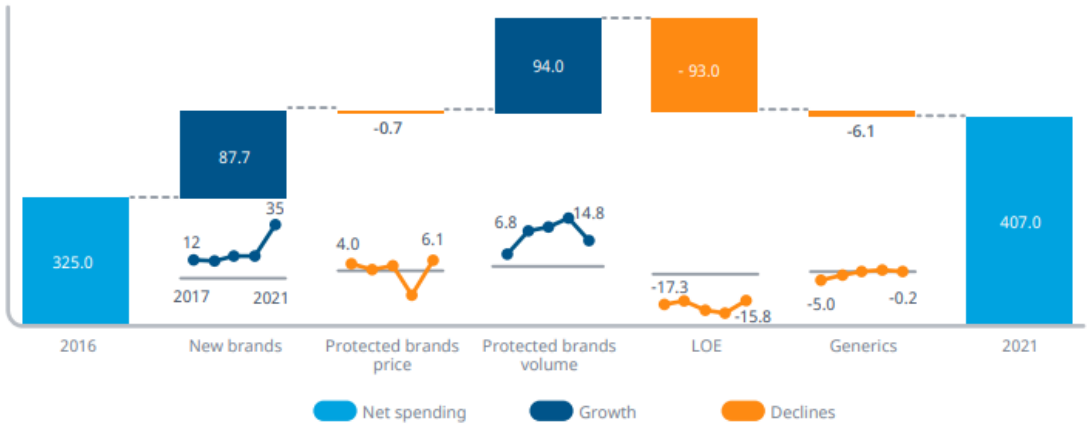
- Net prices for brand medicines increased 1.0% in 2021, below the rate of inflation for the fifth year in a row. Looking ahead, net price growth is projected to be 0% to -3% per year through 2026.
- Overall net spending on medicines (net manufacturer revenue) increased 12.1% in 2021, driven by the "unprecedented contribution" of the COVID-19 vaccine and treatments. Excluding spending on COVID-19 vaccines and treatment, spending on medicines increased just 4.9% in 2021.
- Excluding spending on COVID-19 vaccines and treatment, net per capita spending on medicines *declined* by 1% in 2021.
- Looking ahead, net spending growth is projected to return to pre-pandemic trends, increasing 1% to 4% per year, on average, through 2026.
- Brand medicine net prices are, on average, 49% lower than their list price.
- Savings from loss of exclusivity (LOE) totaled $93 billion between 2016 and 2021, more than offsetting the $87 billion spent on newly launched brand medicines over this period.

Full Summary

Medicine Spending

- Total net manufacturer revenue on medicines increased 12.1% in 2021, driven by the "unprecedented contribution" of the COVID-19 vaccine and treatments, reaching $407 billion.
    - Excluding spending on COVID-19 vaccines and treatment, spending on medicines increased 4.9% in 2021.
- Total net manufacturer revenue on medicines is projected to increase 1-4% per year, on average, through 2026.
- Real per capita net medicine spending (net manufacturer revenue) grew by 5.8% in 2021 when factoring in COVID-19 spending.
    - Excluding spending on COVID-19 vaccines and treatment, real per capital net medicine spending would have *declined* by 1% in 2021.
    - Medicine spending per capita has increased just $204 since 2011, a 1.8% compound annual growth rate, from $1,028 to $1,232.
- Total net spending on medicines increased by $82 billion from 2016 to 2021, driven by new products and increased utilization
    - COVID-19 vaccines and treatments accounted for $29 billion of this growth
    - Savings from loss of exclusivity (LOE) totaled $93 billion between 2016 and 2021, more than offsetting the $87 billion spent on newly launched brand medicines
    - Between 2016 and 2021, changes in brand medicine prices *reduced* total spending on medicines by $700 million.

Exhibit 22: Spending and growth at estimated net manufacturer prices 2015–2020, all channels, US$Bn



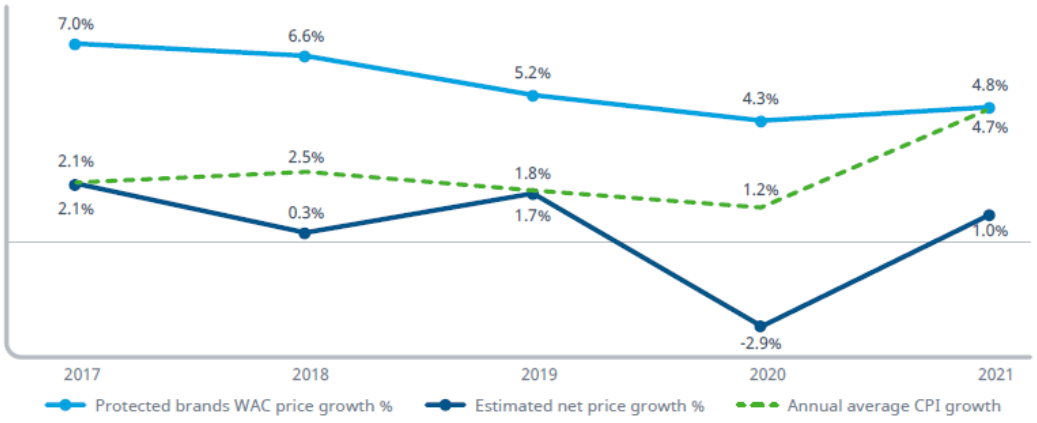
Source: IQVIA Institute, Mar 2022.

- Specialty medicines accounted for 55% of total medicine spending in 2021 but accounted for 3% of total prescription volume.

Medicine Prices

- Net prices for brand medicines increased 1.0% in 2021, below the rate of inflation for the fifth year in a row. Looking ahead, net price growth is projected to be 0% to -3% per year through 2026.
- Brand medicine net prices are, on average, 49% lower than their list price.
- List prices for brand medicines increased 4.8% in 2021, below the rate of inflation.

Exhibit 24: Wholesaler Acquisition Cost (WAC) growth and net price growth for protected brands

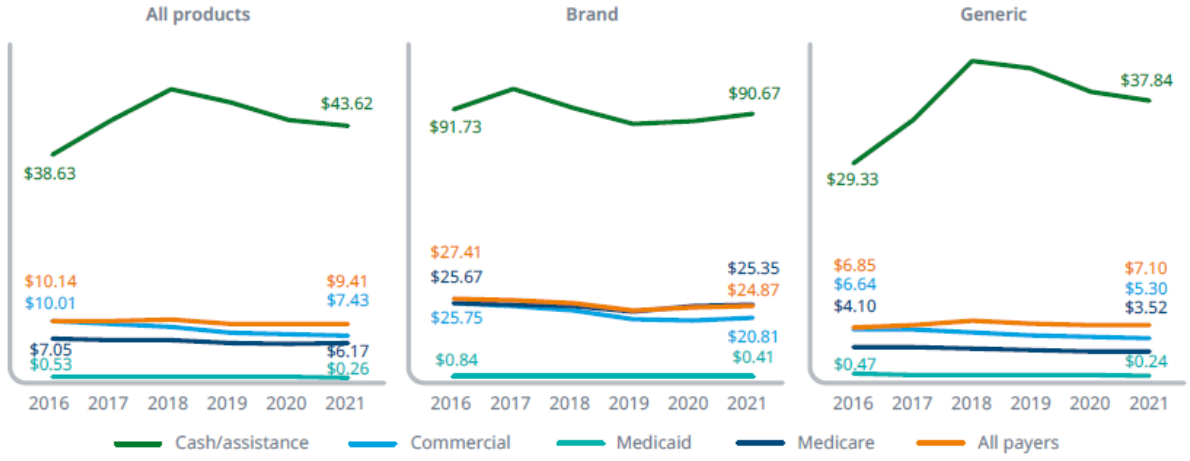


Source: IQVIA Institute, National Sales Perspectives, Dec 2021; Bureau of Labor Statistics, Annual Average Monthly CPI Growth, Dec 2021.

Patient Out-of-pocket (OOP) Spending

- The average OOP cost per retail prescription was $9.41 in 2021 (down from $10.14 in 2016)
- The average OOP cost per brand retail prescription was $24.87 in 2021 (down from $27.41 in 2016)

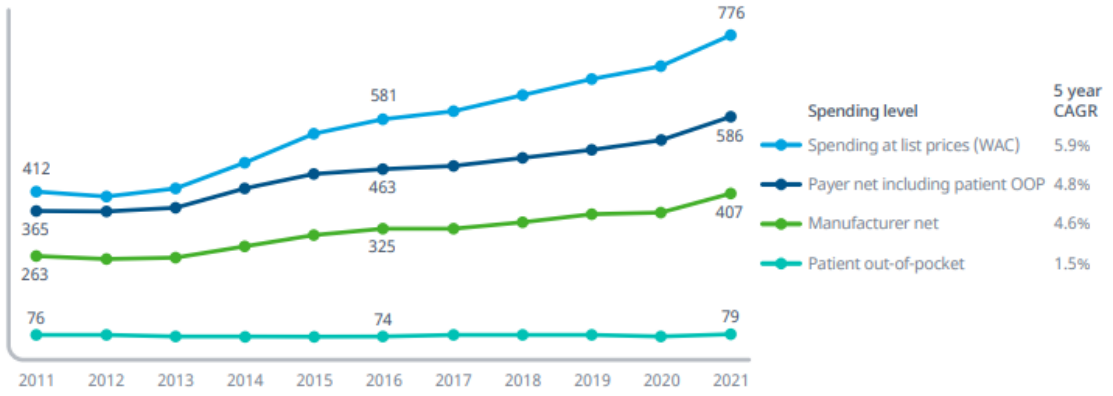
Exhibit 31: Average final out-of-pocket cost per retail prescription by product type and method of payment, 2016–2021



Source: IQVIA LAAD Sample Claims Data, Dec 2021.

- Across all patients, 29% had no annual medicine OOP costs, 8% reached annual OOP costs above $500, and 2.1% paid more than $1,500 OOP in 2021.
    - Among Medicare beneficiaries, 22% had no annual medicine OOP costs, 16% reached annual OOP costs above $500, and 4% paid more than $1,500 OOP.
    - Among commercially insured patients, 23% had no annual medicine OOP costs, 7.3% reached annual OOP costs above $500, and 1.6% paid more than $1,500 OOP.
- Over 92% of total prescriptions (brand and generic) had a final OOP cost below $20 in 2021, while 0.9% (totaling 64 million prescriptions) had a final OOP cost above $125.
- 73% of brand prescriptions had a final OOP cost below $20 in 2021, while 4% had a final OOP cost above $125.
- Coupons and debit cards provided by brand manufacturers totaled $12 billion in 2021.
- Total patient OOP spending increased by an average of 1.5% per year over the past five years, slower than the growth rate of payer spending on medicines, manufacturer net revenue growth, and spending at list price.

Exhibit 17: Medicine spending at selected reporting levels, US$Bn



Source: IQVIA Institute, Mar 2022; CMS National Health Expenditures (NHE), Dec 2020.

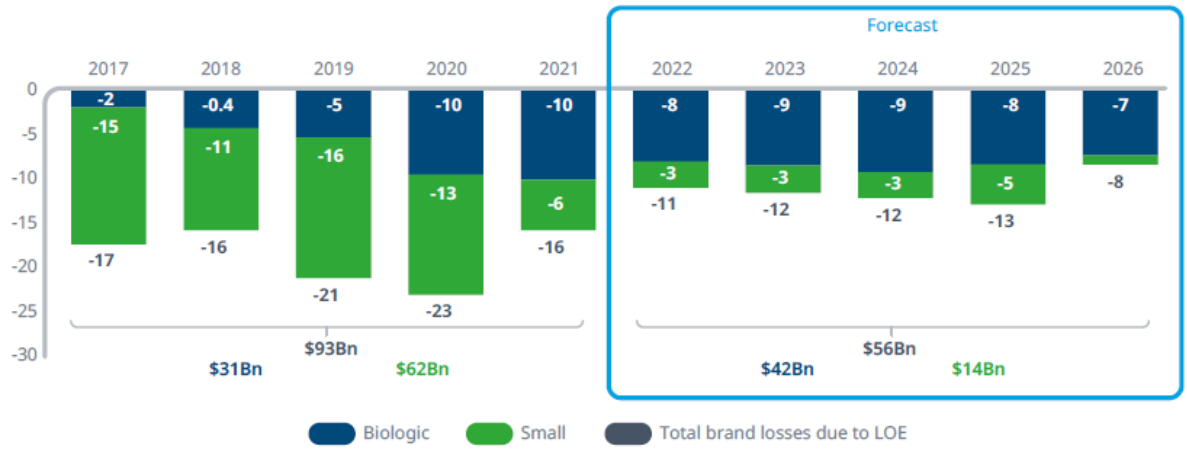
Abandonment

- Patients starting a new therapy abandoned 81 million prescriptions in total at the pharmacy in 2021.
- 61% of patients did not fill their new prescription when OOP costs exceeded $250, while just 7% of patients abandoned their prescriptions when OOP costs were less than $10.
- Abandonment of medicines to treat chronic conditions resulted in 5.3 billion fewer patient days of therapy in 2021.

Market Dynamics

- There were 72 novel active substances (NAS) launched in 2021, including emergency use authorizations (EUA) for COVID-19.
- Over the next five years, a projected 250–275 NAS will enter the market but are anticipated to represent an average 6–7% of brand spending compared to 11% in the past five years.
- LOE reduced net spending on brand medicines by $93 billion over the past five years, with a $62 billion savings from small molecules and $31 billion savings from biologics
- LOE is expected to lower brand spending by $56 billion from 2022 to 2026, with $41.6 billion from reduced spending on biologics.

Exhibit 42: U.S. impact of brand losses of exclusivity 2017–2026, US$Bn



Source: IQVIA Market Prognosis, Sep 2021; IQVIA Institute, Mar 2022.

Medicine Use

- Medicine utilization, measured by days of therapy, grew by 3.3% in 2021
- In total, dispensed prescriptions increased by an average of 2.1% per year over the past five years, driven mainly by the aging population.
- Retail drugs currently represent 86% of medicine use (by days of therapy), with non-retail accounting for the remaining 14%.

Condition Specific Findings

- Oncology
  - Oncology spending is projected to exceed $113 billion by 2026, with annual growth slowing to 9% due to competitive pressure from biosimilars
  - Net prices for brand oncology products are, on average, 7% lower than the list price.
- Cell, Gene, or RNA Therapies
  - There are currently 33 cell, gene or RNA-based therapies launched globally to-date, with 18 currently marketed in the U.S.
  - An additional 55–65 new therapies are expected to launch globally by 2026
  - “Even considering the large numbers of these products, they will not be more than 20% of all new drugs expected to be launched in the next five years and less than 10% of the spending on new drugs in the same period.”
  - Spending on these treatments is projected to reach $11 billion by 2026, estimates range under different assumptions ($7 to $20 billion).
- Diabetes
  - Net prices for brand diabetes products are, on average, 78% lower than the list price.
  - Total OOP costs paid by patients with insulin prescriptions amounted to $1.27 billion in 2021
    - 44% of this total is from the 20% of prescriptions that cost patients more than $35
  - Insulin OOP costs have declined by $500 million since 2018

        - If insulin OOP costs were capped at $35, patient spending would have been further decline by $555 million.
    - Net spending (manufacturer revenue) on diabetes medicines is projected to decline 12% through 2026, while list prices are estimated to grow 10-13% annually
- Autoimmune
    - Net prices for brand autoimmune products are, on average, 49% lower than the list price.
    - Net spending on autoimmune disorder treatments is expected to exceed $70 billion by 2026, slowing after 2022 due to key biosimilars

Lessons Learned from Europe:
Price Setting Policies Erode Biopharmaceutical Leadership

Before adopting price setting policies, Europe led the world in biopharmaceutical innovation.

Until the 1970's the majority of innovative medicines were developed in Europe.

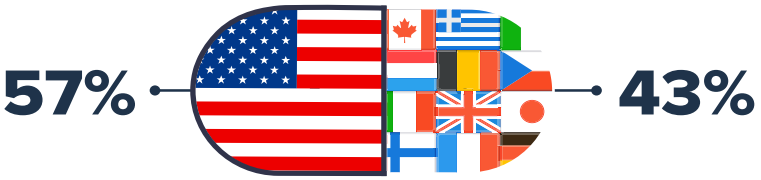
As European governments adopted stringent price setting measures, output fell and this leadership slipped away.

After adopting these measures, Europe trails the United States in R&D investment by more than 40%.*

Now biopharmaceutical innovation in the United States delivers more new medicines than the rest of the world combined.

America leads the world in medical innovation because of the unique research ecosystem. The coronavirus only highlights how important it is to have American companies and scientists finding new treatments and cures to protect our citizens.

American innovation is responsible for 57% of all new medicines that treat patients around the world **



International reference pricing would threaten American leadership in biopharmaceutical innovation.

International reference pricing is a form of government price setting in which U.S. bureaucrats would determine the value of our medicines based on how foreign governments and politicians value these treatments and cures.

If the United States adopted European-style price setting policies, it would have resulted in an estimated **117 fewer new medicine compounds** being developed between 1986 and 2004.***

We need U.S. innovation in new treatments and vaccines.
Tell policymakers to protect American biopharmaceutical innovation.

*Günter Verheugen, Vice-President of the European Commission for Enterprise and Industry. 2005. "Biotechnology's contribution to an innovative and competitive Europe." Lyon. April 14, 2005.
**The Milken Institute (http://assets1c.milkeninstitute.org/assets/Publication/ResearchReport/PDF/CASMIFullReport.pdf)
***Financial Effects of Pharmaceutical Price Regulation on R&D Spending by EU versus US Firms, Pharmacoeconomics (http://pubmed.ncbi.nlm.nih.gov/20617857/)

Learn more at PhRMA.org

PhRMA
RESEARCH • PROGRESS • HOPE

INFLATION REDUCTION ACT ALREADY IMPACTING R&D

Even before the Inflation Reduction Act passed and was signed into law, many predicted it would have an impact on medical innovation. A recent survey of PhRMA member companies found many are already taking the law into account when making R&D decisions. Here are some of the key findings from survey respondents:

3/4

of companies surveyed said the law creates significant uncertainty for R&D planning

$

and that they are already reconsidering their R&D investment strategy

For those companies that answered the following questions:

78% said early-stage pipeline projects are likely to be canceled

2/3 said pipeline projects for new medicines that are planned but not yet in clinical development will likely no longer be pursued

63% said they expect to shift R&D investment focus away from small molecule medicines

57% said they expect to reduce spending on new scientific platforms that may take many years to develop

82% or more of companies with pipeline projects in cardiovascular, mental health, neurology, infectious disease, cancer or rare diseases expect "substantial impacts" on R&D decisions in these areas.

Learn more at PhRMA.org/Inflation-Reduction-Act

Source: Survey commissioned by PhRMA and conducted in November-December 2022 with 25 of 33 PhRMA member company responses.

PhRMA
RESEARCH • PROGRESS • HOPE

The United States vs. Other Countries:

Availability of Cancer Medicines Varies

PhRMA
RESEARCH • PROGRESS • HOPE

The proposed International Pricing Index Model would set U.S. prices for medicines covered under Medicare Part B based on the pricing policies of 14 foreign governments – many of which set prices artificially low, resulting in severe access restrictions for patients.

	New Cancer Medicines Available	Average Delay in Availability of Cancer Medicines
Greece	16%	41 months
Ireland	53%	23 months
Belgium	55%	25 months
Czech Republic	55%	24 months
Italy	58%	21 months
Japan	58%	23 months
Canada	59%	14 months
Finland	61%	14 months
Netherlands	63%	9 months
Denmark	64%	11 months
France	67%	16 months
Austria	68%	11 months
United Kingdom	70%	12 months
Germany	73%	11 months
United States	96%	0-2 months

Source: PhRMA analysis of IQVIA Analytics Link and FDA, EMA and PMDA data. June 2020. Note: New Active Substances (NASs) approved by the FDA, EMA and/or PMDA and first launched in any country between January 2011 and December 2019. Average delay represents the time in months since global first launch among NASs that have launched in a given country. IQVIA reports only the retail channel for Greece.

Updated July 2020

STATEMENT

PhRMA
RESEARCH • PROGRESS • HOPE

In Opposition to North Dakota SB 2031
– Prescription Drug Reference Rate Pilot Program
January 16, 2023

Position: PhRMA respectfully opposes SB 2031 – Prescription Drug Reference Rate Pilot Program - because it allows the government to set the price of prescription drugs, which could limit the prescription options available to patients in North Dakota, discriminate against patients, stifle innovation, and raises significant legal concerns.

This proposed legislation requires state-regulated commercial insurance plans and pharmacies to cap the amount paid for prescription medicines at a Canadian reference price. This legislation could harm patient health outcomes because if a medicine cannot be purchased at the reference price, it will not be available to patients—inserting the government between health care provider and patient decision making. This legislation also could jeopardize the competitive market that works to drive down drug prices if the number of medicines available on the market is reduced.

Implementing price controls at a time when the industry has been tirelessly dedicated to finding treatments and vaccines for COVID-19 diverts industry resources elsewhere and risks current and future innovation. We are in a new era of medicine that is bringing revolutionary, innovative treatments, therapies, and cures to patients. Last year alone, the cancer death rate saw the biggest one-year drop in history.[1] Unfortunately, this radical policy could freeze new, life-saving innovation and force patients to face the uncertainty of a health care system where the government sets prices for critical medicines, similar to what is done in other countries.

This proposed legislation ignores that there are meaningful policies for addressing affordability without importing government price setting that could reduce treatment options.

PhRMA is increasingly concerned that the substantial rebates and discounts paid by pharmaceutical manufacturers, approximately $236 billion in 2021,[2] do not make their way to offsetting patient costs at the pharmacy counter. Patients need concrete reforms that will help lower the price they pay for medicines at the pharmacy, such as making monthly costs more predictable, making cost-sharing assistance count toward a plan's out-of-pocket spending requirements, and sharing negotiated savings on medicines with patients. These policies can be done without importing international price setting, which can reduce the options available to treat patients.

[1] Facts and Figures 2019: US Cancer Death Rate has Dropped 27% in 25 Years, Cancer.org. Available at https://www.cancer.org/latest-news/facts-and-figures-2019.html.
[2] Fein, A. "The 2021 Economic Report on U.S. Pharmacies and Pharmacy Benefit Managers," Drug Channels Institute. March 202. https://www.drugchannels.net/2021/04/gross-to-net-bubble-update-net-prices.html

International reference pricing could threaten drug development and replaces market competition with government price setting.

This legislation replaces market competition with government price setting or price controls, basing U.S. medicine prices on the policies of other governments that ration care in their own countries. The legislation threatens to drastically reduce development of new medicines at a time of remarkable scientific promise, undermining U.S. global leadership in biopharmaceutical innovation. Government price setting diminishes the incentive for biopharmaceutical manufacturers to invest in the research and development of new medicines. By requiring state-regulated commercial insurance plans and pharmacies to cap the amount paid for prescription medicines at a reference price, this creates a price control on these medicines that could have the long-term effect of decreasing access to medications.

On average, it takes more than 10 years and $2.6 billion to research and develop a new medicine. Just 12% of drug candidates that enter clinical testing are approved for use by patients. Efforts to impart price controls on innovative manufacturers could chill the research and development of new medicines by taking away the incentives that allow manufacturers to invent new medicines.

For years, Canada has imposed price controls and other measures that significantly undervalue innovative medicines developed in the United States. Research shows that U.S. patients enjoy earlier and less restrictive access to new therapies.[3] This is reinforced by the United States Department of Health and Human Services' own analysis of Medicare Part B drugs which showed that only 11 of the 27 drugs examined (41%) were available in all 16 comparator countries, nearly all of which have single payer health care systems.[4]

In fact, American patients have faster access to more medicines than patients anywhere else in the world, and doctors and patients work together to decide which medicine is right for them. In countries that use international reference pricing and other government price controls, patients can access fewer new medicines and face long treatment delays. Nearly 90% of new medicines launched since 2011 are available in the U.S. compared to just 50% in France, **46% in Canada** and 41% in Ireland – countries that use some form of international reference pricing.[5] Even the medicines available in these countries take much longer to reach patients. On average, patients must wait at least 18 months longer in France, **15 months longer in Canada**, and 20 months longer in Ireland than in the U.S.

By importing prices set in other countries, this legislation also imports cost-effectiveness analyses that are known to be discriminatory.

Studies using cost-effectiveness analysis (CEA) rely on the use of discriminatory Quality Adjusted Life Years (QALYs) and cost-per-QALY thresholds. Developed from population averages, QALYs ignore important variability in patients' individual needs and preferences. Experts have

[3] IQVIA Institute, Global Oncology Trends 2017, Advances, Complexity and Cost. May 2017.
[4] U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation (ASPE). Comparison of U.S. and International Prices for Top Medicare Part B Drugs by Total Expenditures. October 25, 2018.
[5] The Catalyst, Setting the record straight on international reference pricing. July 19, 2019. Available at https://catalyst.phrma.org/setting-the-record-straight-on-international-reference-pricing.

identified that QALYs discriminate against people with disabilities by placing a lower value on their lives. A report issued by the National Council on Disability in 2019 "found sufficient evidence of the discriminatory effects of QALYs to warrant concern, including concerns raised by bioethicists, patient rights groups, and disability rights advocates about the limited access to lifesaving medications for chronic illnesses in countries where QALYs are frequently used."[6]

In countries that rely on CEA to determine coverage and payment, like Canada, many patients face significant restrictions on access to treatments, including those diagnosed with cancer, diabetes, and rare diseases. An analysis noted that these types of cost-effectiveness assessments and recommendations based on population-averages fail to properly adjust to the demands of an evolving health care system and do not reflect the rapid pace of the science, or the needs and preferences of the patients.[7]

This legislation raises significant legal concerns.

The proposed legislation raises constitutional concerns under the Supremacy Clause because it would restrict the goal of federal patent law, which is to provide pharmaceutical patent holders with the economic value of exclusivity during the life of a patent. Congress determined that this economic reward provides appropriate incentive for invention, and [State] is not free to diminish the value of that economic reward. Specifically, in the case of *BIO v. District of Columbia, 496 F.3d 1362 (2007)*, the U.S. Court of Appeals for the Federal Circuit overturned a District of Columbia law imposing price controls on branded drugs, reasoning that the law at issue conflicted with the underlying objectives of the federal patent framework by undercutting a company's ability to set prices for its patented products. The court's decision stated that "[t]he underlying determination about the proper balance between innovators' profits and consumer access to medication …is exclusively one for Congress."

This legislation gives the insurance commissioner broad discretion to determine which products will be subject to a price control, and biopharmaceutical manufacturers are not provided due process at any stage of the commissioner's determinations. In addition, there is no clear mechanism for a biopharmaceutical company to appeal a penalty from the insurance commissioner and/or Attorney General.

Finally, this legislation regulates extraterritorial transactions and discriminates against manufacturers that sell patented products in other nations, raising Dormant Commerce Clause and Foreign Commerce Clause concerns respectively.

PhRMA recognizes the access challenges faced by patients in North Dakota with serious diseases. **However, this legislation could limit the treatments available to patients and stifle innovation.** PhRMA stands ready to work with the legislature to develop market-based solutions that help patients better afford their medicines at the pharmacy counter.

For these reasons, we respectfully oppose SB 2031.

[6] National Council on Disability, "Quality-Adjusted Life Years and the Devaluation of Life with Disability (letter of transmittal)." November 6, 2019.
[7] Context Matters. NICE Limits Reimbursement for Oncology Products beyond EMA Product Labeling. May 2014.

POLICIES TO HELP PATIENTS PAY LESS FOR THEIR MEDICINES

PhRMA
RESEARCH • PROGRESS • HOPE

America's biopharmaceutical companies agree that, for too many Americans, the health care system is not working and needs to change. While medical innovation has made the United States a world leader in the discovery of new medicines, these treatments won't benefit patients who can't get them.

There are no easy solutions, but patients need real leadership from everyone involved in our health care system to make it work better. That's why our companies are calling for everyone in the health care system to join us in supporting common-sense reforms to make insurance work like insurance and ensure that patients can access and afford the medicines their doctors prescribe.

We believe the following policies are the best way to achieve these goals and make sure that *patients pay less* for their medicines.

1 Share the Savings

On average, more than half of spending on brand medicines goes to health insurers, PBMs, the government and others, not the manufacturer that researched and developed the medicine. However, patients often do not benefit from these significant discounts in the form of lower out-of-pocket costs for their medicines. That's not right, and it needs to change. If insurance companies and middlemen don't pay the full price for medicines, patients shouldn't have to either. These rebates and discounts must be directly shared with patients at the pharmacy counter.

2 Make Coupons Count

In some cases, health insurance companies are not allowing the coupons manufacturers provide to patients to count towards deductibles or other cost sharing requirements, meaning patients could be paying thousands more at the pharmacy than they should be. We need to end this practice so that patients are getting the full benefit of programs meant to help them access their medicines.

3 Offer Lower, More Predictable Cost Sharing Options

Actual spending on medicines is growing at the slowest rate in years. Unfortunately, it doesn't feel that way for patients. Insurers are increasingly using high deductibles and coinsurance that result in patients paying more for certain medicines out of pocket. Patients should have more choices when it comes to their medicine coverage. Every state should require health insurers to offer at least some health plan options that exclude medicines from the deductible and offer set copay amounts instead of forcing patients to pay an amount based on the full list price of their medicines.

4 Cover Medicines from Day One

Insurers increasingly require patients to pay high deductibles before receiving coverage of their medicines. This can lead to patients rationing or not taking their medicines, which can result in devastating consequences to their health. Policymakers can help patients from day one by requiring all plans to cover certain medications used to treat chronic conditions with no deductible. Additionally, insurers should be mandated to offer some plans that cover all medicines from day one.

5 Cap Patient Cost Sharing

Many commercially insured patients are being exposed to high out-of-pocket costs due to increasing use of deductibles and coinsurance. High cost sharing is a barrier to prescription medicine access, especially for patients with chronic, disabling or life-threatening conditions, who shoulder the largest share of the burden. Cost sharing should not be so burdensome that it prevents patients with insurance from accessing necessary prescription medicines.

2023 Senate Bill No. 2031
Testimony before the Senate Human Services Committee
Presented by Tim Wahlin
Workforce Safety and Insurance
Date: January 16, 2023

Mr. Chairman and Members of the Committee:

My name is Tim Wahlin, Chief of Injury Services at Workforce Safety & Insurance (WSI). I am here today to provide testimony regarding Senate Bill No. 2031. The WSI Board has taken a neutral position on this bill as amended. In the event the amendment fails, the WSI Board would oppose passage of this bill.

The proposed legislation appears to exclude the agency from its scope, but there is some uncertainty. In an effort to clarify the agency's exclusion we offer the attached amendment. The amendment would treat WSI like North Dakota State Medicaid.

Workforce Safety and Insurance is a state agency responsible for providing workers' compensation insurance to all North Dakota employers. Benefits paid include wage replacement, all related medical, including pharmacy benefits for work related injuries. Consequently, the agency contracts with a pharmacy benefit manager (PBM) to provide injured employees real-time access at the time of these transactions.

WSI has just completed a request for proposal solicitation and engaged a new PBM. The changeover occurred January 1 of 2023. As part of the contract with our PBM partner, pricing formulations have been established. They have been built into a system according to our requirements for the negotiated price. Were WSI included within this legislation, we would be required to renegotiate the contract terms and reimplement this system. The costs for doing so are unknown at this point. Likewise, our PBM partner's ability to meet these terms is unknown.

The WSI system of pharmacy benefits as it exists is fully transparent regarding pricing and is required for nationwide deployment because our injured employees reside in areas other than North Dakota. The system proposed may well jeopardize our ability to remain engaged with our current partner. That in turn would jeopardize our ability to service our injured employees.

For these reasons WSI's Board requests adoption of the clarifying amendment.

This concludes my testimony and I'd be happy to answer any questions you may have.

PROPOSED AMENDMENT TO SENATE BILL NO. 2031

Page 1, line 24, after “program” insert “or workforce safety and insurance”

Renumber accordingly

January 16, 2023

The Honorable Judy Lee, Chairman
The Honorable Sean Cleary, Vice Chairman
Senate Committee on Human Services

Dear Chairman Lee, Vice Chairman Cleary, and Members of the North Dakota Senate Committee on Human Services,

As a former state legislator and pediatric nurse practitioner, I am deeply concerned that, despite the well-meaning intent behind Senate Bill 2031, North Dakota patients and taxpayers will not be well-served if this bill becomes law.

Typically, I encourage efforts to use pilot programs to study the effects of new policies before full implementation. But it is already well-documented that drug price controls create unintended consequences that limit patient access to necessary medications, cause delays in therapeutic regimens, and harm the development of new groundbreaking and life-saving medications. As a recent December 2022 report from North Dakota State University's Dr. Raymond March found, "Thousands of examples and a large body of research consistently find price controls fail to deliver while causing considerable harm. Implementing them in North Dakota would be a disastrous misdiagnosis."

National Taxpayers Union, the nation's oldest taxpayer advocacy organization, stands with taxpayers and patients as you look at reducing the costs they pay for health care. Senate Bill 2031 will further imperil access to treatments for North Dakotans who need newly innovated pharmaceutical solutions to their health problems. North Dakota patients shouldn't rubber stamp the Canadian government's drug pricing system and hinder the availability of the latest medications they will need.

The current version of this bill also attempts to penalize companies that might pull their drugs from the state because of the proposed price-control schedule based on Canadian drug prices. Beyond the question of how the state would enforce this provision, the inclusion of this language acknowledges that prescription drug access will diminish under a system where the government sets prices.

National Taxpayers Union stands ready to assist state lawmakers as they pursue a comprehensive analysis of finding cost-saving measures for patients. I hope you will consider more viable, free-market approaches that will lower costs and protect your constituents at the same time.

However, the unintended consequences of this North Dakota bill need to be considered, and it should not pass.

Thank you for the opportunity to submit testimony on this bill, and I would be happy to answer any questions you may have.

Sincerely,

Leah Vukmir
Vice President of State Affairs
National Taxpayers Union

TESTIMONY OF SCOTT MILLER
IN OPPOSITION
Senate Bill 2031 – Prescription Drug Reference Rate

Good Morning, my name is Scott Miller. I am the Executive Director for the North Dakota Public Employees Retirement System, or NDPERS. I appear before you today in opposition to Senate Bill 2031.

As you are all aware, NDPERS administers the State's health insurance plan, including pharmacy benefits. We are acutely aware of the incredible cost of prescription drugs in the United States, and we support efforts and discussion on how to reduce those costs.

However, Senate Bill 2031 will not do that.

What Senate Bill 2031 does is attempt to put a cap on the amount that can be paid for certain drugs. That cap is based on Canadian drug prices. The Insurance Department would need to research those costs and set those prices. The bill then prohibits pharmacies and NDPERS from paying a higher price for those drugs than the Insurance Department sets. If NDPERS or a pharmacy pays more than that price, the bill imposes a class A misdemeanor as punishment. Note that NDPERS does not purchase prescription drugs, so the punishment provisions would be inapplicable to NDPERS. But they would apply to pharmacies.

What Senate Bill 2031 does NOT do is attempt to restrict the price set by drug manufacturers and distributors. The bill instead requires manufacturers to "negotiate in good faith with any payor or seller of prescription drugs" for "a price that is within the referenced rate". There is no requirement that the manufacturer or distributor agree to sell the drug for such a price.

As an example, the drug Ozempic sells in the US for $1,060, and in Canada for $142. Since $1,060 is the going market price for the drug in the US, there is little reason for the manufacturer or distributor to agree to sell the drug for less. The debate on whether insisting on selling that drug for the market price is not “in good faith” would be an interesting one, and I don’t know who would make that argument on the State’s behalf.

In any event, our pharmacies could not buy that drug for more than $142 without facing criminal penalties.

As a result, this bill will not only fail to affect the price of prescription drugs in North Dakota, but it will have two additional wide-ranging effects:

1. It will essentially remove those drugs from the drugs available to NDPERS Group Health Insurance Plan participants, since pharmacists will probably not be able to obtain those drugs at the set prices; and
2. It will cause many, if not all, of the pharmacies in our network to cease participation in the network, thereby removing all access to prescription drugs for our participants.

There are a number of other notations from Deloitte, our health plan consultant, which I provided to the Employee Benefits Programs Committee:

1. Determining the actuarial impact is difficult based on the information available, the number of assumptions that would need to be made, and the uncertainty of how the bill could be implemented and administered

2. The program would most likely yield lower costs if the legislation can be implemented, operationalized, and complied with by the various stakeholders, which present significant challenges
3. The appropriate methodology used to identify the costliest 25 drugs and their “net price” is complex
4. The methodology for calculating “savings” is also challenging
5. A process for converting drug prices from $Canadian to $US will need to be created
6. The Affordable Care Act prohibits the use of a metric used in Canada to set prices
7. The bill may lower prices and potentially future premiums, but may not directly benefit members because of the typical copay/coinsurance and annual maximums
8. The penalty provisions attempt to apply to NDPERS, but NDPERS does not purchase prescription drugs, and so the provisions would be inapplicable
9. However, pharmacies in the state, which would be subject to the penalty provisions, may elect to terminate participation in the NDPERS network because of those penalties
10. Access to the affected drugs may be reduced
11. The reference rate may conflict with federal most favored nation (MFN) requirements, which restrict manufacturers from offering rates lower than what the federal government pays for Medicaid
12. The U.S. Constitution’s Commerce Clause may affect the ability to assess penalties on manufacturers

I think we can all agree that US citizens pay far too much for prescription drugs. However, the solution to that problem has so far eluded even the most impressive economic minds. This bill is not the solution. I ask you to vote “do not pass” on SB 2031.

Complaining about a problem without proposing a solution is called whining.
-Teddy Roosevelt

Roughrider POLICY CENTER

Bette B. Grande
President & CEO

Chairman Judy Lee and members of the Senate Human Service committee,

My name is Bette Grande, and I am the CEO of the Roughrider Policy Center (RPC). Thank you for this opportunity to submit testimony regarding SB2031.

As a research and education organization, RPC has a goal to support policies that expand access, increase choice, improve quality, and reduce cost for all North Dakotans seeking healthcare. We are all fighting for more affordable medications for patients in need. However, this Bill is not the way to reach our goal. This proposal will cause more harm than good, and we urge lawmakers to reject SB 2031.

This bill would impose price controls on prescription drugs, referencing prices from Canada with significant unintended consequences. The history and experience of price controls, in whatever form, has been harmful for consumers. Imposing a cap on prescription drugs based on an entirely different healthcare system with different policies in another country would simply not work in our American free market system.

Additionally, this price cap policy will risk future innovation in the field of medicine and innovation has led to many of the breakthroughs we benefit from today. The United States is a leader in this regard, and it has allowed Americans to get the quickest and best access to new, life-saving medications. Especially during COVID-19, when we need innovative ways to combat a new virus, we cannot begin to limit our research opportunities.

For Liberty,

Bette Grande

Bette Grande

Bette Grande is the CEO of the Roughrider Policy Center, North Dakotas Think Tank

SANFORD HEALTH PLAN

Madam Chair and Members of the Senate Human Services Committee –

Good Morning, my name is Dylan Wheeler, Head of Government Affairs for Sanford Health. Sanford Health respectfully opposes SB2031, which would establish a Prescription Drug Refererenced Rate Pilot Program to many different health insurance markets in North Dakota. Sanford Health applauds the effort from Represenative Meier in seeking to address the rising problem of high cost prescription drugs. Additionally, Sanford Health generally supports efforts that address the root cause of rising prescription costs for our patients and members. However, we have concerns about SB2031 and the feasibility in operationalizing and implementing the proposal.

As Delloite notes in their actuarial memo (presented to the Employee Benefits Committee), compliance with the proposal would likely present significant barriers with the listed stakeholders in the legislation. Sanford Health also has concerns with the impact the legislation will have on the avialbility of medications to our members and patients. While the legislation does call for penalties to manufacturers who withdraw from the market (which also may have legal implications), we have concerns about the adverse actions or impact the new pricing will have on availability for critical medications. Finally, attaching prescription drug prices to another nation or benchmark raisies additional questions about whether that particular nation is proper to analyze against in terms of a comparable market, but also whether another nation would have to comply or supply the information laid out in SB2031.

I thank you for your diligent consideration and please do not hesitate to contact me directly should their be any questions.

Respectfully Submitted,

Dylan C. Wheeler, JD, MPA
Head of Government Affairs
Sanford Health Plan

Bioscience Association of North Dakota
4200 James Ray Drive Suite 500 #503
Grand Forks ND
Ph: 701-738-2431
richard@ndbio.com

January 13, 2023

Dear Chairman Lee, Respected Members of the Human Services Committee:

The Bioscience Association of North Dakota opposes North Dakota SB 2031– a Prescription Drug Reference Rate Pilot Program.

Position: BIO ND respectfully opposes SB 2031 a Prescription Drug Reference Rate Pilot Program which could have significant and detrimental effects on North Dakota patients. Imposing government price controls on manufacturers risks patient access to prescription drugs and would negatively impact the future of research and development of new drugs.

It is no secret that both the State and Federal Governments are trying to find ways to reduce the cost of prescription medications. One of the ways that the Government is trying to reduce the cost of prescription medications is to place price controls on prescription drugs. This is what SB 2031 is attempting to achieve.

Five of the biggest reasons not to implement this program is (1) the fact that it will require extensive state resources for the implementation and administration of such a program (the cost according to the Fiscal Note is $3.1 million dollars per year just for the Insurance Division, but ignores the Attorney General, who likely has to enforce it); (2). It is already being done by the Federal Government in the Inflation Reduction Act: (3) it violates the concept of a "Free Market System"; (4) it can cause life threatening shortages of essential drugs; and 5). would negatively impact the future of research and development of new drugs.

In the opinion of the Association, it would require the creation of a whole new bureaucracy to carry out this program. Such a program would ultimately assign new responsibilities to the Insurance Department of the State of North Dakota such as designing the program to comply with State and Federal Laws, hiring of an outside consulting firm, and law enforcement problems such as jurisdictional questions, litigation, and increased costs. It is the Association's belief that such a program will not provide significant savings, nor achieve appropriate levels of accessor availability. Further, it does not justify its annual cost of $3.1 million while increasing the regulatory burden on the pharmaceutical industry.

But a better argument for not passing this legislation is that the Federal Government is already doing it! A centerpiece of the **Inflation Reduction Act** as passed by Congress was drug pricing legislation, The prescription drug provisions included in the Inflation Reduction Act will:

1). Require the federal government to negotiate prices for some drugs covered under Medicare Part B and Part D with the highest total spending, beginning in 2026;

2). Require drug companies to pay rebates to Medicare if prices rise faster than inflation for drugs used by Medicare beneficiaries, beginning in 2023;

3). Cap out-of-pocket spending for Medicare Part D enrollees and make other Part D benefit design changes, beginning in 2024;

4). Limit monthly cost sharing for insulin to $35 for people with Medicare, beginning in 2023;

5). Eliminate cost sharing for adult vaccines covered under Medicare Part D and improve access to adult vaccines in Medicaid and CHIP, beginning in 2023;

6). Expand eligibility for full benefits under the Medicare Part D Low-Income Subsidy Program, beginning in 2024;

7). Further delay implementation of the Trump Administration's drug rebate rule, beginning in 2027.

It is true, that people 65 and older pay the most for prescription drug expenditures (Health Policy Institute, 2021). Medicare is the single largest customer in the pharmaceutical market. According to data from the Centers for Medicare & Medicaid Services (CMS), U.S. prescription drug expenditures totaled $370 billion in 2019.That is why the Inflation Reduction Act is so important. The Inflation Reduction Act will eventually reduce the amount that those people over 65 will pay for prescription drugs, thereby reducing costs to the government and consumers. So there is already Legislation in place to answer the needs of people 65 and older which will have the effect of on reducing prices of prescription drugs to other consumers.

North Dakotans are believers in the "Free Market System". They believe in an economic system based on supply and demand with little or no government control. It contributes to economic growth and transparency. It ensures competitive markets and adequate supply to meet demand. Consumers' voices are heard in that their decisions determine what products or services are in demand. Supply and demand create competition, which helps ensure that the best goods or services are provided to consumers at a lower price.

The "system" being proposed in SB 2031, is not a "Free Market System", rather it is the opposite of a market economy — i.e., a "non-market" or "planned" economy — one that is heavily regulated or controlled by the government. The sale of Prescriptions Drugs in this State is going to be controlled by the Insurance Commissioner and enforced by the Insurance Commissioner in collaboration with the Attorney General. Violate the provisions of this act and in specific instances a company can be fined up to $500,000.00.

The way I interpret this law, let us say, I am the manufacturer of a specific referenced drug, as defined in the act. I determine that I no longer wish to "sell" that drug in our State because the price I am allowed to charge does not cover the cost of my investment, manufacture and distribution. If it is determined by the Insurance Commissioner that this constitutes for the "purpose of avoiding the impact of this pilot program as set forth in section 19 -25– 07", I can be "fined" five hundred thousand dollars or the amount of annual savings determined by the insurance commissioner as described in subsection 4 of section 19 - 25 - 04, whichever is greater.

Hardly a "free market system." I wonder how this would go over if this was "beef cattle" and a law is passed saying beef producers must sell their cattle at a price determined to be fair by the Commissioner of Agriculture, or they can be fined out of existence.

But one of the greatest drawbacks to this type of system is that it causes "shortages". As the Canadians themselves found out.

> "In 2018 alone, Canadian patients faced shortages for hundreds of medications, including EpiPens, opioid drugs, and treatments for Parkinson's disease, schizophrenia, and depression. In many cases, these shortages can have severe and life-threatening consequences. One of the reasons behind this finding could be related to the lower reimbursement price for generic drugs based on the pan-Canadian tiered pricing framework and provincial price-cap policies. The team also found that markets with a larger proportion of their drugs covered under provincial formularies were more likely to be in shortage." ("One quarter of prescription drugs in Canada may be in short supply"; Published in "Science Daily" Dated, September 1, 2020; Source: University of British Columbia; https://www.sciencedaily.com/releases/2020/09/200901085306.htm)

SB 2031 also would negatively impact the future of research and development of new drugs. For a new drug entering the market in 2022, the costs behind its approval averages US $2 billion. In addition, the drug development process takes around 14 years of research and regulatory procedures before it is approved for sale ("The Process and Costs of Drug Development (2022)", "Discovery To Market"; By Sean Lim, Published On: June 28, 2018 by "For the Love of Science", Last Updated: November 28, 2022, https://ftloscience.com/). Many potential drugs never make it to market. Only about 12 percent of drugs entering clinical trials are ultimately approved for introduction by the FDA (Congressional Budget Office, Apr 8, 2021; https://www.cbo.gov/publication/57126). That means the drug development business is very risky. It takes a lot of "capital investment" and a lot of time from time of discovery to entry into the marketplace. Then for each drug approved, there are about 9 failures. All of this is factored in when determining "price". By setting the price of medicine, North Dakota will be diminishing the incentive for biopharmaceutical companies to invest robustly in Research and development.

In the Association's opinion, history has shown that people are going to sell their goods and services in markets where they can get the highest prices. If a manufacturer or distributer can get a higher price for his goods in, say New York rather than North Dakota, he is going to service that market first and that is going to lead to shortages in other markets. That is one of the reasons why price controls do not work.

We ask for an unfavorable vote on SB 2031.

Richard Glynn
Executive Director
Bioscience Association of North Dakota
richard@ndbio.com

SENATE BILL 2031

Presented by: **Jon Godfread**
Insurance Commissioner
North Dakota Insurance Department

Before: **Senate Human Services Committee**
Senator Lee, Chairwoman

Date: **January 16, 2023**

Good morning, Chairwoman Lee and members of the committee. My name is Jon Godfread, and I am the North Dakota Insurance Commissioner. I am here today in opposition of Senate Bill 2031.

The intent behind this bill has merit because we too agree that drug prices are too expensive for consumers, however there are many logistical issues with the concept of the Insurance Department creating and running a pilot program to attempt to bring prices down.

First, SB 2031 would require the Insurance Department to create and administer a program for which we have no current staff expertise. therefore, as indicated in our fiscal note, we would require authorization for 2 FTE's and funding for consultants with expertise in the field. We project an appropriation of $3.1 million for the biennium to stand up this pilot program.

The Department arrived at this conclusion based on an analysis of SB 2031 conducted by an independent consultant, whom we had on retainer for other studies completed during the interim. Analysis showed that this bill, as it is currently written, would require 2 FTEs and approximately 2,500 consultant hours per year or 5,000 hours over the course of the biennium. The reason for this large number is due to the specific requirements and the consistent and constant monitoring of those requirements to properly implement the legislation. The world of prescription drugs is a very niche market and so we are also concerned that we would struggle to find staff to fill those positions.

This bill also states, on page 2 line 7, that it is a violation for state entities and health plans to purchase drugs for a cost higher than the referenced rate, but our question is would the Commissioner then impose a penalty to another state agency if there is a violation? We understand that this would need to be referred to the Attorney General as the bill states that a violation is a Class A misdemeanor and we do not have prosecutorial authority.

Additionally, there is another issue related to the enforcement of this bill as the Insurance Commissioner would have authority to enforce penalties on drug manufacturers and distributors if there are violations, but if they choose not to pay then we do not believe that we have any legal recourse.

Finally, we are also unsure of who is responsible for defending the state if this bill is ultimately litigated. We are a special funded agency and thus any litigation that directly involves the Insurance Commissioner is generally defended by our staff attorneys. However, in this instance we lack the capacity and expertise to defend a lawsuit around pharmaceutical regulation. Again, the Department currently has no experience or expertise in this area, and that includes within out legal team. In the past we have relied on the Attorney General and their expertise to assist in this kind of litigation, however that comes at a cost to a special funded agency. If SB 2031 is passed, we would like to have the bill amended to clearly outline that any litigation stemming from this legislation shall be handled by the Attorney General's office. The Insurance Department, as the administrator of the program, would assist with the defense, but cannot be responsible for the costs associated with any litigation that results from this program.

We understand that this bill is a pilot program, and it is designed to help bring drug prices down, but the requirements under this bill are extensive and we struggle to understand how the Insurance Department would effectively administer this program if enacted. I believe that my record shows that I stand in support of trying to lower health care and prescription drug costs for North Dakotans, but as to this specific legislation the Department must stand in opposition.

Thank Mr. Chairwoman and members of the committee, happy to take questions.

SB 2031 – Testimony by Dustin Gawrylow (Lobbyist #266) North Dakota Watchdog Network

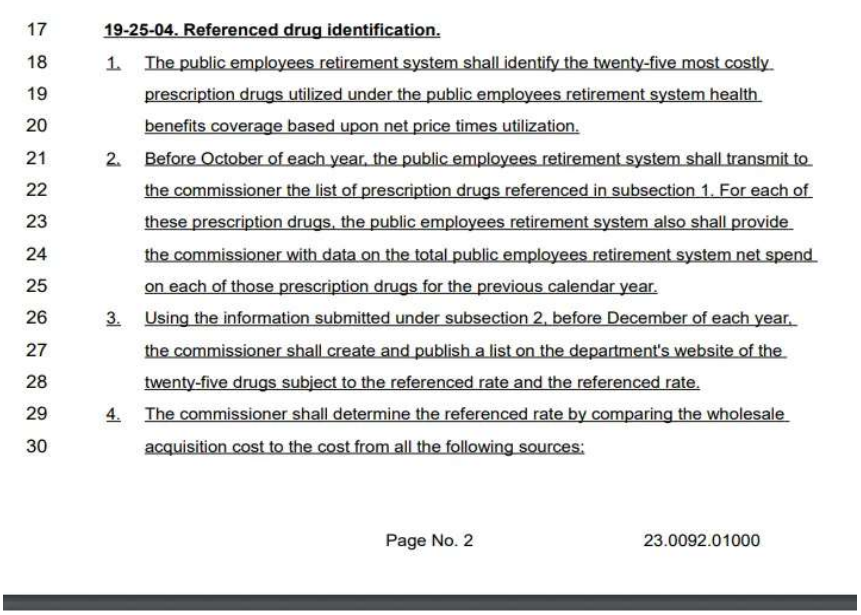
Madam Chair,

I stand in opposition of Senate Bill 2031 on the basis that while there is definitely a problem with prescription drug prices, adding more government regulation to the mix is not the solution.

"There ought to be a law!" and "We have to do something!"

Those are two sentences that advocates of smaller government hate to hear, especially when said by typically conservative lawmakers.

The jist of this bill is to create a pilot program for the State Insurance Commissioner to be put in the position of negotiating with drug makers to lower prices for retired state employees. (If the pilot program "works" it is presumed it would be expanded.



19-25-04. Referenced drug identification.

1. The public employees retirement system shall identify the twenty-five most costly prescription drugs utilized under the public employees retirement system health benefits coverage based upon net price times utilization.
2. Before October of each year, the public employees retirement system shall transmit to the commissioner the list of prescription drugs referenced in subsection 1. For each of these prescription drugs, the public employees retirement system also shall provide the commissioner with data on the total public employees retirement system net spend on each of those prescription drugs for the previous calendar year.
3. Using the information submitted under subsection 2, before December of each year, the commissioner shall create and publish a list on the department's website of the twenty-five drugs subject to the referenced rate and the referenced rate.
4. The commissioner shall determine the referenced rate by comparing the wholesale acquisition cost to the cost from all the following sources:

Page No. 2 23.0092.01000

Sixty-eighth
Legislative Assembly

a. Ontario ministry of health and long term care and most recently published on the Ontario drug benefit formulary;
b. Regie de l'assurance maladie du Quebec and most recently published on the Quebec public drug programs list of medications;
c. British Columbia ministry of health and most recently published on the BC pharmacare formulary; and
d. Alberta ministry of health and most recently published on the Alberta drug benefit list.

One question that should be raised is: wouldn't it be better to negotiate a deal with the health insurance company that provides all state employees with health insurance, and create a side-benefit for retirees that way? - sort of our North Dakota's own version of Medicare Part D. It would seem that it would be easier for an existing insurance company to negotiate and cover these costs than trying to invent a new process and new bureaucracies to put the state's insurance commissioner in charge of drug prices.

The most egregious feature of this bill is that it attempts to normalize deferring North Dakota policies to the policies of Canada. *(Bernie Sanders would love this idea!)*

Even more amazing is that recently, North Dakota State University published a paper regarding the dangers of pharmaceutical price controls.

We are expending tax dollars to develop academic research at our publically funded universities showing that these are bad policies - but yet some legislators want to push forward.

Sheila and Robert Challey Institute
for Global Innovation and Growth
North Dakota State University

Policy Brief

Pharmaceutical Price Controls Destroy Innovation and Harm Patients

Raymond J. March, Ph.D.

December 2022

The IQVIA Institute (2021) forecasts total medical spending in the U.S. will reach between $380-$400 billion by 2025. A growing component of this jarring figure is prescription drug costs. Nearly 48 percent of Americans use at least one prescription drug daily (CDC, 2019). More people might use prescription drugs if they can afford them. A 2019 survey finds nearly 30 percent of prescriptions remain unfilled because patients fear they will be too expensive (KFF, 2020).

Skyrocketing health care costs have motivated politicians to step in and look for solutions. Price controls are their latest (of many failed) attempts to address pharmaceuticals. While price controls for drugs were once political rhetoric, they might soon become the next foolhardy attempt to fix healthcare woes. Colorado recently became the first state to implement a price cap on insulin (Zialcita 2021). Even North Dakota has considered similar policies. 2021's Senate Bill No. 2170 aimed to fine producers $1,000 for charging higher prices than Canadian pharmacies and will be reintroduced in 2023.

North Dakota does have a prescription drug expenditure problem. In 2019, North Dakotans spent nearly $1.5 billion on prescription drugs (Definitive Healthcare, 2022). This ranks amongst the highest per capita expenditures in the country. But price controls are no solution. At best, they fail. At worst, they create severe unintended consequences which harm consumers and producers.

Price controls for pharmaceuticals are a clear example of the dangers of well-intended but poorly thought out policy- crippling suppliers from innovating new and cheaper products while also slashing patient access to much-needed (even life-prolonging) medical goods. North Dakota's characteristics and economic conditions would only make these consequences worse.

Price Controls: Bad in Theory, Worse in Practice

Prices play an indispensable role in the economy. They inform both buyers and sellers how much of a good is available. Higher prices motivate producers to find profitable ways to make more. They also encourage consumers to buy less (or buy something else).

When policies prevent prices from rising, consumers buy more while producers make less (or make something else). Price controls reduce patient availability when the product is prescription drugs while cutting motivation and resources for drug suppliers to invest and improve (now less profitable) goods (Calfee, 2001). Both parties are worse off- the worst outcome a policy can create.

This fundamental economic lesson applies to all products in all markets. Shuttenger (2014) reviews the use and effects of price controls extending back thousands of years and for hundreds of products. The results are always the same: less availability and rippling effects across other markets worsen an already difficult situation.

Numerous studies demonstrate that prescription drug prices, even when high, are no exception to this predictable pattern. Klye (2007) and Schulthess and Bowen (2021) find drug developers were less likely to dedicate funds to R&D and introduce new drugs within countries with pharmaceutical price controls. Eger and Mahlich (2014) similarly find that firms selling drugs in price-regulated European markets use less R&D spending. Philipson and Durie (2021) review the Lower Drug Costs Now Act proposed by the Biden Administration and estimated the act would cost between 167-342 new drug approvals while also reducing R&D spending by about $952.2 billion to $2 trillion across 18 years.

Cutting R&D comes at the cost of future innovation- meaning fewer pioneering medical discoveries, cheaper drugs, and lifesaving medications. Motkuri and Mishra (2018) find that India's efforts to implement price controls considerably reduced patient access to lifesaving drugs. In their illustrating but concerning paper entitled The Cost of U.S. Pharmaceutical Price Reductions: A Financial Simulation Model of R&D Decisions, Abbot and Vernon (2005) note that even modest price controls in the U.S. pharmaceutical market could truncate R&D expenditures across the pharmaceutical market by 5 percent. For reference, federal funding provided to Pfizer to produce the first authorized Covid-19 vaccine was only an 8 percent R&D increase.

Current drug availability will also sharply decrease because of decreased profitability (Ingram 2011). While some "blockbuster" drugs have high-profit margins, most prescription drugs made modest gains. Abbot and Vernon (2005) note that only 30 percent of drugs recoup their R&D expenditures once they reach U.S. patients.

Drug shortages caused by price controls are also well documented. Slin (2007) chronicles a decade of drug shortages in the United Kingdom through the 1950-1960s following their attempts to set price controls to make drugs cheaper. Even price controls on more lucrative drugs fail to deliver on their goals. In 2019, Colorado became the first state to cap insulin co-pays to $100 per month. Nearly a year later, a survey found 40% of Coloradan diabetics still rationed their insulin because of a lack of availability (March, 2021).

North Dakota and Minnesota residents frequently travel to Canada (which also uses price controls) to buy cheaper insulin (Davie, 2019). Consequently, Canadian pharmacies often restrict how many vials of insulin patients can purchase at a time- leaving Canadians with less access (Mueller, 2017).

What Prescription Drug Price Controls Would Mean for North Dakotans

Healthcare's complex network of insurance providers, employers, third-party agencies, and medical professionals means the harmful effects of price controls extend well beyond patients and drug producers. Price controls and ill effects cast a wide and devastating net in a state with predominantly rural health like North Dakota.

When drug producers lose profitability, they produce fewer drugs with lower profit margins. Consequently, cheaper drugs become harder to find and other drugs get prescribed for their secondary effects. Changing pharmaceutical prices also requires PBMs, PSAOs, and similar organizations to renegotiate drug prices with pharmacies and insurance providers. The outcome is cost-shifting strategies that place further financial burdens on the drug providers (including wholesalers) and patients to cover the costs of drugs that remain on the market.

With nearly 40 percent of North Dakotans living in a rural population, higher insurance premiums and lower coverages put many farther away from accessing pharmaceuticals (N.D. Chamber of Commerce, 2021). This is especially harmful as rural populations frequently have higher rates of diabetes and other

chronic health conditions (Smith, Humphries, and Wilson, 2008). Rising premiums are especially financially difficult for the already 9 percent of North Dakotans without any health insurance coverage (KFF, 2020).

Less access to drugs would also be particularly harmful to North Dakotans. Although North Dakota is one of the least populated states, it ranks 20th in the number of prescription drugs filled and 11th in the number of unique prescriptions filled annually. These figures indicate North Dakota patients need diverse and frequent pharmaceutical access (Definitive Healthcare, 2022).

Pharmaceutical price controls would also harm small businesses. Nearly 60 percent of U.S. employees receive some health insurance from work, making employers one of the largest health insurance providers. When the cost of providing health insurance to employees rises, so does the cost of retaining and hiring new employees, leading to fewer jobs. Baicker and Chandra (2005) estimate a 10 percent increase in health insurance premiums results in 1 fewer hour worked per week with a two percent lower chance of being hired (health insurance premiums have risen 50 percent since 2000).

As categorized by the Small Business Administration, nearly 98 percent of businesses incorporated in North Dakota are small businesses (Boland 2021). Combined with a persistent state-wide labor shortage (O'Day, 2021), the secondary effects of pharmaceutical price controls would likely have a considerable negative impact.

Conclusion

Higher prices for vital goods like prescription drugs have falsely led many to call on price controls to make them cheaper. While well intended, price controls only attempt to limit price increases. Their actual effect is to limit innovation and access. Thousands of examples and a large body of research consistently find price controls fail to deliver while causing considerable harm. Implementing them in North Dakota would be a disastrous misdiagnosis.

Citations available upon request.

ABOUT THE AUTHOR

RAYMOND J. MARCH, Ph.D., is an assistant professor in the Department of Agribusiness and Applied Economics and a scholar of the Challey Institute for Global Innovaiton and Growth at North Dakota State University.

raymond.j.march@ndsu.edu

The Sheila and Robert Challey Institute for Global Innovation and Growth at North Dakota State University aims to advance understanding in the areas of innovation, trade, institutions, and human potential to identify policies and solutions for the betterment of society. ndsu.edu/challeyinstitute

The views expressed in this paper are those of the author and do not necessarily reflect the views of the Sheila and Robert Challey Institute for Global Innovation and Growth or the views of North Dakota State University.

North Dakota's Price Control Bill Threatens Prescription Drug Access

by Mattias Gugel January 10, 2023

As legislatures ramp up across America, states are seeing new attempts to help expand access and decrease the cost of health care for Americans.

Lowering the actual cost of health care — specifically prescription drug costs — requires an overarching look at the system patients use to obtain medicine. Waving a simple magic wand and enacting price controls won't solve the problem. In fact, it creates new problems for patients whose cures still need to arrive on the market.

As the nation's oldest taxpayer advocacy organization, National Taxpayers Union stands firmly on the side of taxpayers and patients as we look at reducing the costs taxpayers and patients pay for health care.

State legislators have already introduced a bill in North Dakota that creates a pilot program seeking to lower the prices of high-cost drugs in state-regulated health plans. NTU has voiced concerns about previous versions of this bill because the general enforcement mechanism of price setting will, unfortunately, backfire and create unintended consequences of lower access and reduced innovation in the prescription drug market. As a September 2019 study by the Information Technology & Innovation Foundation finds, "it is simply not true that government can impose significant price controls without damaging the chances for future cures."

North Dakota Senate Bill 2031 will further endanger access to lifesaving treatment for North Dakotans who need newly innovated pharmaceutical solutions to their health care problems. The cost of bringing a prescription drug to market is expensive. North Dakota patients shouldn’t let the Canadian government’s drug pricing system become their own and hinder the availability of the latest medications they need.

The current version of this bill also attempts to penalize companies that might pull their drugs from the state because of the proposed price-control schedule based on Canadian drug prices. Beyond the question of enforceability, the inclusion of this provision itself acknowledges that prescription drug access will diminish under a system where the government sets prices.

A recent December 2022 report from North Dakota State University's Dr. Raymond March concludes, "Thousands of examples and a large body of research consistently find price controls fail to deliver while causing considerable harm. Implementing them in North Dakota would be a disastrous misdiagnosis." He's right.

National Taxpayers Union stands ready to assist state lawmakers as they pursue a holistic and thorough look at how to find cost-saving measures for patients and increase competition for health care. However, the unintended consequences of this North Dakota bill need to be considered, and it should not pass.

Sheila and Robert Challey Institute
for Global Innovation and Growth
North Dakota State University

Policy Brief

Pharmaceutical Price Controls Destroy Innovation and Harm Patients

Raymond J. March, Ph.D.

December 2022

The IQVIA Institute (2021) forecasts total medical spending in the U.S. will reach between $380-$400 billion by 2025. A growing component of this jarring figure is prescription drug costs. Nearly 48 percent of Americans use at least one prescription drug daily (CDC, 2019). More people might use prescription drugs if they can afford them. A 2019 survey finds nearly 30 percent of prescriptions remain unfilled because patients fear they will be too expensive (KFF, 2020).

Skyrocketing health care costs have motivated politicians to step in and look for solutions. Price controls are their latest (of many failed) attempts to address pharmaceuticals. While price controls for drugs were once political rhetoric, they might soon become the next foolhardy attempt to fix healthcare woes. Colorado recently became the first state to implement a price cap on insulin (Zialcita 2021). Even North Dakota has considered similar policies. 2021's Senate Bill No. 2170 aimed to fine producers $1,000 for charging higher prices than Canadian pharmacies and will be reintroduced in 2023.

North Dakota does have a prescription drug expenditure problem. In 2019, North Dakotans spent nearly $1.5 billion on prescription drugs (Definitive Healthcare, 2022). This ranks amongst the highest per capita expenditures in the country. But price controls are no solution. At best, they fail. At worst, they create severe unintended consequences which harm consumers and producers.

Price controls for pharmaceuticals are a clear example of the dangers of well-intended but poorly thought out policy- crippling suppliers from innovating new and cheaper products while also slashing patient access to much-needed (even life-prolonging) medical goods. North Dakota's characteristics and economic conditions would only make these consequences worse.

Price Controls: Bad in Theory, Worse in Practice

Prices play an indispensable role in the economy. They inform both buyers and sellers how much of a good is available. Higher prices motivate producers to find profitable ways to make more. They also encourage consumers to buy less (or buy something else).

When policies prevent prices from rising, consumers buy more while producers make less (or make something else). Price controls reduce patient availability when the product is prescription drugs while cutting motivation and resources for drug suppliers to invest and improve (now less profitable) goods (Calfee, 2001). Both parties are worse off- the worst outcome a policy can create.

This fundamental economic lesson applies to all products in all markets. Shuttenger (2014) reviews the use and effects of price controls extending back thousands of years and for hundreds of products. The results are always the same: less availability and rippling effects across other markets worsen an already difficult situation.

Numerous studies demonstrate that prescription drug prices, even when high, are no exception to this predictable pattern. Klye (2007) and Schulthess and Bowen (2021) find drug developers were less likely to dedicate funds to R&D and introduce new drugs within countries with pharmaceutical price controls. Eger and Mahlich (2014) similarly find that firms selling drugs in price-regulated European markets use less R&D spending. Philipson and Durie (2021) review the Lower Drug Costs Now Act proposed by the Biden Administration and estimated the act would cost between 167-342 new drug approvals while also reducing R&D spending by about $952.2 billion to $2 trillion across 18 years.

Cutting R&D comes at the cost of future innovation- meaning fewer pioneering medical discoveries, cheaper drugs, and lifesaving medications. Motkuri and Mishra (2018) find that India's efforts to implement price controls considerably reduced patient access to lifesaving drugs. In their illustrating but concerning paper entitled The Cost of U.S. Pharmaceutical Price Reductions: A Financial Simulation Model of R&D Decisions, Abbot and Vernon (2005) note that even modest price controls in the U.S. pharmaceutical market could truncate R&D expenditures across the pharmaceutical market by 5 percent. For reference, federal funding provided to Pfizer to produce the first authorized Covid-19 vaccine was only an 8 percent R&D increase.

Current drug availability will also sharply decrease because of decreased profitability (Ingram 2011). While some "blockbuster" drugs have high-profit margins, most prescription drugs made modest gains. Abbot and Vernon (2005) note that only 30 percent of drugs recoup their R&D expenditures once they reach U.S. patients.

Drug shortages caused by price controls are also well documented. Slin (2007) chronicles a decade of drug shortages in the United Kingdom through the 1950-1960s following their attempts to set price controls to make drugs cheaper. Even price controls on more lucrative drugs fail to deliver on their goals. In 2019, Colorado became the first state to cap insulin co-pays to $100 per month. Nearly a year later, a survey found 40% of Coloradan diabetics still rationed their insulin because of a lack of availability (March, 2021).

North Dakota and Minnesota residents frequently travel to Canada (which also uses price controls) to buy cheaper insulin (Davie, 2019). Consequently, Canadian pharmacies often restrict how many vials of insulin patients can purchase at a time- leaving Canadians with less access (Mueller, 2017).

What Prescription Drug Price Controls Would Mean for North Dakotans

Healthcare's complex network of insurance providers, employers, third-party agencies, and medical professionals means the harmful effects of price controls extend well beyond patients and drug producers. Price controls and ill effects cast a wide and devastating net in a state with predominantly rural health like North Dakota.

When drug producers lose profitability, they produce fewer drugs with lower profit margins. Consequently, cheaper drugs become harder to find and other drugs get prescribed for their secondary effects. Changing pharmaceutical prices also requires PBMs, PSAOs, and similar organizations to renegotiate drug prices with pharmacies and insurance providers. The outcome is cost-shifting strategies that place further financial burdens on the drug providers (including wholesalers) and patients to cover the costs of drugs that remain on the market.

With nearly 40 percent of North Dakotans living in a rural population, higher insurance premiums and lower coverages put many farther away from accessing pharmaceuticals (N.D. Chamber of Commerce, 2021). This is especially harmful as rural populations frequently have higher rates of diabetes and other

chronic health conditions (Smith, Humphries, and Wilson, 2008). Rising premiums are especially financially difficult for the already 9 percent of North Dakotans without any health insurance coverage (KFF, 2020).

Less access to drugs would also be particularly harmful to North Dakotans. Although North Dakota is one of the least populated states, it ranks 20th in the number of prescription drugs filled and 11th in the number of unique prescriptions filled annually. These figures indicate North Dakota patients need diverse and frequent pharmaceutical access (Definitive Healthcare, 2022).

Pharmaceutical price controls would also harm small businesses. Nearly 60 percent of U.S. employees receive some health insurance from work, making employers one of the largest health insurance providers. When the cost of providing health insurance to employees rises, so does the cost of retaining and hiring new employees, leading to fewer jobs. Baicker and Chandra (2005) estimate a 10 percent increase in health insurance premiums results in 1 fewer hour worked per week with a two percent lower chance of being hired (health insurance premiums have risen 50 percent since 2000).

As categorized by the Small Business Administration, nearly 98 percent of businesses incorporated in North Dakota are small businesses (Boland 2021). Combined with a persistent state-wide labor shortage (O'Day, 2021), the secondary effects of pharmaceutical price controls would likely have a considerable negative impact.

Conclusion

Higher prices for vital goods like prescription drugs have falsely led many to call on price controls to make them cheaper. While well intended, price controls only attempt to limit price increases. Their actual effect is to limit innovation and access. Thousands of examples and a large body of research consistently find price controls fail to deliver while causing considerable harm. Implementing them in North Dakota would be a disastrous misdiagnosis.

Citations available upon request.

ABOUT THE AUTHOR

RAYMOND J. MARCH, Ph.D., is an assistant professor in the Department of Agribusiness and Applied Economics and a scholar of the Challey Institute for Global Innovaiton and Growth at North Dakota State University.

raymond.j.march@ndsu.edu

The Sheila and Robert Challey Institute for Global Innovation and Growth at North Dakota State University aims to advance understanding in the areas of innovation, trade, institutions, and human potential to identify policies and solutions for the betterment of society. ndsu.edu/challeyinstitute

The views expressed in this paper are those of the author and do not necessarily reflect the views of the Sheila and Robert Challey Institute for Global Innovation and Growth or the views of North Dakota State University.

January 16, 2023

Senate Human Services Committee
State Capitol
600 East Boulevard Avenue
Bismarck, ND 58505

Via Electronic Delivery

Re: ACU Opposes Drug Price Controls (SB 2031)

We at the American Conservative Union (ACU) call on you and your colleagues to reject big-government price control provisions included in SB 2031. If enacted, this bill could limit access to needed medicines and disincentivize the innovation of new medicines.

Of course, all policy makers want to ensure that critical pharmaceuticals are available and affordable to everyone, regardless of their socioeconomic class. While well intentioned, the "Canadian Reference Rate" drug pricing scheme as envisioned in SB 2031 will not accomplish that goal. Instead, it will replace market competition and base U.S. medicine prices on the policies of foreign governments that ration care in their own countries. This will ultimately lead to worse healthcare outcomes for all North Dakotans.

The current healthcare system in the United States is the envy of the world. People from across the globe travel to this nation in order to get the highest quality care because they understand, that in America, we have a thriving healthcare system built on the power of incentivizing innovation in new treatments, medicines, and approaches to better health.

Unfortunately, the Left has launched an all-out assault on our healthcare system, continually barraging the U.S. Congress and state legislatures with failed big-government proposals. SB 2031's "Canadian Reference Rate" inserts the government between health care providers and patient decision making.

As we have seen for thousands of years, government attempts to "fix" the market through price controls always result in the same disastrous outcomes: reduced economic output and shortages. From Lenin, to Mao to Maduro, every effort to invoke price controls has resulted in starvation and death. Even in America, the famous Nixon-era price controls led

to economic catastrophe. There is simply no substitute for capitalism and the free-market.

Because socialized medicine has such significant consequences for all Americans, our sister organization, the ACU Foundation's Center for Legislative Accountability (CLA), has made it a priority to score such proposals. Through both its *Ratings of Congress* and *Ratings of the States*, the CLA has held lawmakers accountable by scoring countless legislation containing price controls, and other measures which disrupt free-market forces within the healthcare industry.

ACU will continue to monitor policy proposals that make their way through the legislature. We appreciate your service in the legislature.

Sincerely,

Thomas R. Bradbury
Director of Advocacy

About the American Conservative Union

Founded in 1964, the American Conservative Union (ACU), host of the Conservative Political Action Conference (CPAC), is the nation's oldest conservative grassroots organization and seeks to preserve and protect the values of life, liberty, and property for every American. Learn more about the ACU and CPAC here: www.conservative.org

Quality-Adjusted Life Years and the Devaluation of Life with Disability

Part of the Bioethics and Disability Series

National Council on Disability

November 6, 2019

National Council on Disability (NCD)
1331 F Street NW, Suite 850
Washington, DC 20004

Quality-Adjusted Life Years and the Devaluation of Life with Disability: Part of the Bioethics and Disability Series

National Council on Disability, November 6, 2019

This report is also available in alternative formats. Please visit the National Council on Disability (NCD) website (www.ncd.gov) or contact NCD to request an alternative format using the following information:

ncd@ncd.gov Email

202-272-2004 Voice

202-272-2022 Fax

National Council on Disability

An independent federal agency making recommendations to the President and Congress to enhance the quality of life for all Americans with disabilities and their families.

Letter of Transmittal

November 6, 2019

The President
The White House
Washington, DC 20500

Dear Mr. President:

On behalf of the National Council on Disability (NCD), I am pleased to submit *Quality-Adjusted Life Years and the Devaluation of Life with Disability*, part of a five-report series on the intersection of disability and bioethics. This report, and the others in the series, focuses on how the historical and continued devaluation of the lives of people with disabilities by the medical community, legislators, researchers, and even health economists, perpetuates unequal access to medical care, including life-saving care.

When health insurance will not cover medically necessary medications and treatments, individuals experience poorer health and a lower life expectancy. Nonetheless, in an effort to lower their healthcare costs, public and private health insurance providers have utilized the Quality Adjusted Life Year (QALY) to determine the cost-effectiveness of medications and treatment. QALYs place a lower value on treatments which extend the lives of people with chronic illnesses and disabilities. In this report, NCD found sufficient evidence of the discriminatory effects of QALYs to warrant concern, including concerns raised by bioethicists, patient rights groups, and disability rights advocates about the limited access to lifesaving medications for chronic illnesses in countries where QALYs are frequently used. In addition, QALY-based programs have been found to violate the Americans with Disabilities Act.

The US government does not have a single comprehensive policy on QALYs. Some federal agencies are banned from utilizing measurement tools like QALYs, while some state and federal partnership programs, such as state Medicaid programs, may. NCD is troubled that health insurance providers, government agencies, and health economists are showing increasing interest in using QALYs to contain healthcare costs despite QALYs' discriminatory effect.

The lives of people with disabilities are equally valuable to those without disabilities, and healthcare decisions based on devaluing the lives of people with disabilities are discriminatory. *Quality-Adjusted Life Years and the Devaluation of Life with Disability* explains QALYs and their effect on the availability of medical care for people with disabilities and chronic illnesses. It makes recommendations to Congress, federal agencies, and public and private insurers directed at rejecting QALYs as a method of measuring cost-effectiveness for medical care and offers alternatives.

NCD stands ready to assist the Administration, Congress, and federal agencies to ensure that people with disabilities and chronic illnesses have access to the medical care they need.

Respectfully,

Neil Romano
Chairman

(The same letter of transmittal was sent to the President Pro Tempore of the U.S. Senate and the Speaker of the U.S. House of Representatives.)

National Council on Disability Members and Staff

Members

Neil Romano, *Chairman*

Benro Ogunyipe, *Vice Chairperson*

Billy Altom

Rabia Belt

James Brett

Daniel Gade

Andrés Gallegos

Wendy S. Harbour

Clyde Terry

Staff

Phoebe Ball, Legislative Affairs Specialist

Stacey S. Brown, Staff Assistant

Joan M. Durocher, General Counsel & Director of Policy

Lisa Grubb, Executive Director

Netterie Lewis, Administrative Support Specialist

Amy Nicholas, Attorney Advisor

Nicholas Sabula, Public Affairs Specialist

Amged Soliman, Attorney Advisor

Anne Sommers, Director of Legislative Affairs & Outreach

Ana Torres-Davis, Attorney Advisor

Keith Woods, Financial Management Analyst

Contents

Acknowledgments

This report is part of a series of reports on bioethics and people with disabilities which was developed through a cooperative agreement with the Disability Rights Education & Defense Fund (DREDF). The National Council on Disability (NCD) appreciates the work of those who contributed their expertise in its development, including Kelly Israel, Policy Analyst, Autistic Self Advocacy Network (ASAN), and Samantha Crane, Director of Legal and Public Policy, ASAN. NCD also appreciates the work of Marilyn Golden, Senior Policy Analyst, DREDF, who shepherded the entire series in cooperation with NCD. We also thank those who participated on the Advisory Panel, in interviews, and in the stakeholder convening, whose knowledge and willingness to share information helped make this series possible.

Executive Summary

Purpose

Healthcare coverage decisions are of vital importance to people with disabilities and their families. If the medications and treatments that extend or improve the lives of people with disabilities are not covered by insurance, they will not have access to needed health care, and will have lower quality of life and lower life expectancy. Public and private insurance providers sometimes attempt to limit their healthcare spending in ways that reduce people with disabilities' access to health care. One of the means by which they do so is by refusing to cover (or by limiting access to) healthcare treatments based on their cost-effectiveness. One metric often used to help calculate cost-effectiveness—quality-adjusted life years (QALYs)—may have a negative impact on the health and welfare of people with disabilities.

QALYs are a number which (theoretically) represents the degree to which a drug or treatment extends life *and* improves quality of life—although quality of life is a difficult concept to define, quantify, and measure. However, QALYs aggregate quality and quantity of life simply by lowering the value of a year of treatment by the degree to which an illness, disability, or other health condition is perceived to harm the person's quality of life during that year.

There has been increasing interest among national health insurance programs (like Medicaid), private health insurance companies, and pharmacy benefit managers (PBMs; managers of drug benefits for health insurers) in using QALYs to inform their decisions about which drugs and treatments they will cover. Many individuals, however, have serious concerns with the use of QALYs.

[T]he QALY calculation reduces the value of treatments that do not bring a person back to "perfect health," in the sense of not having a disability and meeting society's definitions of "healthy" and "functioning". . .

The use of QALYs has been opposed by people with disabilities and disability rights advocates for more than 20 years. Their use is also opposed by some bioethicists and patient rights organizations. These stakeholders fear that use of QALYs undervalues vital treatments that extend or improve the lives of people with disabilities. This is because the QALY calculation reduces the value of treatments that do not bring a person back to "perfect health," in the sense of not having a disability and meeting society's definitions of "healthy" and "functioning"; uses

simplified assessments of value that do not account for the complexity of patient experience; and does not to take into account clinical expertise on rare disorders that may not have an extensive research literature available for use. Other stakeholders—often from the medical, health economics, and health insurance fields—argue that QALYs provide payers with valuable information on a treatment's potential benefits and costs and aid them in negotiating a reasonable price with the drug (or treatment)'s manufacturers.

Although QALYs have not historically been utilized for benefits and reimbursement decisions in the United States, prominent nonprofit corporations and professional associations are now using QALYs to evaluate the cost-effectiveness of new drugs and treatments. These evaluations now have a strong influence on many private and public health insurers' decisions about which drugs and treatments they will cover. Additionally, the use of QALYs to inform benefits and coverage decisions in other countries has limited access to lifesaving medications for people with disabilities and those with chronic illnesses.

[T]he use of QALYs to inform benefits and coverage decisions in other countries has limited access to lifesaving medications for people with disabilities and those with chronic illnesses.

NCD undertook this report to examine how use of QALYs may impact people with disabilities in the United States and will inform Congress and the executive branch on the ways in which QALYs impact people with chronic illnesses and disabilities' access to treatment and health care. The report includes recommendations aimed at ensuring that cost-effectiveness assessments of drugs and medical treatments, considered in benefits and coverage decisions, are fair and nondiscriminatory. NCD's research team used multiple methods to gather information, including a comprehensive literature review and interviews with experts and stakeholders who understand how QALYs may impact people with disabilities.

Background

Payers in the healthcare context—both private health insurance companies (for example, Anthem) and public health insurers (for example, Medicaid and the Veterans Administration)—typically have a limited amount of money to spend. Payers therefore want to fund treatments or drugs that are of high value and clinical effectiveness. For many payers, a high-value drug or treatment is equivalent to a cost-effective one, but patients may have different opinions on what constitutes value.

A cost-effective treatment is generally considered to be a treatment for which, from the perspective of the payer, the cost of the treatment does not outweigh the health improvements it provides. QALYs are used as one possible measure of the degree to which a treatment improves both quality and quantity of life. A drug or treatment that provides its beneficiaries with more QALYs is considered more effective. Therefore, a drug that provides its

beneficiaries with more QALYs for less money is considered more cost-effective.

QALYs are used in cost-effectiveness studies, in particular a type of cost-effectiveness study called a cost-utility analysis (CUA), as well as in decision-making tools known as value frameworks. Both are relied on by payers as a source of evidence of a drug or treatment's cost-effectiveness. The final decision made by payers is not dependent on cost-effectiveness as measured in QALYs, but instead is informed by it.

Key Findings

- QALYs have been the subject of considerable ethical debate since they were first invented. The primary ethical issues concern whether or not use of QALYs to calculate the cost-effectiveness of drugs and treatments discriminates against people with disabilities and chronic illnesses, how exactly they do so, and, if they do, whether or not that is ethical. There is not universal agreement on any of these issues. However, NCD has found sufficient evidence of QALYs being discriminatory (or potentially discriminatory) to warrant concern, including: (1) concerns raised by stakeholders in the interviews NCD undertook for this report (including bioethicists, patient rights groups, and disability rights advocates); (2) compelling arguments from prominent bioethicists condemning the use of QALYs; and (3) the inability of patients in countries where QALYs are used more heavily to obtain coverage of needed health care.

NCD has found sufficient evidence of QALYs being discriminatory (or potentially discriminatory) to warrant concern . . .

- The Federal Government does not have a single, comprehensive policy on the use of QALYs. The Federal Government has considered increasing its utilization of cost-effectiveness research and rejected the idea at different points in its history, leading to inconsistent policies across federal agencies. Some agencies are banned from using QALYs to make benefits and coverage decisions, while others use them frequently.
- There has been increasing interest by the Federal Government in reducing the cost of health care by modeling parts of its national health insurance programs after the healthcare systems of other countries, such as the United Kingdom. Several of these countries utilize QALYs to make benefits and coverage decisions. The coverage denials and loss of access to care faced by people with disabilities in these countries illustrate what might happen if the United States made a similar choice.
- QALYs and cost-effectiveness research are one of many different types of evidence insurers consider when making their decisions. There is limited publicly available evidence that shows to what extent private health insurance companies use QALYs and cost-effectiveness research to inform their medicine and medical treatment-related decision making.

QALYs and the analyses that rely on them are most likely utilized in insurers' internal decision-making processes, for which there is little transparency.

- There are alternatives to the use of QALYs. These alternatives range from well-established methods regularly used by United States federal agencies already, such as cost-benefit analysis, to unexplored but promising alternatives such as value frameworks that use patient preferences to determine the value of healthcare treatments. Many alternatives may themselves be discriminatory if used in certain contexts, or if they are used without paying sufficient attention to the possibility that discrimination may occur. However, several (such as multi-criteria decision analysis [MCDA], which allows its user to consider multiple unrelated benefits of a treatment and weight each benefit individually before arriving at a decision) can be used in a nondiscriminatory manner. It is much more difficult, if not impossible, to use QALYs in a nondiscriminatory manner. No single alternative serves all of the functions of QALYs.

QALYs and the analyses that rely on them are most likely utilized in insurers' internal decision-making processes, for which there is little transparency.

Key Recommendations

Congress

When enacting health reform bills, Congress should:

- Avoid creating provisions of any bill that would require the agency with management and oversight responsibilities (such as, for example, HHS) to cover only the most cost-effective drugs and treatments, or to require the agency to impose restrictions on less cost-effective treatments.

Congress should pass legislation:

- Prohibiting the use of QALYs by Medicaid and Medicare.
- Provide funding to Health and Human Services (HHS) for research on best practices on the use of cost-effectiveness to inform benefits and coverage decisions with respect to US national health insurance programs, such as Medicare and Medicaid. "Best practices" in this case refers to a means of utilizing cost-effectiveness research that facilitates greater access to care, and does not reduce access to care for people with chronic health conditions and disabilities.

US Department of Health and Human Services (HHS), Office for Civil Rights (OCR); US Department of Justice (DOJ) Civil Rights Division

DOJ and OCR should jointly issue guidance clarifying that the ADA applies to coverage programs that states operate such as Medicaid.

OCR, in consultation with DOJ as appropriate, should issue guidance to HHS sub-agencies, such as the Centers for Medicare and Medicaid Services (CMS) as well as to state Medicaid agencies, clarifying that:

Section 504 and Section 1557 also apply to Medicaid programs because they receive federal financial assistance. The guidance should specifically discuss how these authorities apply to benefits and reimbursement decisions, and that payment decisions should not rely on cost-effectiveness research or reports that are developed using QALYs.

Section 504 and Section 1557 apply to health insurance programs operated by recipients of federal financial assistance from HHS. The guidance should discuss that covered health insurance programs should not rely on cost-effectiveness research or reports that gather input from the public on health preferences that do not include the input of people with disabilities and chronic illnesses.

HHS

- HHS should consider including explicitly recruited people with disabilities and chronic illnesses as members of committees and working groups formed to develop effective healthcare reform and strategies for lowering the cost of prescription drugs.
- HHS should support healthcare providers by issuing guidance on what steps to take if their patient's health insurance agency refuses to cover recommended treatment on the basis of that treatment's cost-effectiveness.

HHS, OCR

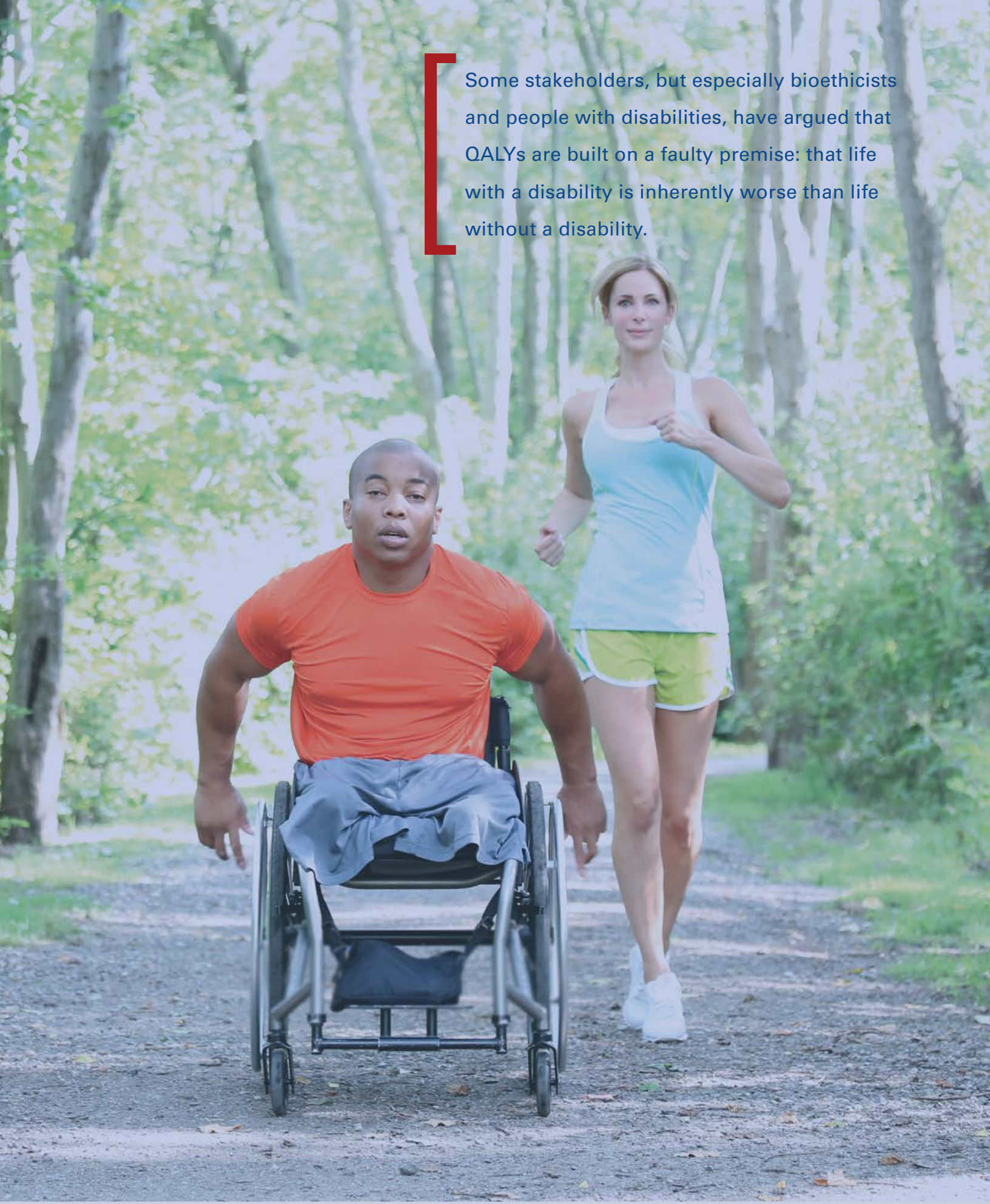
- OCR should issue guidance to HHS sub-agencies, such as Centers for Medicare and Medicaid Services, State Medicaid Agencies, clarifying that:
  - Title II of the Americans with Disabilities Act (ADA) applies to national health insurance programs jointly run by the Federal Government and the States, such as Medicaid. The guidance should specifically discuss how the ADA applies to benefits and reimbursement decisions, and that payment decisions should not rely on cost-effectiveness research or reports that are developed using QALYs; and
  - Insurance programs jointly run by the Federal Government and the States, such as Medicaid, should not rely on cost-effectiveness research or reports that gather input from the public on health preferences that do not include the input of people with disabilities and chronic illnesses.

HHS, CMS

- CMS should utilize well-established alternatives to QALYs, such as MCDA, which is a method that better acknowledges the complexity of healthcare coverage decisions, or cost-benefit analysis, when the exact benefits and costs of a drug or treatment are known. CMS could utilize these methods in combination, such as using cost-benefit analysis as one component of an MCDA. If CMS does utilize cost-effectiveness analysis, it should consider utilizing it as one component of a condition-specific MCDA.

Acronym Glossary

ADA	Americans with Disabilities Act
ASAN	Autistic Self-Advocacy Network
CBO	Congressional Budget Office
CDC	Centers for Disease Control and Prevention
CEA	cost-effectiveness analysis
CMS	Centers for Medicare and Medicaid Services
CUA	cost-utility analysis
DOJ	US Department of Justice
DREDF	Disability Rights Education & Defense Fund
evLYG	equal value of life years gained
FDA	US Food and Drug Administration
GDP	gross domestic product
HHS	Health and Human Services
HTA	health technology assessment
ICER	Institute for Clinical and Economic Review
IPI	International Pricing Index
ISPOR	International Society for Pharmacoeconomics and Outcomes Research
MCDA	multi-criteria decision analysis
NCD	National Council on Disability
NHS	National Health Service
NICE	National Institute for Health and Care Excellence
OCR	Office for Civil Rights
PBM	pharmacy benefit managers
PCORI	Patient Centered Outcomes Research Institute
PIPC	Partnership to Improve Patient Care
PPVF	Patient Perspective Value Framework
QALY	quality-adjusted life years
VA	Department of Veterans Affairs



Some stakeholders, but especially bioethicists and people with disabilities, have argued that QALYs are built on a faulty premise: that life with a disability is inherently worse than life without a disability.

Introduction

Healthcare spending has become a major concern in policy discussions across the United States. Concern is growing in large part due to the rapidly rising cost of health care. In 1973, healthcare spending amounted to 7.5 percent of US gross domestic product (GDP), while in 2017, healthcare spending more than doubled to approximately 18 percent of US GDP.[1] In 1973, the United States spent just $102.8 billion dollars[2] on health care, while in 2017 total US healthcare spending had risen to nearly 3.5 trillion dollars.[3] In this context, policymakers have rightly sought various means of lowering total healthcare costs.

In 1973, healthcare spending amounted to 7.5 percent of US gross domestic product (GDP), while in 2017, healthcare spending more than doubled to approximately 18 percent of US GDP.

One of the major means that has been considered by healthcare policymakers (such as US federal agencies, health economists, etc.) is the idea of health insurers and other payers funding "high-value" treatments over "low-value" treatments.[4] Patients and payers may significantly differ in how they interpret which treatments are of "high value" to them. For many payers, however, a high-value drug or treatment is merely a cost-effective one. A cost-effective treatment is a treatment that significantly extends life or improves patient quality of life (or both), at a cost which, to the payer, does not outweigh the improvements to health it provides. Payers may rely on a variety of evidence to determine cost-effectiveness, particularly cost-effectiveness analysis (CEA) studies, which examine the cost-effectiveness of drugs and treatments.

Patients and payers may significantly differ in how they interpret which treatments are of "high value" to them.

Several nonprofit organizations and professional associations in the United States have also attempted to help payers determine which treatments are of the highest value. To this end, they have created decision-making tools known as value frameworks, many of which primarily focus on cost-effectiveness.[5] Value frameworks can be used to produce reports that evaluate new drugs and treatments (sometimes known as health technology assessment reports, or HTAs).[6] The most influential of these HTAs are produced by

the Institute for Clinical and Economic Review (ICER), whose reports are relied on by payers as varied as the pharmacy benefit manager CVS Caremark and the Veterans Administration.

In prioritizing cost-effective treatments and treating cost-effectiveness as identical to value, however, payers may risk using means of quantifying which treatments are cost-effective that are simplistic and potentially discriminatory, such as QALYs.

QALYs are a measure that attempts to show the extent to which a particular treatment extends life and improves quality of life at the same time. QALYs are an important outcome measure in several influential value frameworks, such as ICER's value framework. QALYs are also used extensively to make healthcare coverage and reimbursement decisions in other countries. For example, the National Institute for Health and Care Excellence (NICE) in the United Kingdom uses QALYs when determining what Britain and Wales' single-payer healthcare system, the National Health Service (NHS), will cover. Health outcomes for some patients with chronic illnesses and disabilities (such as patients with lung cancer) are notably worse in the United Kingdom than in the United States.[7]

Many stakeholders are therefore concerned that the way QALYs are calculated devalues treatments that extend the lives of people with disabilities, or treatments that mitigate—without eliminating—the impact of disability on their health. They argue that if value frameworks that use QALYs become more influential, people with disabilities will lose access to needed care. Other stakeholders view QALYs as a way to provide necessary information on the benefits and costs of healthcare in a healthcare system that has been put under strain by rising costs. This report examines how QALYs are calculated, the bioethical implications of using QALYs, and the history of the use of QALYs in the United States.

Summary of Methodology

In order to get a clear and comprehensive picture of the use of QALYs in the United States, the NCD research team consulted bioethicists, patient rights advocates, researchers and health economists, people with disabilities and their families, and relevant scholarly articles from bioethical, economic, insurance agency, and healthcare system perspectives.

Qualitative Data

To understand how the quality-adjusted life year was used by payers and to better inform the conclusions reached, NCD conducted seven in-depth interviews with disability rights advocates, representatives of advocacy organizations who serve patients, two bioethicists with a significant understanding of the ethical issues presented by QALYs, a representative of an organization that reviews value frameworks to determine their degree of patient-centeredness, and a representative of the nonprofit Institute for Clinical and Economic Review, which uses QALYs. Additionally, the research team conducted a stakeholder convening on September 24, 2018 to inform and aid NCD in the initial development of this report.

Literature Review

To obtain information on how QALYs are used, as well as the perspectives and opinions of ethical experts and experts in the field of health

economics on its use, NCD reviewed articles from research journals, bioethics journals, and news articles pertaining to the use of the quality-adjusted life year. NCD also conducted an in-depth review of several value frameworks, including FasterCures' Patient Perspective Value Framework, ICER's Value Assessment Framework, and the condition-specific decision-making tools created by the Innovation and Value Initiative.

Chapter 1: How QALYs Are Calculated and the Impact on People with Disabilities and Patients with Chronic and/or Degenerative Illnesses

The Purpose of QALYs

In order to understand how to calculate QALYs, it is important to explain both what QALYs are supposed to represent, and why they are used.

What QALYs Represent

Normally, when a researcher or scientist tries to determine whether or not a healthcare treatment (like chemotherapy) improves health, they are looking at one of two different things:

- whether the treatment extends the patient's life, or
- whether the treatment improves the quality of the patient's life.[8]

While measuring whether or not a treatment extends life is fairly straightforward, measuring the degree to which a treatment improves someone's quality of life is more complicated. The portion of a person's quality of life that relates to their health is called their health-related quality of life.[9]

Health-related quality of life is a broad concept. According to the Centers for Disease Control and Prevention (CDC), at the individual level, it may include a person's mood and energy levels, their physical and mental health, and the elements of the person's life that contribute to these factors—such as some aspects of the person's disabilities, health risks, and their social and socioeconomic status. If measured at the population level, it includes any "conditions, policies, and practices that influence a population's health perceptions and functional status."[10] Health researchers and government agencies (including the CDC itself, by conducting population-level surveys using a set of 14 questions called "Healthy Days Measures")[11] have created different means of measuring health-related quality of life.

When healthcare payers decide how to spend their money, they are often looking for some way to represent all the benefits a particular treatment provides at once, as this saves them time. However, studies of treatments tend to measure benefits of treatment that are qualitatively different from one another, such as life extension and quality of life, separately from one another. For example, a study could measure the length of time a patient survives after treatment, or the number of days the person is free from pain, but perhaps not both in the same study.[12] It may be difficult, therefore, to directly compare the value of a treatment that primarily extends life to the value of a treatment that primarily improves quality of life.[13]

QALYs are one attempt to get around this problem. QALYs are the product of an equation designed to "combin[e] the effects of health interventions [treatments] on morbidity [quality

of life] and mortality [quantity of life] into a single index."[14] The QALY equation does this in a rather simplistic fashion. It simply lowers the value of a year of treatment by the degree to which an illness or disability is perceived to harm the person's quality of life during that year.[15] QALYs typically are calculated before and after treatment to determine the degree to which a treatment improves the number of QALYs gained by the patients being studied.[16]

QALYs are calculated by multiplying a decimal number between 0 and 1, which represents a person's health-related quality of life, by a number representing quantity of life. The "quantity" can be the number of years by which the treatment extends life, the number of years a person expects to have to take the treatment, the amount of time a person has left to live, or any other time period relevant to the researcher. A typical QALY calculation is shown in the "QALY Calculation" box.

"The QALY works by weighting the lives of people with disabilities: If we were to assign autism a disability weight of 0.2, that [number] would mean that a year in the life of an autistic person would be worth 80 percent of a nondisabled person's life. Different disabilities would get a different number . . ."

Ari Ne'eman, a disability rights advocate and expert on QALYs, described what QALYs are and what they do in this way:

> The QALY works by weighting the lives of people with disabilities: If we were to assign autism a disability weight of 0.2, that [number] would mean that a year in the life of an autistic person would be worth 80 percent of a nondisabled person's life. Different disabilities would get a different number, if you assigned 0.5 to a mobility impairment, then a year in that person's life would equal 50 percent of a nondisabled life year.

A flowchart showing how QALYs would be calculated if the researcher or scientist used a commonly utilized questionnaire—the EQ-5D—is included as Appendix A of this report.

Why QALYs Are Used

Why would it be *necessary* to measure both quantity of life and health-related quality of life at the same time? The most frequently provided explanations in research literature for the use of QALYs are: (1) to compare the impact of multiple treatments for unrelated conditions to one another; or (2) to assess whether a new treatment or drug would be more cost-effective than the drug or treatment that is currently being used.[17]

This report focuses on the most common use of QALYs: their use by health economists, researchers, and nonprofits to perform cost-effectiveness analyses (CEAs) and health technology assessments (HTAs); the

QALY Calculation

Number between 0 and 1 representing quality of life of x number of years = number of QALYs

subsequent use of CEAs and HTAs by private and public health insurers to determine what drugs or treatments they will fund; and the real and potential negative impact CEAs and HTAs have on people with chronic illnesses and disabilities' access to physician-recommended drugs and treatments.

Cost-Effectiveness Studies

Cost-effectiveness studies are designed to compare various healthcare treatments to each other and determine whether the benefits of a healthcare treatment are worth the treatment's cost. The type of cost-effectiveness study that uses QALYs is called a cost-utility analysis (CUA).[18] In a CUA, the number of QALYs gained from treatment is a measure of the "health outcome," or the overall benefit of the treatment.

The difference between the cost-effectiveness of the treatment being examined and another treatment being examined by the researcher (typically, the treatment currently in use) is referred to as the treatment's incremental cost-effectiveness ratio, or "ICER."[19] The ICER is often used when comparing the cost-effectiveness of multiple treatments.[20] When using QALYs, the ICER is often referred to as the treatment's "cost per QALY," although it is possible to get the "cost per QALY" of a single treatment.[21] At its most simple, it is important to know that the lower the cost per QALY, the more cost-effective the treatment is considered to be.

QALYs are also used in some of the decision-making tools known as "value frameworks." When QALYs are used in a value framework, it is typically because CUA studies are used as evidence of the benefits and costs of the treatment being evaluated by the report. Use of the report can mean that, instead of having to weigh any number of complex considerations relating to whether or not a treatment should be covered, payers can simply fund the treatment that has a better "cost per QALY," according to its corresponding report. CUAs and other QALY-based reports and research studies are *not* healthcare policies in and of themselves, but rather are used to inform the development of healthcare policies (for example, insurers' drug formularies).

The EQ-5D, a questionnaire frequently used to calculate QALYs, is used in countries as diverse as the United Kingdom, Iran, and China.

Calculation of Quality-Adjusted Life Years

While the equation used to calculate QALYs is always the same, there is no one single way to calculate the numbers that go into that equation. For instance, there are many different ways to calculate the number between 0 and 1—often called the "health utility"—that represents health-related quality of life. However, there are common methods typically used by many health economists and researchers employing QALYs in CUA studies. Many components often used to calculate QALYs are used internationally. The EQ-5D,[22] a questionnaire frequently used to calculate QALYs, is used in countries as diverse as the United Kingdom,[23] Iran,[24] and China.[25]

Health Utilities

To calculate a QALY, it is necessary to determine *by how much* not being in perfect health impacts a person's quality of life. QALYS do this by assigning a number between 0 and 1, called a health utility, to the various conditions a person's health could be in (often called "health states").[26] A 0 would represent the lowest possible quality of life, while a 1 would represent the highest possible quality of life. Health states are represented by points on the scale of 0 to 1—for example, 0.2, 0.5, 0.8.

Health utilities are typically derived from surveys, which attempt to determine how much survey participants would prefer to be in one health state as compared to another. Health states do not correspond directly to specific disabilities—they instead represent the degree of impairment a person has in specific, limited categories of functioning (such as mobility, ability to perform tasks, etc.). However, most disabilities share some or all characteristics of a health state. Therefore, the goal of a "health utility" is, in effect, to measure the degree to which having a particular form of a disease or disability, such as "having late-stage cancer" or "having a specific type or degree of type 2 diabetes," is viewed as negatively impacting quality of life as compared to a state of perfect health.[27]

Questionnaires Used to "Describe" the Health State, and Their Flaws

As noted above, the first thing the researcher has to do is determine how having a disability or illness impacts a person. Typically, in order to obtain this information, the researcher has a sample of patients with the illness, condition, or disability fill out a survey or questionnaire.[28] There is no one, single definitive questionnaire or survey that is used.[29] The most common questionnaire is the EQ-5D.[30] The EQ-5D is extremely popular internationally.[31]

The EQ-5D takes an extremely limited approach to measuring "quality of life." Use of the EQ-5D requires patients to rate the degree to which they have "problems" with only a few extremely broad categories of "physical, cognitive, or social functioning," rather than the myriad of effects someone's health could have on their quality of life.

Use of the EQ-5D requires patients to rate the degree to which they have "problems" with only a few extremely broad categories of "physical, cognitive, or social functioning," rather than the myriad of effects someone's health could have on their quality of life.

The EQ-5D surveys patients' health as it relates to five "dimensions" of quality of life: mobility, self-care, usual activities, pain/discomfort, and anxiety/depression.[32] These five categories do not measure the wide variety of impacts a disability or illness could have on quality of life. NCD interviewed the bioethicist Joseph Stramondo, who said "I think that, while there is a relationship between disability and quality of life, it is extremely variable, and impossible to generalize. There are all kinds of things [about disability and illness] that impact quality of life on a case-by-case basis: relationships, income, accessibility considerations." Moreover, neither "self-care" nor "usual activities" are defined in detail anywhere in the sample questionnaires available

on the EQ-5D website, meaning that many patients may not know what these terms mean for them. Furthermore, there is no way to account for external factors, like the availability of reasonable accommodations or the accessibility of the built environment, as a factor in the assessment of quality of life with a disability, despite the fact that these factors play a significant role in determining the life experience of many people with disabilities.

Impacts on these dimensions are then rated by "severity." Different forms of the EQ-5D exist. The oldest and most commonly used form, the EQ-5D-3L,[33] assigns three "levels of severity" to each of the five dimensions. For each dimension, it is possible for the person taking the survey to respond "I have no problems," "I have some problems," or "I have extreme problems."[34] For example, the EQ-5D-3L User Guide includes the following sample question on mobility:

Questions Asked on the EQ-5D-3L Questionnaire

Mobility

- I have no problems in walking about
- I have some problems in walking about
- I am confined to bed

Note that this question is focused on whether a person has problems "walking about," and the most severe problems are described as the person "being confined to bed." The questions do not appear to consider the possibility that a person who cannot "walk about" can still move, such as a person who cannot walk but who can use a wheelchair.

Nor does the EQ-5D consider the possibility that a person who can walk may nevertheless have significant trouble leaving the home due to other concerns, such as the need to stay near medical equipment, concerns about exposure to infections, or agoraphobia.

"I think that, while there is a relationship between disability and quality of life, it is extremely variable, and impossible to generalize. There are all kinds of things [about disability and illness] that impact quality of life on a case-by-case basis: relationships, income, accessibility considerations."

As noted by Stramondo and a colleague in an article on disability and its relationship to quality of life, impairment in performing a specific task may have no relationship to quality of life.[35] The questionnaire assumes that a person will experience difficulty with walking as a significant barrier to subjective quality of life when, in fact, this is not true of many people with mobility impairments. Although there are several versions of the EQ-5D, and other versions do not phrase the question and/or questions in this manner, the other versions also assume that being unable to walk has a severely negative impact on quality of life.[36]

In the EQ-5D-3L, each dimension receives a score from 1 to 3, where one is the best possible score and 3 is the worst possible score. Thus, a person who checked the first box, "I have no

problems," would be assigned a score of 1 for mobility.[37] Filling out the entire questionnaire generates a series of five numbers, each of which is between 1 and 3. For example, a score of 11111 means the person is in perfect health, whereas a score of 11223 means the person has no problems with the first two dimensions, some problems with the next two, and extreme problems with the final dimension.[38]

When using the EQ-5D-3L to calculate QALYs, it is this series of five numbers which was actually evaluated, as opposed to the actual disability and the actual effect of the disability on physical or psychological functioning as reported by people with that disability. The people who decided the value of life with a particular condition only saw those five numbers and/or a description of what those numbers meant.[39]

Aside from the dehumanizing implications of disability's impact on quality of life being reduced to a series of five numbers, if two different disabilities had exactly the same impact on physical or psychological functioning, they would have exactly the same health utility value for the purpose of calculating QALYs—even if they had other differences that some people may consider relevant to "quality of life." The numbers are based only on the disability or illness' impact on "physical, psychological, cognitive, social or other kinds of functioning,"[40] as defined by the survey.

Patients with two conditions with the same utility value may have very different opinions about which aspects of their conditions are most important to address, and what kinds of treatments would most improve their lives. Nonetheless, treatments that improved their health utility scores to the same degree would be treated as having the exact same value to the patients. For example, patients with Disability A could place a higher value on reducing pain and a lower value on reducing anxiety and depression. Patients with Disability B could place a lower value on reducing pain and a higher value on reducing anxiety and depression. If patients with these disabilities received the same average EQ-5D score, a treatment that reduced pain would be treated as if patients with Disability B valued it to the same degree as patients with Disability A.

Patients with two conditions with the same utility value may have very different opinions about which aspects of their conditions are most important to address, and what kinds of treatments would most improve their lives. Nonetheless, treatments that improved their health utility scores to the same degree would be treated as having the exact same value to the patients.

Most other questionnaires share similar issues. For example, the SF-6D looks at the impact of an illness or disability on "physical functioning," the degree to which one's emotional problems limit their ability to perform daily tasks, and so on, and uses specific, narrow questions to determine the impact.[41] Additionally, using different questionnaires results in different numbers of QALYs, which raises validity and reliability concerns, when different methods produce results that are not comparable.[42]

The validity of these generic questionnaires can be called even further into question by the

fact that the utility values are often not calculated separately for each individual cost-effectiveness study. Instead, the utility values are often based on the outcome of specific past studies in which members of the general public valued a sample of the possible health states (with values for the health states not valued determined mathematically from the values of the health states that were valued).[43] The EuroQoL group, maker of the EQ-5D, refers to these studies as "value sets."[44]

Valuation of Disability

Regardless of how the impact is assessed, once the researcher assesses the impact of a health condition on health, the researcher needs to determine how much "worse" it is to be in that condition as compared to perfect health**.** This is done by determining the degree to which a group of people would prefer to be in that health state as compared to perfect health.

[U]sing different questionnaires results in different numbers of QALYs, which raises validity and reliability concerns, when different methods produce results that are not comparable.

The researcher can either measure the preferences of patients with the disability or measure the preferences of the general population.[45] While there are those in the field that advocate for using "patient preferences"[46] and those who advocate for using "population preferences,"[47] the overwhelming majority of studies use the preferences of members of the general population (76 percent, according to one study).[48]

The preferences of the general population are typically calculated by surveying a sample of the general public and asking them a series of questions. Researchers performing a CUA ask a person to imagine a hypothetical situation and respond to questions about that hypothetical situation. There are two types of questions researchers typically ask the public: Time Trade-Off questions and Standard Gamble (SG) questions.[49]

In a Time Trade-Off, survey participants are asked to determine how many years of living with a particular disability (for example, 70 years of blindness) they would trade for a shorter number of years spent in perfect health (for example, 50 years of perfect health).[50] In a Standard Gamble, the participants are asked to imagine having a disability and then are asked whether they would undergo a procedure that had, for example, a 50 percent chance of returning them to perfect health and a 20 percent chance of instantly killing them.[51]

If members of the public respond in a way that suggests that they see 20 years in a health state corresponding to a specific type of blindness and 17 years of perfect health as having the same value, the researcher will divide 17 by 20 to get a health utility value of 0.85 for the health state corresponding to that specific type of blindness.[52]

Many would contend that members of the general public do not accurately understand the experience of life with a disability and will systematically underestimate the value of disabled quality of life. However, surveying people with disabilities poses other problems. Since people with disabilities tend to rate their quality of life as higher than the perception of it from the

general public, leading to lower health utilities, the use of survey responses from people with disabilities will increase the value of life-extension while reducing the value of quality of life improvements. Because the QALY compresses these two factors into a single number, it forces a choice between prioritizing life extension and quality of life improvement. In one article, bioethicists referred to QALYs' inability to simultaneously value treatments that extend and improve the lives of people with disabilities as "the QALY trap."[53] According to Ne'eman, this problem can be substantially mitigated or eliminated by using diagnosis- or domain-specific measures, such as lung function, pain scales, or functional skills, since these do not conflate morbidity and mortality into a single number. As Ne'eman stated in his interview with NCD:

> If you go with a system [for calculating QALYs] that surveys the general public, you are likely to end up with more resources willing to be spent on disability or disease mitigation. If you survey [people with disabilities], you're likely going to end up with more going to life extension. But it forces you to choose. Then you should ask—is this a good system?

This speaks to one of the fundamental flaws of the QALY: that the conflation of life extension and quality of life improvement benefits into a single number forces people with disabilities into a cruel trap: picking whether they would rather live longer or have improved quality of life, when both are entirely feasible in a society willing to invest sufficient resources.

Dr. Steve Pearson, bioethicist at the National Institutes of Health and the President of ICER, agrees that surveying only people with the condition is problematic, but surveying the healthy community is also problematic unless they are informed about the conditions they are judging. According to Dr. Pearson,

> In order to get the best information, they [the healthy community] need to know what it is like to live with that condition. You want to know if their opinion on how bad something is, is higher or lower or the same as the person who actually does have the condition. . . . Maybe the healthy person, with no knowledge of the condition, would think the opposite of the person with the condition. Maybe they think it is not so bad having psoriasis, maybe it's a skin rash that's not so bad. But then you talk to a person with psoriasis and they say, "It's awful—you never want to have this! It's painful—you have no idea." . . . Though there are hypothetical and ethical reasons people tend to still use the healthy community, it still should be informed by the patients.[54]

In one article, bioethicists referred to QALYs' inability to simultaneously value treatments that extend and improve the lives of people with disabilities as "the QALY trap."

David Wasserman, a bioethicist at the National Institutes of Health, also agrees with the limitation of surveying only people with the conditions, but believes that surveying the healthy community, even when they are provided

with information about the condition, is not effective. According to Wasserman,

> Public opinion is extremely labile. It's influenced by a lot of factors like media presentation, exaggerated optimism, occasionally by excessive skepticism, by poignant anecdotes . . . so, I don't think that you can generally trust popular judgments. Even carefully elicited popular judgments have serious problems. One approach is that we should rely on the preferences of the general public about health states, but the general public doesn't have the health states in question, so let's give them information on how people in those health states regard them. But even if you give them that information, they will almost surely disregard it. . . .[55]

Calculating QALYs

The method for calculating QALYs is best expressed using an example. This example additionally demonstrates one of the primary ethical objections to the use of QALYs.

Example 1: Connie and Bill

Connie has a disability. People with Connie's disability have difficulty performing daily living tasks and lose the ability to walk. Connie now uses a wheelchair for mobility, as do most people with Connie's disability. Without treatment, people with Connie's disability have 4 years left to live after they are diagnosed. Based on the responses of patients with Connie's disability to the EQ-5D, researchers have calculated the health utility, or value of a life with Connie's problems with daily living and need for a wheelchair, as 0.5. To get the number of quality-adjusted life years she would get from living for 4 years with her disability, one must use the following equation:

> 0.5 (health utility) × 4 (the number of years Connie has left to live) = 2 QALYs

Thus, the 4 years people with Connie's disability are expected to live without treatment would be valued at only 2 QALYs.

A drug that is found that would extend the life of people with Connie's disability by 20 years, but it would not remove or reduce the impact of the disability on daily living; they would still use wheelchairs. The health utility of their condition is still 0.5. Thus, Connie's life expectancy with treatment is valued at 10 QALYs. This can be expressed via the following equation:

> 0.5 (utility value) × 20 (the number of years Connie would have to live if the treatment for patients with her disability was covered) = 10 QALYs

If people with Connie's disability were the only patient demographic that needed health care, the treatment that people with Connie's disability needed would probably be considered cost-effective for the insurer because these individuals would gain 8 QALYs from being treated.

However, there is another patient, Bill. Bill has a medical condition that also has a health utility of 0.5 and that causes patients with that disability to need a wheelchair. Patients with Bill's disability will only live for another 4 years without treatment, and would also gain only 2 QALYs during those 4 years without treatment.

There is a drug that would extend the lives of these patients to 20 years, but would also raise their quality of life back up to 1—the utility value for "perfect health." This would mean that Bill and other patients with his disability would no longer have difficulty with daily living tasks and no longer need a wheelchair. This can be shown using the following equation:

1 (health utility) × 20 (the number of years Bill could live if the treatment for patients with his disability was covered) = 20 QALYs

Given that patients with Bill's condition will gain 18 QALYS from being treated as compared to patients with Connie's condition, who would only gain 8 QALYs, the drug for patients with Bill's condition will be considered more cost-effective than the drug for patients with Connie's condition. For the purposes of this example, the two treatments cost exactly the same amount of money, and the payer only has enough money to pay for one of these two treatments at this time. If the payer relies on QALYs to determine how cost-effective the two drugs are, the payer will favor covering the treatment patients with Bill's disability need over the treatment patients with Connie's disability need.

In an environment with scarce resources, Bill's condition will be more likely to have treatments for it funded than Connie's. While these decisions are typically made at the population level, rather than in relation to specific patients, they create an environment of systemic inequality, where people with disabilities and chronic conditions that will be managed, rather than cured, are less likely to receive access to treatment under health systems that ration care utilizing the QALY.

Calculating Cost per QALY

When trying to decide whether to cover a treatment, most payers are interested in the "incremental cost-effectiveness ratio," which is typically the difference between the cost-effectiveness of the treatment that is being studied as compared to another treatment (which is often either another possible treatment for the same illness or problem, a placebo, or the standard therapy that is currently in use).[56] In the box "Cost per QALY," "ICER" stands for incremental cost-effectiveness ratio. As explained above, the ICER is often referred to as the "cost per QALY," although the cost per QALY of a single treatment can theoretically be calculated. One can calculate the ICER by using this formula.[57]

Cost per QALY/ICER

$$\text{ICER} = \frac{(C1 - C0)}{(E1 - E0)}$$

In this formula, C means "Cost," C1 represents the treatment being studied, and C0 represents either the current treatment or another treatment being considered for coverage. E means "Effect," E1 represents the number of QALYs gained from the treatment being studied, and E0 represents the number of QALYs gained from either the current treatment or another treatment being considered for coverage. To obtain the "cost per QALY" of a single treatment rather than an ICER (although this is less common), divide the treatment's cost by the number of QALYs gained from treatment.

Some payers have a specific threshold cost-per-QALY. For example, a payer could decide that they will not cover any treatment that costs more than $50,000 per QALY.

Methodological Flaws of Quality-Adjusted Life Years

QALY calculations are subject to several methodological flaws that seriously undermine their use as a fair method of comparing the relative value of treatments.

QALYs Do Not Fully Measure Health-Related Quality of Life

One significant flaw of QALYs is simply that they do not measure what their proponents claim they measure: the combined impact a treatment has on life expectancy and quality of life. As discussed in the section "Questionnaires Used to 'Describe' the Disability and Their Flaws," the generic, population preference-based questionnaires often used to calculate QALYs only measure a few specific impacts of health on quality of life, such as pain or anxiety/depression, and may not measure these accurately and in a way that fully considers the possible accommodations available to a person with a disability. This means that QALYs undervalue treatments that affect aspects of quality of life other than what they specifically measure. For example, many people with psychiatric disabilities report significant side effects associated with certain medications, like tardive dyskinesia or weight gain. QALY calculations might not value medications that allow people with disabilities to avoid these side effects, since they focus only on measures surrounding the mitigation of the primary condition rather than the complex context surrounding that individual's life.

Similarly, the level of quality of life experienced by a person with a disability or patient may shift dramatically based on nonhealth factors, such as the availability of reasonable accommodations or the accessibility of the built environment. For example, the impact of a mobility impairment on quality of life is significantly altered based on the availability of a wheelchair and a built environment that encompasses ramps. Similarly, the impact of a cognitive disability is significantly altered based on the availability and quality of special education services. Typically, the use of QALY assessments in healthcare contexts do not consider these factors, which may play an equal or greater role in quality of life than a purely medical assessment. Additionally, the utility values used to describe the extent to which a disability impacts quality of life are derived from people without disabilities, who often have prejudices and biases that lead them to drastically undervalue life with a disability.

This means that QALYs undervalue treatments that affect aspects of quality of life other than what they specifically measure.

Palliative Care

Failure to consider all aspects of quality of life, combined with the weighting of quantity and quality of life simultaneously, may lead QALYs to undervalue treatments that are purely palliative in nature. The main purpose of palliative care is to alleviate the pain and suffering of a person who has a serious and/or life-threatening illness. Often, these illnesses are expected to lead to death, as in the case of late-stage cancer or kidney

disease.[58] Palliative care may include treating pain, fatigue, reducing the difficulty the person has sleeping, or reducing the amount of anxiety and depression experienced by the person.[59]

The first problem is simply that palliative care patients often are not expected to live for many more years. Since QALYs measure both quality *and* quantity of life in the aggregate, and palliative care rarely improves a patient's life expectancy, a patient cannot expect to gain many QALYs from a palliative care treatment.[60]

The second problem is that there are things that are very important to palliative care patients' evaluation of their own quality of life—such as spiritual contentment and personal dignity—that are rarely if ever measured by the generic questionnaires (such as the EQ-5D) used to calculate QALYs.[61] This may mean that palliative care is undervalued as compared to other treatments.

Failure to consider all aspects of quality of life, combined with the weighting of quantity and quality of life simultaneously, may lead QALYs to undervalue treatments that are purely palliative in nature.

Finally, QALYs assume that the value of a year of life to the patient is the same regardless of when that year is lived, which most studies have found is simply not true, from the patient's perspective. Patients with a limited number of years left to live typically value a year much more highly than people who have many more years left to live.

Dr. Steve Pearson disagrees with the concern that, due to their design, QALYs may undervalue palliative care treatments and treatments that mitigate the impact of a disabling condition, but do not cure it or extend the patient's life. Pearson told NCD that the QALY would do exactly the opposite, and that,

> We [the Institute for Clinical and Economic Review] did a cost-effectiveness analysis of outpatient palliative care that showed it was cost-saving. When something is cost-saving you don't do cost-effectiveness analysis per se, but the thing about palliative care is that it improves quality of life without extending life—although some palliative care does, and the sicker you are the better that will look, in some sense, because if you are already quite well there's not much to palliate . . . the QALY was built to capture improvement in quality of life of that type.

Pearson thinks that "the question is which is the more cost-effective way to provide pain control for [people who are] dying, not whether we [as a society] should or shouldn't."[62] This may be the case if the cost-effectiveness of palliative care treatments were being compared to hospitalization (or another high-cost, low-value treatment for the patients who typically utilize palliative care) or only to other palliative care treatments. It is, however, difficult to know if this would be true if palliative care treatments were competing with other uses of the same funds, at the budgeting level.[63] Even researchers who support the use of QALYs in palliative care note that "the brevity of lifespan affected results in palliative care yielding a fraction of a QALY unit," and that the use of QALYs to help allocate healthcare funding means that new palliative care treatments are always competing with alternative uses of the same money.[64] While payers are not attempting to

determine whether pain care for the dying is "worth it," they may be attempting to determine whether *improving* pain care is, as compared to some other use of their limited funds.

Additionally, researchers who are interested in utilizing QALYs for palliative care typically propose modifying the standard QALY, either by using palliative care-specific questionnaires that do evaluate the quality of life aspects most important to palliative care patients or by incorporating their higher valuation of time spent at the end of life into the calculation.[65] Other researchers propose only comparing end-of-life treatments to other end-of-life treatments.[66]

The need to modify the standard QALY to work for palliative care indicates that QALYs are unsuitable without modifications. There are likely many other specific diseases and circumstances for which the use of QALYs is unsuitable without modifications, which undermines the claims of those who state that QALYs are a metric that can be used to compare the value of treatments for unrelated conditions.

When Health Utilities Are "Zero"

QALYs could produce problematic results if a treatment extends the life but does not significantly improve the "quality of life" (as measured by QALYs), of a patient whose life's worth has been measured as 0, close to 0, or less than 0. In these cases, even the cheapest treatments to extend life would not be considered "cost-effective" according to a cost-per-QALY standard. This is due to the way that QALYs aggregate quality of life and quantity of life. "When Health Utilities Are Less Than 0" explains how this can happen in more detail.

For example, if the health utility of having a particular disease or disability is measured as 0 or negative, it may inevitably lead to the conclusion that the person is "better off dead" and that treatments that prolong such a life are not cost-effective.[67] Such an outcome would only be acceptable if a person were in a health state in which everyone

There are likely many other specific diseases and circumstances for which the use of QALYs is unsuitable without modifications, which undermines the claims of those who state that QALYs are a metric that can be used to compare the value of treatments for unrelated conditions.

When Health Utilities Are Less Than 0

Patients with Life-Threatening Condition Y fill out the EQ-5D questionnaire and get a score of 33333. Solely in this example, members of the general population who performed a Time Trade Off decided that the utility value of this health state (and by extension, therefore, Life-Threatening Condition Y) was 0. Treatment 1 would extend the lives of patients with Life-Threatening Condition Y by a year. However, the following simple equation illustrates that these patients would nonetheless obtain 0 QALYs:

0 (health utility) X 1 (number of years by which Treatment 1 extends their life) = 0 QALYs

would agree that continued life has no value. However, as the bioethicist Stephen Barrie noted, the meaning of the "zero" on the health utility scale is ambiguous and patients do *not* always agree that continued life in a health state that earns very low or even 0 QALYs has no value. A score of 0 QALYs has meant "being dead," "dying," and "worst possible health state," depending on the study and who was doing the calculating—and these are three very different things.[68] Some individuals may believe "dying" is worse than "being dead." Some people with a health state that has been judged to be the "worst possible" may wish to discontinue treatment, while others may still highly value an additional year of life. QALYs do not make these distinctions—researchers using them would need to treat all three health states as equally valueless.

A score of 0 QALYs has meant "being dead," "dying," and "worst possible health state," depending on the study and who was doing the calculating—and these are three very different things.

Distinguishing Between Subgroups of Patients with the Same Condition

Some individuals argue that QALYs do not distinguish between subgroups of patients with the same condition. Subgroups of patients include but are not limited to patients of different races/ethnicities, patients with different genders or ages, and patients with other co-occurring illnesses.[69]

Differences between patient subgroups may have a significant impact on the outcome of a CUA study. One study, which reviewed 200 of the 642 English-language CUAs in the Tufts Medical Registry, found that only 19 percent of these studies reported on any differences between subgroups.[70] Additionally, most studies only reported differences based on age.[71] The authors hypothesized that failure to account for subgroup differences may lead to payers funding treatments that are of relatively low value or even harmful to some subgroups.[72] Additionally, if payers only study subgroups for whom the treatment is of low value, they may not fund treatments that are of high value to some subgroups but of low value to others.

Different groups of patients, people with disabilities, or people with chronic illness may have dramatically different medication responses. QALYs often rely on research that does not adequately account for the ways in which many people—especially, though not exclusively, those with rare conditions—may have medication responses that vary dramatically from the average, either in terms of medication efficacy or side effects. This can create serious challenges under QALY-based systems, since a QALY calculation may result in a particular medication

QALYs often rely on research that does not adequately account for the ways in which many people—especially, though not exclusively, those with rare conditions—may have medication responses that vary dramatically from the average . . .

being deemed cost-ineffective based on the average patient response, whereas for patients within a particular subgroup or who have atypical medication responses, it is the only medication that works or the only one that provides outcomes without terrible side effects.

Accounting for Clinical Knowledge Not Reflected in the Research Literature

For individuals with rare conditions or who come from groups underrepresented in research, like people with disabilities and people of color, the inability of QALYs to account for information that primarily exists within clinical knowledge but has not yet made it into the research literature constitutes a serious problem. Many rare conditions do not have an adequate research literature to account for different subgroups or variation between patients in medication response. Since it can be difficult to study small populations, such knowledge may only exist on the part of the relatively small number of clinicians who specialize in treating such patients.

Chapter 2: Bioethics and Quality-Adjusted Life Years

There have been ethical objections to use of QALYs nearly since they were first invented. There are three primary ethical objections: (1) that disability may not actually reduce quality of life; (2) that QALYs discriminate against people with disabilities; (3) that QALYs fail to account for differences between what patients with the same condition value.

Does Disability Reduce Quality of Life?

Some stakeholders, but especially bioethicists and people with disabilities, have argued that QALYs are built on a faulty premise: that life with a disability is inherently worse than life without a disability. As established in the section "Calculation of Quality- Adjusted Life Years," QALYs work by lowering the value of the life-extending properties of treatment (or the number of years the individuals being treated would normally have left to live) by the degree to which an illness or disability negatively impacts quality of life.[73] While QALYs are theoretically determining the "worth" of living in specific health *states* and not with specific disabilities (and from this, the value of treatments that extend life or affect these health states), the reality is that people with specific disabilities have characteristics that match up with these health states. Being unable to walk, for example, is a core characteristic of paraplegia.

As described earlier in this report, QALYs typically evaluate the worth of a life with a disability based on the preferences of people from the general healthy population, most of whom do not have disabilities.[74] Disability rights advocates are rightly concerned that these preferences are not based on an accurate understanding of what it is like to have a disability, but on stereotypes and a lack of understanding about disabilities. While some bioethicists believe that this can be mitigated by providing the general healthy population with information about the conditions to help inform their responses, others see this as flawed, such as Dr. David Wasserman, bioethicist at NIH, who told NCD that there is a great deal of evidence that most of the general public and the medical profession in particular, overestimate the badness of being in various health conditions that are classified as disability.[75]

Some stakeholders, but especially bioethicists and people with disabilities, have argued that QALYs are built on a faulty premise: that life with a disability is inherently worse than life without a disability.

Legal scholars Wendy Hensel and Leslie Wolf state that

> quality of life considerations are not neutral, even when couched in mathematical terms, and are very likely to be driven by prejudices and stereotypes concerning the desirability of life with disabilities. . . . By favoring those with no functional impairments, the protocols implicitly endorse the belief that the lives of individuals without disabilities are more valuable than that of their unfortunate counterparts.[76]

"By favoring those with no functional impairments, the protocols implicitly endorse the belief that the lives of individuals without disabilities are more valuable than that of their unfortunate counterparts."

Although surveyors continue to rely on the healthy community's preferences for various health states, it is well known that this will skew the results of QALY analysis. The general population consistently rates life with a disability much more negatively than people with disabilities themselves do. In a study with more than 2,044 participants from the general US population, 47 percent of all participants rated blindness as "the worst health condition that might befall them."[77] They ranked blindness as worse than AIDS, heart disease, the loss of a limb, and arthritis.[78] Bioethicist Sean Sinclair, citing a UK study of more than 1,000 people, said that in this study 24 percent of those studied said needing to use a wheelchair for the rest of their life would be *worse than death*.[79]

People with disabilities, however, consistently report that they get approximately the same degree of satisfaction from their lives as people without disabilities. One study reported that patients with "locked-in syndrome"—a disability in which individuals are unable to move part or all of their bodies—self-report having a similar quality of life to people without disabilities.[80] An older 1979 study found that blind people, contrary to the beliefs of the general population, were about as happy or slightly happier than people who could see.[81] Gallaudet professors Dirksen Bauman and Joseph Murray have written that Deafness should be reframed from "hearing loss" to "Deaf Gain," in recognition of the ways in which Deaf people contribute to human diversity.[82]

People with disabilities, however, consistently report that they get approximately the same degree of satisfaction from their lives as people without disabilities.

Does the Use of QALYs Discriminate Against People with Disabilities?

The use of QALYs may lead to the devaluing of treatments that extend the lives of people with disabilities. One of the earliest and most well-known explanations of this problem was by Harris, who articulated his concerns in a 1987 journal article.[83] Harris argued that the use of QALYs would lead to a situation in which funding treatments that extended the lives of people who could be restored to perfect health would be valued over treatments that extended the lives of people who could not be restored to

perfect health, such as people with disabilities and chronic illnesses.[84] Harris argued that it was morally unjust for QALYs to lead to the prioritization of the former over the latter.[85] Harris said we should adopt policies that "do not violate the individual's entitlement to be treated as the equal of any other individual in the society."[86]

Disability rights advocates and people with disabilities oppose the use of QALYs for similar reasons.[87] Disability rights advocates are concerned that the widespread use of QALYs by health insurance companies and healthcare agencies will deny people with disabilities access to the care that they need.[88] Disability rights advocate Ari Ne'eman explained that such denials of care have in fact already happened to people with disabilities in countries that use QALYs more regularly. For example, as described in more detail in Chapter 3, the United Kingdom's NICE determines which drugs Britain's national health insurance program will cover by using QALYs. NICE recently denied coverage of three "groundbreaking" drugs for extremely rare and debilitating conditions.[89]

Ne'eman's article states:

> All three drugs work by slowing irreversible organ damage and cell death. While they can and do improve current symptoms, their greatest promise is in halting or delaying disease progression. . . . Specialty drugs may still be able to add years to these patients' lives, but NICE and other QALY-based systems discount the value of each of these years [because they are years lived with a disability.][90]

Proponents of QALYs argue that such a discount is irrelevant. They argue that QALYs are not used to decide whether to treat individual patients,[91] but, instead, to decide which treatments payers will fund.[92] Bioethicist Greg Bognar states that if a treatment or drug is cost-effective, it will likely be covered. If it is covered, it will be offered to "all patients who need it, regardless of their other characteristics," such as disability or race.[93] Some ethicists argue that in fact, if people with disabilities *are* assessed as having a low quality of life, a treatment that dramatically improved the types of quality of life measured by QALYS would probably be considered very cost-effective.[94]

Additionally, they argue that the number of QALYs a person starts with before treatment does not matter. While people with disabilities seeking treatment for a disability will have lower "baseline" QALYs than a person without a disability, QALYs are primarily designed to determine the degree to which the treatment improves their health. Dr. Pearson provided an example during his interview which illustrates this point:

> So, let's say that you're very sick and your quality of life is 0.3, and we have two treatments. We have a standard treatment, [which] improves the quality of life to 0.4 and we have one that raised quality of life . . . to 0.5. We're trying to figure out which is most cost-effective. Now [next], I've got two other treatments for people that are going to start off at 0.8, which is pretty good. I've got the same two drug treatments—one makes you better by 0.1 and one makes you better by 0.2. The cost-effectiveness calculation is going to be exactly the same for those two comparisons among people that are very

> sick, and the other among people that are pretty healthy. It's a comparison of how much better one is versus the other. . . . It doesn't matter where you start.

However, these arguments do not actually resolve the main concerns of QALY opponents such as Ne'eman—which is that use of QALYs may have the effect of devaluing treatments primarily designed for a population of people with a chronic illness or disability, in practice. If the primary purpose of QALYs is to allow decision makers to determine how best to spend money on health care, which proponents of QALYs do not dispute, then almost necessarily these decision makers are comparing unlike treatments and deciding which of these to fund. As established in Example 1 about Connie and Bill, patients with chronic illnesses and disabilities who retain their disability after treatment do not just start with fewer QALYs than people who can be restored to perfect health—they also *gain* fewer QALYs from treatment than people who can be restored to perfect health. As noted in the section "Methodological Flaws of Quality- Adjusted Life Years" and earlier in this section, there are likely many classes of both treatments, drugs, and the patients they serve where this is the case. Use of QALYs will therefore prioritize treatments like the one for Bill rather than treatments like the one for Connie, even if what is measured is how many QALYs both would gain from treatment.

Health insurers are also not merely choosing between treatments within conditions, although some proponents of QALYs claim as much. Researchers and health economists have repeatedly stated that the primary purpose of QALYs is to allow decision makers to compare the cost-effectiveness of treatments for unrelated conditions.[95]

Further, use of QALYs would not be necessary if health insurers were comparing the cost-per-QALY or QALYs gained from only related treatments. Chapter 5, "Alternatives to the Use of QALYs," describes other ways that payers may compare the cost-effectiveness of different treatments for the same condition without the use of QALYs. It is unlikely, after the passage of the Affordable Care Act, that payers in the United States would refuse to cover an entire class of patients, and QALYs would not act as justification for doing so. However, even if a payer treats all classes of patients, the quality of some classes of patients' care may be worse, or their options more limited, because some of the potential treatments available to them were not deemed cost-effective and therefore not covered by their insurance due to the impact of their disability on QALY calculations.

"That's like saying that drugs for cystic fibrosis are also unavailable to patients without cystic fibrosis."

Harris had an additional objection that is also of significance. In the real world, payers rarely face a choice between treating two disabilities of equal severity. Instead, payers more often face a choice akin to providing a little bit of quality of life to many people versus saving one person's life. For example, a health insurance provider with a limited amount of money may have to choose between funding hip replacement surgery for many people, and funding a high-cost treatment that saves the lives of only a few people with a rare disease. QALYs do not distinguish between the two types of treatment.[96] If funding hip replacement surgery

for a hundred people obtains more QALYs than funding the high-cost treatment, then funding the hip replacement surgery will more than likely be given higher priority, even if the high-cost treatment saves lives. As Harris points out, this is quite inconsistent with the moral intuitions of many people.[97]

More significant ethical problems exist when the only class of drugs known to be effective for a certain group of patients with disabilities is not covered because the drugs are not considered cost-effective.[98] In that situation, it does not matter that QALYs are theoretically meant to be used to evaluate treatments rather than patients. As Ne'eman wryly stated: "That's like saying that drugs for cystic fibrosis are also unavailable to patients without cystic fibrosis." Chapter 3 provides specific examples of situations in which just such a problem has happened in other countries.

Chapter 3: Utilization of QALYs in the United States

Introduction

QALYs have a complicated history of use in the United States. Although QALYs are frequently used in research, their use to determine benefits and coverage has historically been more limited compared to their use for this purpose in other countries. There are likely multiple reasons for this; some health economists attribute it to the United States' cultural aversion to metrics that may discriminate, or the United States' multi-tier, complex healthcare system.[99] To understand this complex usage history, NCD undertook a comprehensive review of how QALYs are used in the United States.

One of the most prominent attempts to utilize QALYs in a state-run health insurance program was found to violate the Americans with Disabilities Act (ADA).

Use of QALYs by the US Federal and State Governments

There is no one, singular policy on the use of QALYs across the entirety of the US government. Each federal agency has a distinct and separate policy, although the overall use of QALYs has followed a pattern over time. QALYs grew in popularity as a measure of cost-effectiveness during the 1990s to 2000s, declined in popularity due to failed implementations of the metric during that time and the passage of the Affordable Care Act, and have recently increased in prominence and popularity due to concerns about rising healthcare costs in the United States.

One of the most prominent attempts to utilize QALYs in a state-run health insurance program was found to violate the Americans with Disabilities Act (ADA). Starting in 1989 and continuing into the early 1990s, the state of Oregon attempted to reform its Medicaid program by ranking treatments in terms of their cost-effectiveness.[100] Oregon created a list of more than 700 paired treatments and diagnoses (an example of a paired treatment and diagnosis on the first list was "Diagnosis: mental disorders with no effective treatment; Treatment: evaluation") and decided it would cover the 587 most cost-effective items on the list.[101] Oregon ranked these pairs according to 13 criteria.[102] Oregon used QALYs in order to measure some of these criteria, particularly quality of life and life expectancy.[103]

The use of QALYs produced counterintuitive results: capping teeth was ranked above

appendectomy as it produced more QALYs for more people in the aggregate, even though an appendectomy saves a life.[104] The Bush administration ultimately rejected Oregon's Medicaid plan, as it was found to violate the Americans with Disabilities Act.[105] A Bush administration official stated in a letter to the editor sent to the *New York Times* that the plan was rejected because it "in substantial part values the life of a person with a disability less than the life of a person without a disability."[106] Oregon's Medicaid program has continued to ration care according to cost-effectiveness, however.[107]

A Bush administration official stated in a letter to the editor sent to the New York Times *that the plan was rejected because it "in substantial part values the life of a person with a disability less than the life of a person without a disability."*

From the 1990s to the late 2000s, different Federal Government agencies considered how (and where) the Federal Government should utilize cost-effectiveness research. Each of these agencies came to different conclusions about use of QALYs. For instance, in 2007 the Congressional Budget Office (CBO) expressed concerns about QALYs in a paper titled *Research on the Comparative Effectiveness of Medical Treatments: Issues and Options for an Expanded Federal Role*.[108] In the paper, the CBO argues that the United States should take more of a role with respect to promoting the use of comparative effectiveness research.[109] One of the ways the CBO proposes doing this is by creating a new federal entity that commissions, performs, and evaluates comparative effectiveness research and how it relates to policy.[110] The paper evaluates cost-effectiveness in this context. It notes that the use of "common metrics like QALYs" may "raise concerns among patients" and other stakeholders.[111]

The trend toward QALY usage changed with the passage of the Affordable Care Act in 2010. Certain federal agencies, particularly health-related agencies, were prohibited or severely limited in how they could utilize QALYs by the Affordable Care Act.

In 2006 the Department of Health and Human Services evaluated the cost-effectiveness of one of its population-wide vaccination programs using "years of healthy life saved," a direct reference to the use of QALYs.[112] The US Public Health Service's "Healthy People Initiative," which measured progress toward US public health goals, in 2006 used QALYs "as one of its key metrics."[113] Throughout the late 1990s and the early and mid-2000s the US Food and Drug Administration (FDA) utilized QALYs as part of its agency rulemakings.[114]

The trend toward QALY usage changed with the passage of the Affordable Care Act in 2010. Certain federal agencies, particularly health-related agencies, were prohibited or severely limited in how they could utilize QALYs by the Affordable Care Act. 42 U.S. Code § 1320e-1(e), which came from the Affordable Care Act, prohibits the Patient Centered Outcomes Research Institute (PCORI)

from using QALYs or any other similar measure that "discounts the value of a life because of an individual's disability," as a "threshold" for determining what type of health care is cost-effective.[115] It also prohibits PCORI from using QALYs when developing healthcare coverage, incentives, or reimbursement programs.[116]

Medicare is similarly prohibited from utilizing "cost-effectiveness research" (a much more general term that applies to more than just QALYs) in a manner that treats "extending the life" of an elderly, ill, or disabled person as of less value than "extending the life" of someone who is none of the above.[117]

Medicare *can* use cost-effectiveness research if it is instead used for "determining coverage, reimbursement, or incentive programs under subchapter XVIII based upon a comparison of the difference in the effectiveness of alternative treatments in extending an individual's life due to the individual's age, disability, or terminal illness."[118] This may mean that Medicare can use cost-effectiveness research to compare related treatments to one another, such as two different treatments that extend the life of someone with cystic fibrosis, and consider how disability impacts the degree to which these treatments extend life. However, the exact meaning of the phrase is ambiguous.[119]

The use of QALYs among federal agencies has increased in recent years. Dr. David Wasserman, at the National Institute of Health's Department of Bioethics, said that "use of QALYS has modestly increased in the face of opposition. It is used by at least one US agency . . . Some sort of cost-effectiveness analysis is commended to various agencies. I could say that there is a general trend toward quantifying outcomes. There's a related overlapping trend to use patient reported outcome measures for quality of care assessments, which may appeal to a broader constituency and patient advocacy groups."[120]

The Department of Veterans Affairs (VA)'s PBM Services office utilizes the HTA reports produced by ICER (described in the Introduction and Chapter 1) to aid the development of its drug formularies, which generally means the lists of drugs that a health insurer will cover, although sometimes a health insurer will cover a drug not listed on its formulary.[121] ICER's reports, as stated, utilize QALYs. The VA's formulary development process is well-developed, extensive, and utilizes many forms of data other than ICER's reports.[122] The VA does not utilize a cost-effectiveness threshold.[123]

QALYs are rarely explicitly used by health insurers in the United States.

Use of QALYs by Private Health Insurers

Limited information is publicly available on the degree to which private insurance companies utilize QALYs to make benefits and coverage decisions. According to most scholarly sources, QALYs are rarely explicitly used by health insurers in the United States. Louis P. Garrison reported in his 2016 article that US private payers, with a few limited exceptions, rarely explicitly used cost-utility analyses (CUAs), the cost-effectiveness studies that rely on QALYs, in their benefits and reimbursement decisions.[124] He stated that it was a "puzzle" that the United States had so many competent health economists who made so many CUAs, but that US private and public payers

rarely made direct use of their material.[125] Health economist Peter Neumann has said in multiple[126] articles[127] that QALYs are rarely used explicitly for benefits and coverage decisions in the United States.

For many health insurers, use of QALYs or QALY-based valuations may instead be implicit, and part of an internal decision-making process over which there is little transparency or oversight. Eleanor Perfetto, Executive Vice President of Strategic Initiatives for the National Health Council, an organization which developed a Patient-Centered Value Model Rubric that is used to evaluate the patient-centeredness of value frameworks,[128] said at the September 2018 NCD stakeholder convening:

> There's not much documentation . . . They may or may not have used QALYs. We don't know. But if they did . . . [use] them in their decision making, it probably isn't well documented . . . And even if it is, it's not public information. . . . or [they've] been used in terms of publications that might come out that people might put in journal articles, [such cost-effectiveness studies by researchers], for others [such as health insurers] to use or to consider in their decision making.

For many health insurers, use of QALYs or QALY-based valuations may instead be implicit, and part of an internal decision-making process over which there is little transparency or oversight.

One important interview supported a similar conclusion. In Spring 2016, the International Society for Pharmacoeconomics and Outcomes Research (ISPOR) produced a Special Task Force Report on US value frameworks. As part of its research, ISPOR interviewed members of key stakeholder groups, including Brian Solow and Edmund J. Pezalla, who are PBM representatives.[129] Solow and Pezalla were asked questions on the extent to which insurance agencies utilized cost-effectiveness research and value frameworks in decision making. Solow reported that "maybe they do," but that with the exception of a few small plans, "nobody has a clinical policy that says we're constructing this on cost-effectiveness grounds."[130] This appears to mean that, while cost-effectiveness is used, there is no explicit written policy that would require insurers to make decisions based on cost-effectiveness.

Solow and Pezalla were also asked to what extent payers used the value frameworks ISPOR investigated in its report. Solow and Pezalla reported that "everybody" read ICER's reports, which rely on QALYs.[131] However, Solow and Pezalla also reported that payers rarely followed the recommendations made in ICER's reports "to the letter."[132] According to the two managers, many plans do not rely on QALY-related aspects of these value frameworks, and instead attempt to do "the economic calculation without the QALY," while taking the clinical and economic evidence ICER used to generate QALYs or the cost-per-QALY into account.[133]

Several of the individuals that NCD researchers interviewed did not agree with these statements. These individuals felt that private health insurers' interest in QALYs had been steadily increasing over the last few years.

Sara van Geertruyden of the Partnership to Improve Patient Care said that use of QALYs was "increasing" and that CVS Caremark's announcement in 2018 of their intent to base their benefits and coverage decisions on ICER's QALY-based reports[134] indicates that "private plans and pharmacy benefit managers are referencing QALY-based reports [such as ICER's] and using them to inform coverage and formularies." Ne'eman similarly stated[135] that, while QALYs have been used in academic contexts for some time, that they have had "increased utilization" in recent years in the benefits and reimbursement context by PBMs, citing the recent proposal from CVS Caremark to adopt a QALY threshold.

Van Geertruyden referenced a specific situation in which consideration of QALYs by health insurers had a specific impact on a population of patients in the United States. The incident involved two anti-cholesterol drugs, Praulent and Repatha, which target a protein known as PCSK9.[136] As van Geertruyden explained, "Certain patients with genetic, familial high cholesterol (FH) and some other patients don't respond well to statins [commonplace drugs that reduce high cholesterol]. PCSK9s are designed for this population."[137]

Unfortunately, the first clinical study available on a PCSK9 (Repatha) was of a general population who were at relatively low risk for heart attack and stroke, rather than the patients with high cholesterol that the drug was actually intended to treat.[138] Consequently, some of the benefits of the drug (such as prevention of deaths) appeared lower than they actually were.[139] An initially high cost-per-QALY for these two medications was reported by ICER and, partially as a result of that report, according to van Geertruyden, as well as the higher initial cost of the drug, countless patients who did need the drug were denied it.[140]

The evidence presented neither indicates that QALYs are a controlling variable for all health insurance decisions in the US nor that QALYs are not used by health insurers at all. While few health insurance agencies explicitly mention cost-effectiveness as the basis for their decisions, QALYs and the cost-effectiveness research they support are most likely important evidence that supports and guides, rather than mandates, various courses of action that private health insurers could take.

Ethical Concerns with Respect to the Use of QALYs in the United Kingdom and Their Relationship to Concerns in the United States

The concerns of disability rights advocates, bioethicists, and patient rights groups in the United States who oppose widespread use of QALYs are informed by their use in countries where QALYs play a much more significant role in healthcare decision making. QALYs are a key metric used by the United Kingdom's NICE.[141] The primary purpose of NICE is to decide which drugs and treatments will be funded by Britain and Wales' national healthcare system, the NHS.[142] To do this, NICE analyzes how cost-effective each new drug or treatment is by calculating the treatment's cost per quality-adjusted life year.[143] NICE publicly publishes its analyses of each new drug or treatment, which it refers to as "health technology appraisals" or "guidance."[144]

NICE's reports are known to reduce patients' access to care. This is particularly likely to happen to patients who have a complex condition which

may require intensive, expensive treatment in order to manage it—which describes many people with disabilities.[145] For example, NHS patients lack unrestricted access to most cancer drugs. According to a 2018 Avalere Health study of over 329 HTAs of cancer drugs created by governmental agencies between 2013 and 2017, NICE recommended access restrictions for nearly 70 percent of the cancer drugs it assessed, and it rejected 22 percent of the cancer drugs.[146] By contrast, in the United States, cancer patients gain access to cutting-edge medications earlier and are diagnosed earlier[147] than in the United Kingdom. For some cancers (such as lung cancer) US patients have a higher survival rate than UK patients, which is related to their quicker access to diagnosis and medication.[148]

NICE recommended access restrictions for nearly 70 percent of the cancer drugs it assessed, and it rejected 22 percent of the cancer drugs. By contrast, in the United States, cancer patients gain access to cutting-edge medications earlier and are diagnosed earlier than in the United Kingdom.

Alzheimer's Disease

One prominent example of how NICE's QALY-reliant reports can have a negative impact on patients was its 2005 rejection of the drugs donepezil, galantamine, rivastigmine and memantine for use by patients with mild to moderate Alzheimer's Disease.[149] Alzheimer's Disease is a progressive neurological disease that, over time, reduces and eventually eliminates the affected person's ability to learn and remember new information.[150] The four drugs are standard treatments for Alzheimer's Disease, and mainly maintain rather than improve the affected person's functioning.[151] According to patients with the disease and their families, they significantly benefit from maintaining their functioning at earlier stages of the disease.[152]

NICE's draft recommendations nonetheless found that the drugs were not cost-effective despite evidence of this benefit to patients.[153] Notably, the drug donepezil (Aricept) only cost 2.50 pounds per day per patient in 2007, only 2 years after the draft guidance was released, which at the time was around the price of a cup of coffee.[154]

NICE's recommendations were widely criticized by patients and other prominent stakeholders in the United Kingdom.[155] Several criticisms focused on the validity of QALY calculations used by NICE. The Royal College of Psychiatrists, for example, argued that it made no clinical sense to deny patients with mild and moderate forms of the disease access to the medications, as these would be the very patients who would obtain a greater benefit from retaining a higher level of functioning for longer.[156]

Some researchers and doctors argued that using a quality-of-life focused measure was improper given that it is difficult to estimate health-related quality of life in patients with a progressive neurological disorder.[157] It is difficult to translate the small but important cognitive or behavioral gains from these drugs into evidence of clinical efficacy in controlled conditions.[158] Most evaluations of the quality of life of patients with Alzheimer's Disease were based on the responses of doctors or caregivers, and it was

known that the use of different proxies produced different results, bringing the validity of the utility values into question. Additionally, some individuals have argued that NICE's recommendations were based on limited empirical data that, where it did exist, was entirely invalid when applied to some categories of patients. NICE's 2005 recommendations were based primarily on a US study of Alzheimer's Disease patients who took a specific cognitive functioning test known as the Mini Mental State Exam (MMSE), which the Royal College of Psychiatrists in the United Kingdom argued was highly influenced by age, sex, and English proficiency and was invalid for patients with intellectual and developmental disabilities.[159]

These heavy criticisms prompted NICE to revise its guidelines in 2006, which still restricted access,[160] and led to significant legal challenges by trade associations and the pharmaceutical industry.[161] These efforts failed,[162] and patients with mild Alzheimer's Disease in the United Kingdom were unable to obtain the drugs until 2010, when NICE again changed its guidelines, likely due to a committed campaign by patients and patient rights organizations.[163] Currently, NICE recommends the use of the first three drugs for all patients and the last drug for patients with severe Alzheimer's Disease.[164]

To a certain extent, the limitations NICE imposes on patient access to care in England and Wales are mainly due to the United Kingdom's national healthcare system. The NHS has a limited budget and yet must provide care to all citizens. The issue of how to allocate scarce funds is therefore particularly pressing. A UK reporter argued that the United Kingdom has no choice but to limit patient access to high-cost treatments, even if it means utilizing metrics such as QALYs, because paying for high-cost drugs depletes the NHS's funds and therefore its capacity to serve many more people than the few who benefit from a high-cost treatment.[165] However, similar problems exist in the US's national healthcare programs, which must provide a basic level of care to everyone who is eligible. While this type of rationing may be inevitable in healthcare, it nonetheless poses an existential threat to many people with disabilities. Crucially, there may be alternatives to the use of the quality-adjusted life year. For more information on the alternatives that have been proposed, see Chapter 5, "Alternatives to the Use of QALYs."

A UK reporter argued that the United Kingdom has no choice but to limit patient access to high-cost treatments, even if it means utilizing metrics such as QALYs, because paying for high-cost drugs depletes the NHS's funds and therefore its capacity to serve many more people than the few who benefit from a high-cost treatment.

Cystic Fibrosis

NICE's treatment of the cystic fibrosis drug Orkambi (lumacaftor/ivacaftor) illustrates the risks QALYs pose to people with rare and complex conditions even when the cost-effectiveness assessment does not assign patients a markedly reduced health utility value. Cystic fibrosis is a genetic disease which causes thickened mucus

secretions to progressively block the lungs and digestive system.[166] Eventually, most people with CF will die from respiratory failure.[167] In 2017, the median age of death for patients with CF in the UK was 31 years.[168]

Until recently, only treatments for the symptoms of CF existed. Nebulized medications such as Pulmozyme and hypertonic saline thin mucus so it is easier to clear, but do not correct the defect leading to the production of thickened mucus.[169] Orkambi, manufactured by Vertex Pharmaceuticals, is a member of a new class of drugs known as CFTR modulators.[170] These drugs partially restore correct production and function of the protein that is defective in cystic fibrosis.[171] Each CFTR modulator is only clinically appropriate for a subset of CF patients with specific mutations.[172]

In July 2015, the FDA approved Orkambi for patients 12 years and older with homozygous F508del mutations.[173] About half of CF patients in both the United States and the United Kingdom have this genotype. NICE issued an initial rejection in mid-2016, estimating the drug's incremental cost-effectiveness ratio to be between £218,248 to £349,337 per QALY (approximately $280,000 to $460,000 per year; the lower value relies on the assumption that after 10 years, prices would be reduced by the introduction of a generic).[174] NICE's officially recommended cost-effectiveness threshold window is far below this, ranging from £20,000 to £30,000 per QALY.[175]

The detailed justification of NICE's cost-effectiveness assessment illustrates the problems with attempting to capture treatment benefits perceived by people with disabilities using general population measures. Though many adults with CF have significant functional limitations and may spend weeks per year in the hospital or on home IV treatments, patients often give high ratings on general quality of life (QoL) scales.[176] Patients in Vertex's study gave baseline health-related QoL ratings on NICE's preferred instrument that corresponded to a median health utility value of 1, equivalent to the healthy, nondisabled population.[177] This left no room for subjective improvement in quality of life. The NICE appraisal states that "both the clinical and patient expert explained [to the committee] that people with cystic fibrosis may perceive their health-related quality of life to be equivalent to that of people without cystic fibrosis because they have never known any other health state."[178] However, the committee "understood from the clinical experts that they considered that the 5 dimensions of the EQ-5D questionnaire generally captured most of the important effects of cystic fibrosis" and deemed there to be insufficient evidence that the general population measure was inappropriate.[179] As a result, the estimated cost-per-QALY for Orkambi could only incorporate its predicted longevity benefit.

In the United States, ICER has also used the QALY to evaluate Orkambi's cost-effectiveness.[180] ICER chose to assign health utility values based on a measure of patients' lung function.[181] A CF patient's health utility value could be at minimum 0.625 and at maximum 0.92.[182] This meant that the expected reduction in rate of disease progression could be reflected in increased amounts of time at higher utility values. However, this degree of discounting meant that ICER's assessment resulted in an incremental cost-effectiveness ratio of $890,700 per QALY,[183] much higher than NICE's estimate (and providing justification for potential denial of coverage by payers).

In both evaluations, patients are disadvantaged by the forced tradeoff between increased length and quality of life. Additionally, the discrepancy in methods and assessed treatment value make the metric's claimed objectivity seriously questionable.

Three years after NICE's initial rejection, CF patients still do not have access to Orkambi on the English NHS. In the summer of 2018, NHS England offered to cover all of Vertex's existing and future therapies at a 90 percent reduction from the list price.[184] This would amount to less than £10,000 per patient per year.[185] This cost is less than that of Pulmozyme, a symptomatic treatment first approved by the US FDA in 1993.[186] Vertex has refused this offer, stating that it would set a precedent for price negotiations in other countries that would make funding further research and development impossible.[187]

[S]trict prioritization that is overly reliant on QALYs, similar to the kind utilized in the United Kingdom, is contrary to US civil rights law and disability policy.

Use of Similar Models in United States National Health Insurance Programs

Disability and patient rights advocates have expressed concerns that, as the United States increasingly attempts to find ways to save money in healthcare contexts, it will look towards modeling its own national health insurance programs after those in the United Kingdom and other countries that use QALYs. Some US government agencies are already investigating the prospect of doing so. The Centers for Medicare and Medicaid recently published an Advance Notice of Proposed Rulemaking (ANPRM) which proposes an International Pricing Index (IPI).[188] The IPI would base the prices of certain drugs covered under Medicare Part B on reference prices from 16 other countries. Many of these countries—for instance, the United Kingdom, Ireland,[189] and Canada[190]—use QALYs to make benefits and coverage decisions and limit their healthcare costs. At the state level, the Drug Utilization Review board in New York voted unanimously in April 2018 to recommend that state Medicaid payments for Orkambi be reduced by 70 percent in order to meet ICER's recommended maximum threshold of $150,000 per QALY. Drug manufacturers are unlikely to accept such extreme price reduction demands, posing a threat to treatment access for patients in states choosing to enforce cost-effectiveness thresholds.

The failure of Oregon's initial waiver is instructive. While some consideration of cost-effectiveness is reasonable in national health insurance programs, strict prioritization that is overly reliant on QALYs, similar to the kind utilized in the United Kingdom, is contrary to US civil rights law and disability policy.

Chapter 4: Case Study: CVS Caremark

Introduction

NCD's case study for this report investigates one particular upcoming use of the quality-adjusted life year in the United States: the PBM CVS Caremark's recent decision, in August 2018, to allow self-insured employers to exclude drugs from their formularies that were found to not be cost-effective, based on the cost exceeding a threshold of $100,000 per QALY.[191] CVS Caremark's decision is controversial. A wide variety of stakeholders have spoken on how CVS Caremark relates to the viability of QALYs as a means to cut healthcare costs and aid healthcare coverage decisions in the United States. While some stakeholders lauded the decision as a victory that would drive down costs for consumers, others were concerned that CVS Caremark's use of QALYs would lead to blanket, one-size-fits-all coverage decisions that would prevent people with disabilities from accessing the medications and treatments that they need.

Background

CVS Caremark is a type of company known as a pharmacy benefit manager, or PBM. PBMs contract with health insurers and employer sponsors of health insurance plans and act as administrators of their prescription drug benefits.[192] Their clients are diverse, and can be private health insurance companies, employer sponsors of employee health insurance plans, and state Medicare and Medicaid agencies, among others.[193] While PBMs began largely as "middlemen" who processed health insurance claims, they now have many other important roles in the health insurance industry.[194] Modern-day PBMs can: (1) help determine which drugs will be covered by aiding in the development of drug formularies; (2) make reimbursement decisions, deciding how much pharmacies in their client's network will be reimbursed for their services; and (3) operate pharmacies themselves.[195]

PBMs, given that they manage the prescription drug benefits of more than 266 million Americans according to the Pharmaceutical Care Management Association,[196] have significant influence over what drugs are and are not covered by health insurance. According to Ne'eman, PBMs are, from the insured person's perspective, "payers themselves."[197] CVS Caremark is a particularly large PBM. CVS Caremark, along with two other PBMs, Express Scripts and OptumRx, administer 70 percent of

all PBM-managed prescription drug claims in the United States.[198] Any action CVS Caremark takes, therefore, has an impact on the lives of millions of Americans.

CVS Caremark's Decision

In August 2018, CVS Caremark released a white paper titled, *Current and New Approaches to Making Drugs More Affordable.* The white paper described the steps that CVS Caremark intends to take to reduce the cost of prescription drugs in the United States.[199] One of the steps CVS Caremark described in its white paper is "Reducing Launch Price Using Comparative Effectiveness." In the white paper, CVS Caremark stated that parts of Europe have a loose cost-effectiveness threshold of $50,000 per QALY, which in CVS Caremark's view encouraged drug manufacturers in Europe to launch new prescription drugs at lower prices in order to meet this threshold.[200] CVS Caremark stated that the US "does not have any such programs," and that therefore the launch prices of new prescription drugs in the United States continues to rise.[201]

CVS Caremark then explained that it was launching a new program, which would allow some of the PBM's clients to exclude from their drug formularies any drug with a launch price greater than $100,000 per QALY.[202] CVS Caremark would use the HTAs produced by ICER to determine whether a drug's launch cost-per-QALY fell below or at the threshold.[203] CVS Caremark's policy is only available to self-funded insurance plan sponsors, who are mostly employers.[204] CVS Caremark's policy does not affect "breakthrough therapies," which are medications that the Food and Drug Administration deems more effective at treating a "serious or life-threatening" condition than existing therapies.[205] CVS Caremark's theory was that if enough PBM clients agree to exclude drugs from their formularies in this manner, drug manufacturers will be forced to lower the launch prices of their drugs.[206]

PBMs, given that they manage the prescription drug benefits of more than 266 million Americans according to the Pharmaceutical Care Management Association, have significant influence over what drugs are and are not covered by health insurance.

Responses to the CVS Caremark Decision

CVS Caremark's decision attracted controversy as soon as it was published, with both positive and negative responses written in response to CVS Caremark's announcement.

Positive responses emphasized the significant role that drug manufacturers play in driving up the price of prescription drugs, and saw CVS Caremark's policy as a "bold move" to curtail expanding launch prices.[207] Max Nisen, a *Bloomberg Opinion* columnist, stated that CVS Caremark's policy was a positive change but that it "did not go far enough," suggesting that CVS Caremark should also exclude "breakthrough therapies" as they were becoming more commonplace and were often highly expensive.[208] The online magazine *Vox*, summarizing the statements of Dr. Wallid Gellad, stated that "Stricter formulary designs are one of the few direct tools that might be

able to influence drug manufacturers' behavior," and Gellad said that "something like this is the inevitable future."[209] However, Gellad criticized CVS Caremark's exclusive use of ICER's cost-effectiveness analyses, stating that "the idea that we base something solely on a cut point determined by one cost effectiveness analysis from ICER is a big step to take."[210] Gellad, like Nisen, also wondered if the new program would actually impact that many drugs, given that it would exclude high-cost "breakthrough" drugs.[211]

Negative responses emphasized the arbitrary nature of the $100,000 cost-per-QALY threshold, the inability of QALYs and other kinds of cost-effectiveness to fully gauge a medication's worth to patients, and the danger that the use of QALYs will greatly reduce access to care. Robert W. Dubois, of the National Pharmaceutical Council, stated that evaluating all medications for all conditions using a single $100,000-per-QALY cutoff threshold was "inappropriately blunt" and arbitrary. Dubois noted that most other entities that use cost-effectiveness, including ICER itself, either use variable thresholds (such as between $100,000 to $150,000 per QALY) or do not use their threshold as an absolute cut-off point.[212] He stated that a singular threshold did not account for significant differences between how different patients with the same condition can respond to a medication.[213] Two subgroups of patients with the same condition could receive a different number of QALYs, and thereby a different cost per QALY[214] would be calculated for the drug. Dubois also said that CVS Caremark's plan failed to account for societal benefits of a drug, such as reduced caregiver burden or increased productivity.[215]

Patient rights organizations shared Dubois' concerns and additionally criticized CVS Caremark's proposed use of the quality-adjusted life year itself. Tony Coelho of the Partnership to Improve Patient Care (PIPC) argued that CVS Caremark's new policy, by relying on QALYs, would discriminate against people with disabilities and elderly people in the ways described in Chapter 2, "Bioethics and the Quality-Adjusted Life Year,"[216] in that QALYs will undervalue treatments for people with chronic conditions and disabilities who can never be returned to "perfect health," as defined by researchers using QALYs. Ninety patient and disability rights organizations signed onto a September 2018 letter to CVS's CEO, Larry Merlo, which opposed the policy.[217] Disability rights advocates raised similar concerns, and highlighted the particularly negative impact of such a policy on people with rare diseases and conditions.[218]

Ninety patient and disability rights organizations signed onto a September 2018 letter to CVS's CEO, Larry Merlo, which opposed the policy.

Some news outlets primarily commented on the relationship between CVS Caremark's new policy, the Institute for Clinical and Economic Review, and QALYs. Economics magazine *Forbes,* for instance, commented that ICER's methodology was very similar to the methodology used by the United Kingdom's NICE agency, and titled its article, "Will CVS Caremark Make ICER the American NICE?"[219] ICER has defended its use of QALYs in response to the widespread criticisms of the metric by patients

and disability rights groups. An ICER representative stated the following:

> QALY is recognized as the gold standard for measuring how much a treatment improves patient lives, and it effectively rewards innovative medicines that significantly improve the lives of patients most in need. Patient populations that start off with a lower quality of life—whether because of a serious chronic illness or disability—actually represent the greatest opportunity for treatments to achieve a significant improvement in QALYs.[220]

CVS Caremark's Response to Criticisms and Stakeholder Concerns

CVS Caremark's initial response to the criticisms has been limited. In a *HealthAffairs* blog article responding to Dubois, CVS representatives Troyen Brennan and Surya Singh explained that the cost per QALY is determined by both the medication's impact on "quality of life" (as measured by QALYs) *and* the price the manufacturers set for the drug.[221] Given this, a manufacturer could lower the drug's cost-per-QALY by setting a lower launch price for the drug.[222] The article did not address concerns that QALYs inherently undervalue certain categories of patients, and describes QALYs as a "quantitative method" that "help[s] stakeholders compare the costs and effectiveness of medications."[223] They also do not address Dubois' concern that a singular cost-per-QALY threshold does not account well for situations in which different groups of patients respond differently to a medication and thereby generate different cost-per-QALY estimates for the same drug.[224]

"Will CVS Caremark Make ICER the American NICE?"

An article by *STAT News* in September 2018 reports that CVS Caremark is engaged in discussions with representatives of some of the 90 groups that signed PIPC's September 12th letter.[225] Troyen Brennan, CVS's Executive Vice President said, "It behooves us to spend some time to understand the concerns of the disability community and, if necessary, modify the measures so the process treats every life as being of equal value. We'll go with the program we have now, but we're looking for ways that we might modify it down the line."[226] As of the time the article was written, CVS Caremark's policy was still set to begin in 2019.[227]

Conclusion

As of February 2019, there was no news available that indicates the impact of CVS Health's implementation of its new policy. Its ultimate effect on patient access to prescription medications is therefore unknown. The discussion surrounding CVS Caremark's new policy, however, brought the QALY into the public eye. CVS Caremark's status as one of the largest pharmacy benefit managers in the United States meant that its change in policy could have an impact on millions of Americans, particularly Americans with disabilities. Central to the debates about CVS Caremark's policy was its use of QALYs, and whether or not it can be used as a tool to control rising prescription drug costs without harming patients with chronic illnesses and people with disabilities. Some individuals

lauded CVS Caremark's attempt to bring down prescription drug costs, while others raised reasonable concerns about CVS Caremark's use of both a bright-line cost-effectiveness threshold and the flawed but ubiquitous QALY. NCD presents this case study as an overview of the arguments for and against use of QALYs in benefits and coverage decisions, and recommends that the Department of Health and Human Services carefully consider all of the issues and avoid the use of QALYs or any similar metric in its own health programs.

Chapter 5: Alternatives to the Use of QALYs

Various alternatives to the use of quality-adjusted life years have been proposed. These alternatives differ from one another in a variety of ways, including: (1) whether or not the alternative attempts to serve all of the same functions as QALYs; (2) whether the alternative uses the same means of assessing which treatments are most "valuable" as conventional QALYs, or whether it uses a different means of assessing the "value" of a treatment; and (3) whether the alternative has actually been used in practice, or whether it is only theoretical.

In response to criticism from disability rights activists regarding the QALY, in December 2018, ICER announced their intent to use a supplementary measure in addition to the QALY, entitled the equal value of life years gained (evLYG).

Equal Value of Life Years Gained (evLYG) Supplementary Measure

In response to criticism from disability rights activists regarding the QALY, in December 2018, ICER announced their intent to use a supplementary measure in addition to the QALY, entitled the equal value of life years gained (evLYG). The evLYG is intended to act as a supplement, rather than a replacement, for the QALY. It offers an additional unweighted measure of years of life extended utilizing particular treatments (without the reduction in value of a year of life extended created by the use of a health utility or disability weight), intended to allow an observer or payer to see if there is a significant discrepancy between the QALY and evLYG outcome. Early use of the evLYG indicates that there are such discrepancies. For example, in ICER's analysis of Spinraza, a new breakthrough therapy for Spinal Muscular Atrophy with significant life-extension potential, ICER concluded that utilizing a $100,000 to $150,000 per Quality-Adjusted Life Year (QALY) threshold, Spinraza's maximum permissible reimbursement level for people with presymptomatic SMA would be $72,000 to $130,000 for the first year of treatment and between $36,000 to $65,000 for each successive year. Utilizing the evLYG at the same monetary threshold, the maximum permissible reimbursable price would be between $83,000 to $145,000 during the initial year and $41,00 to $72,000 for each successive year. Both are significantly below Spinraza's cost of $750,000 for the initial year and $375,000 per year thereafter, suggesting that Spinraza would not be covered

under QALY systems or systems that utilized the QALY and the evLYG together. (In the United Kingdom, Spinraza is not covered due to the QALY analysis conducted of the drug by NICE.)

There are other challenges to the evLYG that indicate that it is not a suitable alternative to the QALY. First, as evidenced by the assessment of Spinraza, denial of coverage is possible under the QALY/evLYG system, even where a drug would provide significant clinical benefit, including life extension. Second, the QALY/evLYG system still relies on health utility weights to measure quality of life improvements, despite the fact that such measures are typically derived from survey data and do not account for the complexity of the preferences and experiences of people with disabilities. Third, the QALY/evLYG system affords no opportunity to account for clinical knowledge not reflected in the research literature, a significant concern articulated in Chapter 1. Finally, even within the narrow emphasis on life extension, ICER provides no guidance to payers as to which reimbursement level to prioritize—the one derived from the QALY or the one derived from the evLYG.

Not Using QALYs When Determining Cost-Effectiveness

Payers could simply not use QALYs when determining the cost-effectiveness of treatments or drugs at all. QALYs are only *one* possible outcome measure that researchers could use to determine the impact of a treatment on extension of life and quality of life.[228] Cost-effectiveness studies could instead use other measures that present fewer ethical problems, or simply are better at expressing the true benefit patients gain from treatment, than QALYs.

For example, the researcher could determine the number of individual cases of disease prevented, the number of deaths that were prevented, the number of years of life that were saved or would be saved, or any other possible benefit of the treatment. Payers could then evaluate whether this health outcome was worth the cost of the treatment.[229] Ariel Beresniak provides an example where, for rheumatoid arthritis, if the benefit of the treatment is remission, the researcher could determine the "cost per clinical remission."[230] The use of cost-effectiveness generally may still devalue clinically effective but high-cost treatments (such as, especially, cancer treatments),[231] which may harm individuals with disabilities and other chronic illnesses.

[T]hey could use a cost-benefit analysis, which converts the health outcomes resulting from treatment into an amount of money and then subtracts that amount of money from the cost of the treatment.

Instead of using a cost-effectiveness analysis, policymakers and researchers could also determine whether a treatment's value outweighs its costs in some other way. For instance, they could use a cost-benefit analysis, which converts the health outcomes resulting from treatment into an amount of money and then subtracts that amount of money from the cost of the treatment.[232] For example, in a cost-benefit analysis, an insurer could determine how much money the insurer would save if a specific type of cancer were treated (as compared to the costs of hospitalization) and then subtract that amount of money from the cost of the cancer treatment.

There are still ethical concerns about the use of cost-benefit analysis in a healthcare context. One concern is that converting healthcare outcomes into money is a controversial idea that is often described as "putting a dollar value on life." This is also similar to the idea of "cost per QALY," which is also a way of putting a cost on a healthcare outcome and determining whether the cost is reasonable.[233] Nonetheless, cost-benefit analysis is one of the more frequently used alternatives to cost-effectiveness analysis. Cost-benefit analysis is commonly used in non-healthcare sector contexts that still concern public health and wellness. For instance, the Environmental Protection Agency uses cost-benefit analyses when analyzing the impact of its environmental regulations. These regulations are analyzed primarily in terms of the degree to which they improve the health of the American public at large.[234] The Environmental Protection Agency has experimented with the idea of using QALYs,[235] but primarily uses cost-benefit analysis.[236]

Multi-Criteria Decision Analysis

Multi-criteria decision analysis (MCDA) is another alternative to QALYs that better acknowledges the complexity of healthcare decision-making. As explained by the Innovation and Value Initiative, MCDA allows decision-makers to simultaneously consider many different factors relevant to a healthcare decision (such as cost, clinical outcomes, and administrative burdens) and determine how important each of these factors is to them.[237]

A payer using MCDA would first rank each factor that is relevant to the decision against one another.[238] For instance, the decision-maker would determine whether clinical outcomes or cost matters more to them in a healthcare decision. Each of the criteria would then be given a weighted "score" representing that criteria's importance to the decision-maker. Normally, when MCDA is used, there are a great many criteria that are being ranked in order of importance—sometimes as many as 15.[239]

MCDA allows decision-makers to simultaneously consider many different factors relevant to a healthcare decision (such as cost, clinical outcomes, and administrative burdens) and determine how important each of these factors is to them.

Next, researchers would compare how each of the *treatments* being considered relate to one another. For example, Treatment A might have better clinical outcomes, but Treatment B costs less. Researchers would then create a score representing how each of the treatments fare with respect to each of the criteria being considered. For example, Treatment A would receive a higher score for clinical outcomes than Treatment B, but a lower score for cost.

The next step is dependent on the decision that's being made and the criteria that are being assessed, but when making a health care decision, it often involves generating a single average weighted score for each treatment that is the aggregate of both how the treatment scores on each of the criteria and how important those criteria are to the decision-maker, which then shows the relative value of the treatments to one another.[240]

MCDA has a variety of possible applications. For example, the Innovation and Value Initiative uses MCDA in its condition-specific model for rheumatoid arthritis. The model is intended to help a variety of different healthcare decision-makers determine the value of different anti-rheumatic (that is, anti-arthritis) drugs to them.[241] Importantly, the model can be altered to allow the decision-maker to consider how the drug will impact different subgroups of patients, such as subgroups of patients of a specific age, gender, severity of arthritis, etc.[242] As established in the section "QALYs Fail to Distinguish Between Subgroups of Patients with the Same Condition," QALYs' limited use for these purposes is a flaw of QALYs. Some stakeholders, such as some health economists, feel that use of MCDA is the most promising alternative to QALYs.[243]

MCDA does possess a number of flaws, the largest of these being ease of use. Researchers must accurately weigh what can be a large number of possible criteria accurately to make decisions. Additionally, according to Beresniak, many MCDA models are more complex than QALYs and may require a greater degree of expertise in order to be used.[244] However, given that MCDA can be used to compare a wide variety of health-related criteria simultaneously—including both life extension, specific clinical benefits of treatment, and quality of life—a form of MCDA may represent the most likely effective alternative to the use of QALYs. NCD recommends that a condition-specific form of MCDA, with values based upon the perspectives of patients with the condition as seen in the Patient Perspective Value Framework, be utilized by payers to gauge the cost-effectiveness of treatments for the same condition.

Alternatives to QALYs That Use Primarily Patient Preferences

Patient rights groups believe that the best alternatives to QALYs allow patients with the condition being treated to define which treatments for the condition are of the highest "value," and also what a "high-value" treatment is. While public and private insurers consider low-cost, clinically effective treatments to be of the highest value, patients may consider a wider variety of factors as important, such as the treatment's impact on the ability to maintain relationships with one's family and friends.[245] Patient rights groups also argue that a good alternative to QALYs allows patients to evaluate the costs and benefits of a treatment across multiple areas of patients' lives.

Patient Perspective Value Framework

FasterCures' "Patient Perspective Value Framework" (PPVF) is a value framework that may satisfy PIPC's criteria.[246] While the PPVF has not yet been used extensively, FasterCures provides general examples of how the PPVF could be used in a number of situations, including by individuals as a decision-making aid and by public healthcare programs.[247]

The PPVF is divided into five broad "domains," which are the five types of information patients usually consider when making healthcare decisions.[248] These five domains are:

- **Domain 1: Patient Goals and Preferences,**
- **Domain 2: Patient-Centered Outcomes,**
- **Domain 3: Patient and Family Costs,**
- **Domain 4: Quality and Applicability of Evidence, and**
- **Domain 5: Usability and Transparency.**[249]

Information from Domains 1 through 4 is used by the decision maker to determine how valuable a drug or treatment is as compared to another drug or treatment, or multiple drugs or treatments, for the same condition. Researchers first attempt to determine what patients with the condition being treated value most in a healthcare treatment—that is, evidence for Domain 1. They then gather evidence related to: (1) Domain 2, which represents the health benefits and drawbacks of each intervention or drug for the patient; (2) Domain 3, the financial costs to the patient; and (3) Domain 4, how high-quality and comprehensive the evidence of a drug or treatment's clinical effectiveness is. Domain 5 acts as a "foundation" for the other four Domains. A metric must be usable to be useful.

Researchers then weight the evidence from Domains 2, 3, and 4 based on the evidence they gathered for Domain 1, which is evidence of the goals and preferences of patients with the condition.[250] PPVF then assigns a score to each treatment based on these calculations. PPVF's assessment method appears similar to a form of multicriteria decision analysis, described further in the "Multicriteria Decision Analysis" section, which specifically considers matters of import to patients.

The PPVF uses "patient goals and preferences" to evaluate a far broader array of information about a treatment's impact on patient quality of life than whether the treatment extends life or has an impact on the specific, limited aspects of health-related quality of life typically measured by QALYs. For example, Domain 2, "Patient-Centered Outcomes," uses patient preferences to evaluate the complexity of the treatment regimen and the treatment's risks, side effects, and complications for patients.[251] This is a more realistic assessment of the myriad possible impacts a healthcare treatment can have on the lives of patients. The broader array of quality of life considerations would also prevent two treatments from receiving the exact same score, as no two treatments would have exactly the same impact on every single domain.

The PPVF uses "patient goals and preferences" to evaluate a far broader array of information about a treatment's impact on patient quality of life than whether the treatment extends life or has an impact on the specific, limited aspects of health-related quality of life . . .

PPVF and similar methods can only be used to compare two different drugs or treatments for the same condition.[252] Payers could not use the PPVF to determine whether a drug for cystic fibrosis would be of higher value than a drug for hypertension. Some stakeholders feel that this would not be a flaw at all, as it protects against many of the ethical issues that occur when QALYs are used to compare unlike treatments. The PPVF has never been used, however.[253] It is therefore unclear how it would operate in practice.

The Efficiency Frontier

The German Institute for Quality and Efficiency in Health Care has adopted a method of assessing cost-effectiveness known as the efficiency frontier.[254] Generally, an "efficiency frontier" in

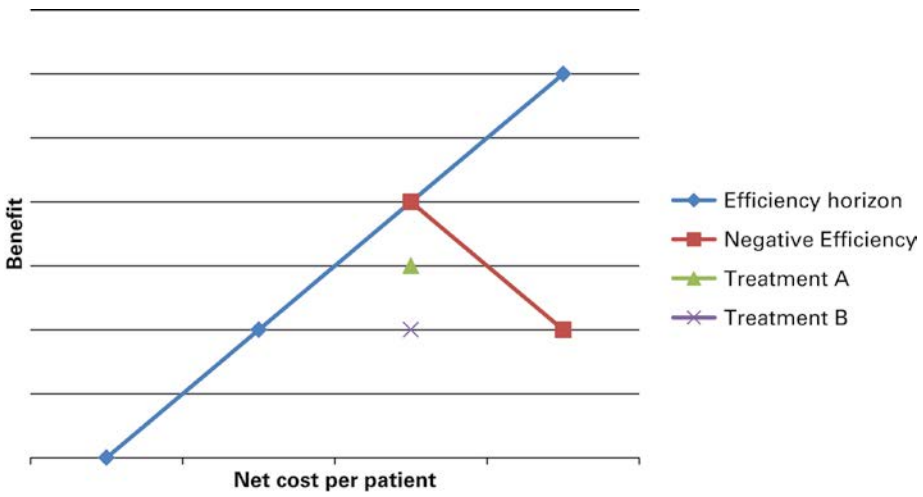


Figure 1. Example of an efficiency frontier.

Source: German Institute for Quality and Efficiency in Health Care.[257]

economics is the set of possible actions that offer either the greatest possible benefit for the cost involved or the lowest possible cost for the amount of benefit involved.[255] A set of possible actions can be expressed as points on a scatter plot, and the "efficiency frontier" can be expressed as any of these points that line up with a line going through the center of the graph.[256] Figure 1 is an example of an efficiency frontier.

The line going through the center of the graph is the efficiency frontier. The points on the graph represent, in the healthcare-specific example in Figure 1, treatments. The points along the line represent the most cost-effective options. While in an investment context, no points above the line could exist, in a healthcare context, they would represent healthcare treatments that are highly cost-effective, or much more cost-effective than current approaches.[258]

The approach Germany proposed for evaluating healthcare treatments is to place the cost per patient on the x-axis (horizontal axis) of the graph, and the possible benefit on the y-axis (vertical axis) of the graph.[259] The researcher would then add points to the graph representing different possible treatments for the same condition, and could use the resulting scatterplot to see which of these treatments is most cost-effective—such as how cost-effective a new treatment would be as compared to current treatments.[260]

Generally, an "efficiency frontier" in economics is the set of possible actions that offer either the greatest possible benefit for the cost involved or the lowest possible cost for the amount of benefit involved.

The graph format allows health economists to easily compare the costs and benefits of various interventions to one another. For example, in Figure 1, the "negative efficiency" line shows that

the hypothetical treatment represented by the red point closest to the blue line is clearly more cost-effective than the red point farther away. However, Treatment A provides slightly more benefits but costs more than the treatment on the blue line beneath it, though it is less cost-effective than the treatment on the line above it.

A researcher using an efficiency frontier could determine that the benefit of a lung cancer treatment was "restoring/maintaining lung function," and determine a way to measure lung function in terms of percentages or numbers.[261] The researcher could also determine how much each lung cancer treatment would cost per patient per year. The researcher would then graph each lung cancer treatment along a scatter plot where "restoring/maintaining lung function" was the benefit on the y-axis, and cost per patient per year was along the x-axis. The researcher could then see visually which lung cancer treatments were the most efficient use of resources.

The main benefit of this approach is that it is clear, easy to use, and transparent. Additionally, it does not require the health economist to use QALYs as the measure of a treatment's benefit.[262] The benefit on the graph could instead be the specific benefit that comes from the treatments, rather than an arbitrary number representing only some limited aspects of "quality of life" combined with the extent to which a treatment extends life. However, if QALYs are not used, it would only be possible to look at either one benefit of a healthcare treatment at a time, or different benefits that have been aggregated into a single number.[263]

Are There Alternatives to QALYs That Perform the Same Functions as QALYs?

QALYs continue to enjoy widespread use by health economists, researchers, and policymakers internationally and in the United States, despite the existence of alternatives. This is likely because, as multiple researchers have noted, QALYs are: (1) easy for policymakers to use (as they combine quality and quantity of life together and so payers would not need to determine how effective the drug is at improving quality and quantity of life separately); (2) well-established; and (3) allow policymakers to compare unrelated treatments to one another. As explained in the sections pertaining to each alternative, no one alternative serves all of the functions of QALYs.

Many health economists have remarked that one of the reasons QALYs persist despite their flaws is that there is no perfect replacement.

Many health economists have remarked that one of the reasons QALYs persist despite their flaws is that there is no perfect replacement. These individuals have stated that while QALYs are imperfect at best, there are no sufficiently developed alternatives to QALYs and therefore QALYs remain "the best option available."[264] Other stakeholders disagree with this premise. Beresniak has argued that it is not sufficient, if QALYs lack scientific validity and do not measure what they claim to measure, to simply state that QALYs are the "best" option available, although he, too, says that no single alternative can act as a replacement.[265]

Some of the individuals NCD interviewed argued that *no* metric should serve all of the

functions of QALYs, such as comparing unrelated treatments to one another.

Stramondo remarked,

> I think it would be impossible to make judgments about how different technologies impact something as complex as quality of life. You could make a good judgment on Assistive Devices A and B assisting with the same function. Wheelchair A and B could be better or worse at assisting the same function. You could make comparisons among treatments with similar goals. The problem is when you want to compare an anti-nausea medication against a new stair-climbing wheelchair. How do you decide which one to fund based on which improves quality of life more? A concept like quality of life is so multidimensional, that's really tricky and probably impossible.[266]

Ne'eman stated something similar:

> There's no reason why you must conflate life extension and disability mitigation into a single number. The only reason to do that is because they want a measure that can be used across categories, [a measure] that can compare a cancer and a cystic fibrosis drug. If you don't require comparisons across categories, you can use diagnosis-specific measures. . . . I advocate saying, "Let's compare cancer drugs to other cancer drugs."[267]

Dr. Steve Pearson of ICER stated, "In my view, the current system is not working for patients, and [they're] being harmed every single day by the fact that the prices for drugs and treatments are so poorly aligned for their benefits." He believes it is "healthy for us to help force these questions into the forefront and have them in public as uncomfortable as they may be . . . [it is] important enough given the cost and the access problems . . . to try to do it in the open and [to] try to use evidence of cost-effectiveness as one important anchor [for] that discussion."[268] Pearson's concerns are shared by many in the United States.

While these conversations are clearly necessary, it is not clear that QALYs are the best means of facilitating such conversations. There may be alternative means of incorporating "value" into healthcare coverage decisions.

Chapter 6: Recommendations

Congress

When enacting health reform bills, Congress should:

- Avoid creating provisions of any bill that would require the agency with management and oversight responsibilities (such as, for example, HHS) to cover only the most cost-effective drugs and treatments, or to require the agency to impose restrictions on less cost-effective treatments.

Congress should pass legislation:

- Prohibiting the use of QALYs by Medicaid and Medicare.
- Congress should provide funding to HHS for research on best practices on the use of cost-effectiveness to inform benefits and coverage decisions with respect to United States national health insurance programs, such as Medicare and Medicaid. "Best practices" in this case refers to a means of utilizing cost-effectiveness research that facilitates greater access to care and does not reduce access to care for people with chronic health conditions and disabilities.
- Congress should fund a report by the Government Accountability Office that examines how cost-effectiveness studies influence agency decision making, particularly cost-utility analysis (CUA) studies.

Department of Health and Human Services (HHS)

- HHS should consider including explicitly recruiting people with disabilities and chronic illnesses as members of committees and working groups formed to develop effective healthcare reform and strategies for lowering the cost of prescription drugs.
- HHS should support healthcare providers by issuing guidance on what steps to take if their patient's health insurance agency refuses to cover recommended treatment on the basis of that treatment's cost-effectiveness.

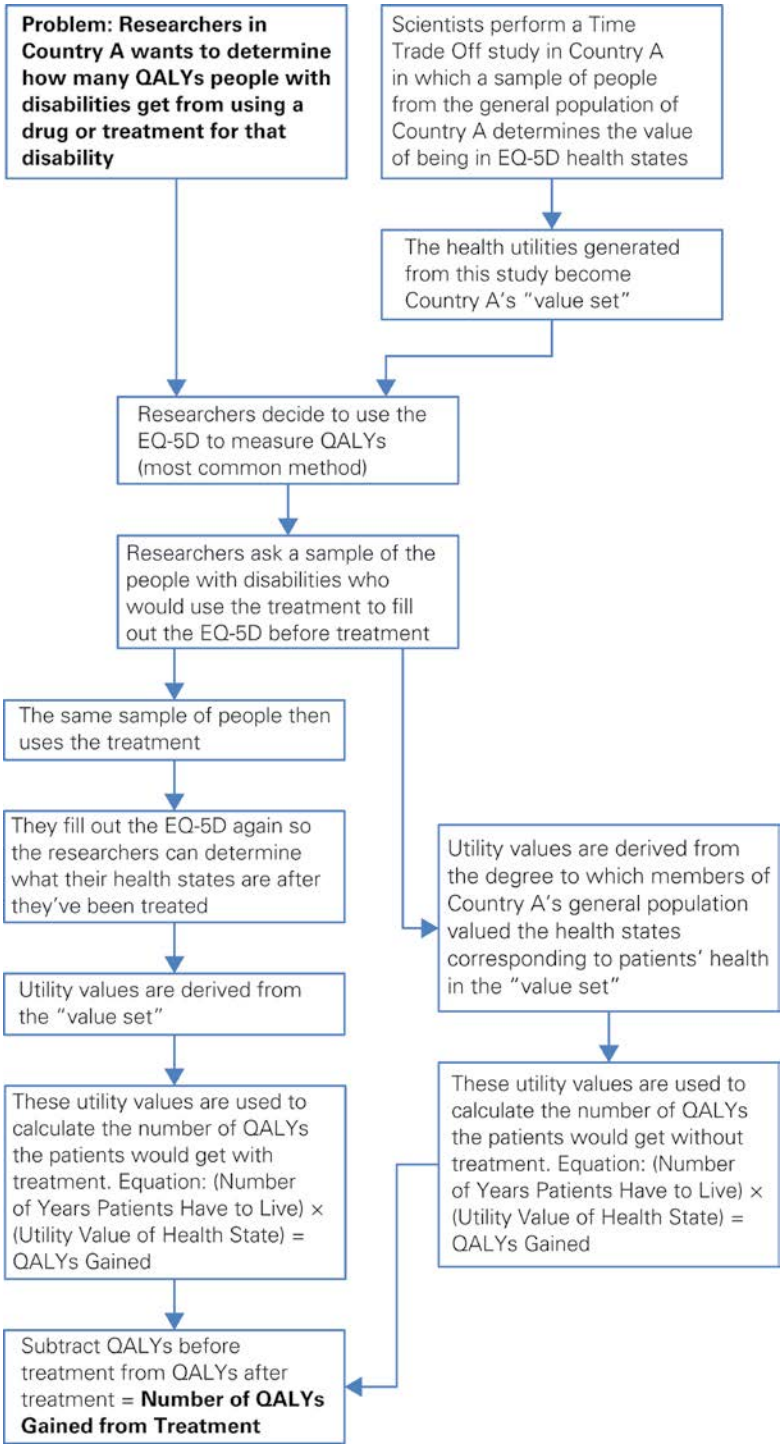
US Department of Health and Human Services (HHS) Office for Civil Rights (OCR); US Department of Justice (DOJ) Civil Rights Division

- DOJ and OCR should jointly issue guidance clarifying that the ADA applies to coverage programs that states operate, such as Medicaid.
- OCR, in consultation with DOJ as appropriate, should issue guidance to HHS sub-agencies, such as the Centers for Medicare & Medicaid Services as well as to State Medicaid Agencies, clarifying that:
  - Section 504 and Section 1557 also apply to Medicaid programs because they receive federal financial assistance. The guidance should specifically discuss how these authorities apply to benefits and reimbursement decisions, and that payment decisions should not rely on cost-effectiveness research or reports that are developed using QALYs; and
  - Section 504 and Section 1557 apply to health insurance programs operated by recipients of federal financial assistance from HHS. The guidance should discuss that covered health insurance programs should not rely on cost-effectiveness research or reports that gather input from the public on health preferences that do not include the input of people with disabilities and chronic illnesses.

HHS Centers for Medicare and Medicaid Services (CMS)

- CMS should utilize well-established alternatives to QALYs, such as Multicriteria Decision Analysis, which is a method that better acknowledges the complexity of healthcare coverage decisions, or cost-benefit analysis, when the exact benefits and costs of a drug or treatment are known. CMS could utilize these methods in combination, such as using cost-benefit analysis as one component of a Multicriteria Decision Analysis. If CMS does utilize cost-effectiveness analysis, it should consider utilizing it as one component of a condition-specific Multicriteria Decision Analysis.
- CMS should refrain from pursuing means of reducing Medicare and Medicaid prescription drug costs that attempt to model US pricing after the pricing in other countries, which may heavily rely on QALYs and often deny people with disabilities access to needed care.
- CMS should rescind the Advanced Notice of Proposed Rulemaking, which proposed an IPI for Medicare Part B.
- CMS should contribute to the development and use of value frameworks that utilize patient preferences to define which drugs and treatments are valuable, such as FasterCures' PPVF.

Appendix A: Calculation of QALYs Flowchart



Endnotes

1 Robert P. Navarro, "Changing the Way We Pay for Health Care: Is Value the New Plastic?" *Journal of Managed Care and Specialty Pharmacy* 23, no. 10 (2017): 998–1002.

2 Kimberly Amadeo, "The Rising Cost of Health Care by Year and Its Causes," *The Balance*, updated March 12, 2019, https://www.thebalance.com/causes-of-rising-healthcare-costs-4064878.

3 Centers for Medicare and Medicaid Services (CMS), 2017, "National Health Expenditures 2017 Highlights," https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/Downloads/highlights.pdf.

4 Navarro, "Changing the Way We Pay for Health Care," 998–1002; Partnership to Improve Patient Care (PIPC), *Measuring Value in Medicine: Uses and Misuses of the QALY: Ethical Issues with QALYs and Alternative Measures of Value* (Washington, DC: Partnership to Improve Patient Care, June 21, 2017), http://www.pipcpatients.org/uploads/1/2/9/0/12902828/pipc_white_paper_-_measuring_value_in_medicine_-_uses_and_misuses_of_the_qaly.pdf.

5 Thomas Sullivan, "Value Frameworks: Are They the Way of the Future?" *Policy and Medicine,* May 5, 2018, https://www.policymed.com/2016/09/value-frameworks-are-they-the-way-of-the-future.html.

6 Institute for Clinical and Economic Review (ICER), *A Guide to ICER's Methods for Health Technology Assessment.* Boston, Massachusetts: ICER, August 2018, http://icer-review.org/wp-content/uploads/2018/08/ICER-HTA-Guide_082018.pdf.

7 Tomas Philipson, "EU Vs US Cancer Care: You Get What You Pay For," *Forbes,* September 6, 2016, https://www.forbes.com/sites/tomasphilipson/2016/09/06/eu-vs-us-cancer-care-you-get-what-you-pay-for/#3d82a7d66ba5; Ziba Kashef, "Disparities Found in Lung Cancer Care, Survival in US Versus England," *YaleNews* (blog), May 1, 2018, https://news.yale.edu/2018/05/01/disparities-found-lung-cancer-care-survival-us-versus-england.

8 Dan W. Brock, "Ethical Issues in the Use of Cost Effectiveness Analysis for the Prioritization of Health Care Resources," in *WHO Guide to Cost Effectiveness Analysis* ed. T. Tan-Torres, R. Edejer, Adam T. Baltussen, R. Hutubessy, A. Acharya, D. B. Evans, and C. J. L. Murray (Geneva, Switzerland: World Health Organization, 2003), 291. "Early summary measures of the health status of populations and of the benefits of health interventions often assessed only a single variable, such as life expectancy or infant mortality. . . ." Luis Prieto and José A. Sacristán, "Problems and Solutions in Calculating Quality Adjusted Life Years (QALYs)," *Health and Quality of Life Outcomes* 1 (2003), doi:10.1186/1477-7525-1-80. "Since health is a function of length of life and quality of life. . . . Traditionally, the health of populations has been measured using epidemiological indicators, including the presence/absence of disease and/or death (e.g., morbidity and mortality)."

9 "Health Related Quality of Life," Centers for Disease Control and Prevention, updated October 31, 2018, https://www.cdc.gov/hrqol/concept.htm.

10 "Health Related Quality of Life."

11 "Methods and Measures," Centers for Disease Control and Prevention, updated October 31, 2018, https://www.cdc.gov/hrqol/methods.htm.

12 Sarah Whitehead and Shezad Ali, "Health Outcomes in Economic Evaluation: The QALY and Utilities," *British Medical Bulletin* 96 (2010): 5, 6. "When faced with such different types of outcome measures arising from different interventions, it is difficult to determine where healthcare resources should be most efficiently directed. If survival alone is used to differentiate between different healthcare interventions, any impact on the quality of life associated with an intervention is ignored." Timothy Disher, Louis Beaubein, and Marsha Campbell-Yeo, "Are Guidelines for Measurement of Quality of Life Contrary to Patient-Centered Care?"

Journal of Advanced Nursing 74 (2018): 2677, 2678; Brock, "Ethical Issues in the Use of Cost Effectiveness Analysis for the Prioritization of Health Care Resources," 289–90.

13 Whitehead and Ali, "The QALY and Utilities," 5, 6; Disher, "Patient-Centered Care," 2677, 2678.

14 Whitehead and Ali, "The QALY and Utilities," 6.

15 Ari Ne'eman, "Formulary Restrictions Devalue and Endanger the Lives of Disabled People," *HealthAffairs* (blog), *HealthAffairs,* October 29, 2018, https://www.healthaffairs.org/do/10.1377/hblog20181025.42661/full/; National Collaborating Centre for Infectious Diseases, National Collaborating Centres for Public Health, *Understanding Summary Measures Used to Estimate the Burden of Disease: All About HALYs, DALYs, and QALYs*, Influenza, NCCID Project No. 11, https://nccid.ca/wp-content/uploads/sites/2/2015/03/GBD_Factsheet_FINAL_E.pdf.

16 Luis Prieto and José A. Sacristán, "Problems and Solutions in Calculating Quality Adjusted Life Years (QALYs)," *Health and Quality of Life Outcomes* 1 (2003), doi:10.1186/1477-7525-1-80 "[T]he change in utility value induced by the treatment is multiplied by the duration of the treatment effect to provide the number of QALYs gained." Note the phrase "change in utility value induced by the treatment." To demonstrate that utility values have changed, QALYs would need to be assessed before and after treatment.

17 Ariel Beresniak and Danielle Dupont, "Is There an Alternative to Quality-Adjusted Life Years for Supporting Healthcare Decision-Making?" *Expert Review of Pharmacoeconomics and Outcomes Research* 16, no. 3 (2016): 353; Whitehead and Ali, "The QALY and Utilities," 5–6; Marthe R. Gold, David Stevenson, and Dennis G. Fryback, "HALYs and QALYs and DALYS, Oh My: Similarities and Differences in Summary Measures of Population Health," *Annual Review of Public Health* 23 (2002): 116; Tyler M. John, Joseph Millum, and David Wasserman, "How to Allocate Scarce Health Resources Without Discriminating Against People with Disabilities," *Economics and Philosophy* 33, no. 2 (2016): 161–86.

18 Beresniak and Dupont, "Is There an Alternative to Quality-Adjusted Life Years," 353. Some researchers take issue with defining CUAs as a type of cost-effectiveness study.

19 "Incremental Cost-Effectiveness Ratio (ICER)," York Health Economics Consortium, updated 2016, https://www.yhec.co.uk/glossary/incremental-cost-effectiveness-ratio-icer/.

20 Elliot Marseille, Bruce Larson, Dhruv S. Kazi, James G. Kahn, and Sidney Rosen, "Thresholds for the Cost-Effectiveness of Interventions: Alternative Approaches," *Bulletin of the World Health Organization* 93 (2015): 118.

21 Ceri Phillips and Guy Thompson, "What Is Cost-Effectiveness?" *Hayward Medical Communications What Is . . .? Series* (2nd ed.), February 2009, http://www.bandolier.org.uk/painres/download/whatis/Cost-effect.pdf; Christopher McCabe, "What Is Cost-Utility Analysis?" *Hayward Medical Communications What Is . . .? Series* (2nd ed.), February 2009, http://www.bandolier.org.uk/painres/download/whatis/What_is_cost-util.pdf; "Measuring Burden of Disease: The Concept of QALYs and DALYs," *Eufic*, December 1, 2011, https://www.eufic.org/en/understanding-science/article/measuring-burden-of-disease-the-concept-of-qalys-and-dalys; "Incremental Cost-Effectiveness Ratio (ICER)," York Health Economics Consortium, updated 2016, https://www.yhec.co.uk/glossary/incremental-cost-effectiveness-ratio-icer/.

22 "About EQ-5D," *EQ-5D*, EuroQoL Group, updated April 28, 2017, https://euroqol.org/eq-5d-instruments/.

23 Greg Bognar, "QALYs, DALYs, and Their Critics," in *The Routledge Companion to Bioethics*, ed. John D. Arras, Elizabeth Fenton, and Rebecca Kukla (New York: Routledge, 2015), 47; George Gillett, "NHS Drugs, Aristotle and Health Economics: The Problem of Quantifying the Value of Life," *New Statesman America*, August 18, 2014, https://www.newstatesman.com/health/2014/08/nhs-drugs-aristotle-and-health-economics-problem-quantifying-value-life.

24 Reza Goudarzi et al., "Population-Based Preference Weights for the EQ-5D Health States Using the Visual Analogue Scale (VAS) in Iran," *Iranian Red Crescent Medical Journal* 18 (2016), doi:10.5812/ircmj.21584.

25 Chunmei Wu et al., "Chinese Version of the EQ-5D Preference Weights: Applicability in a Chinese General Population," *PloS ONE* 11, no. 10 (2016): e0164334, doi:https://doi.org/10.1371/journal.pone.0164334

26 Whitehead and Ali, "The QALY and Utilities," 8.

27 Ariel Beresniak et al., "Advantages and Limitations of Utility Assessment Methods in Rheumatoid Arthritis," *The Journal of Rheumatology* 34 (2007): 2194.

28 Partnership to Improve Patient Care (PIPC), *Measuring Value in Medicine: Uses and Misuses of the QALY: Ethical Issues with QALYs and Alternative Measures of Value*, (Washington, DC: Partnership to Improve Patient Care, June 21, 2017), http://www.pipcpatients.org/uploads/1/2/9/0/12902828/pipc_white_paper_-_measuring_value_in_medicine_-_uses_and_misuses_of_the_qaly.pdf.

29 Partnership to Improve Patient Care, 8; John Horsman, William Furlong, David Feeny, and George Torrance, "The Health Utilities Index (HUI®): Concepts, Measurement Properties, and Applications," *Health and Quality of Life Outcomes* 1 (2003): 54. The most common questionnaires used are the Euro-QoL 5D (EQ-5D), the Health Utilities Index, the SF-6D, and The Quality of Well-Being Scale.

30 Whitehead and Ali, "The QALY and Utilities," 11.

31 Gunnar Nemeth, "Health related quality of life outcome instruments," *European Spine Journal* 15, suppl. 1 (2006): S47.

32 "About EQ-5D," *EQ-5D*, EuroQoL Group, updated April 28, 2017, https://euroqol.org/eq-5d-instruments/.

33 "EQ-5D-3L: About," *EQ-5D*, EuroQoL Group, updated April 18, 2017, https://euroqol.org/eq-5d-instruments/eq-5d-3l-about/.

34 EuroQoL Group, *EQ-5D-3L User Guide: Basic Information on How to Use the EQ-5D-3L Instrument* (Rotterdam, Netherlands: EuroQol Group, 2015), https://euroqol.org/wp-content/uploads/2016/09/EQ-5D-3L_UserGuide_2015.pdf.

35 Stephen M. Campbell, Joseph A. Stramondo, "The Complicated Relationship of Disability and Well-Being," *Kennedy Institute of Ethics Journal* 27, no. 2 (2017): 156–60. Campbell and Stramondo explain that, from an ethical standpoint, disability is neither intrinsically bad (i.e., having short stature or cognitive disabilities are not bad in and of themselves), nor instrumentally bad (i.e., disability does not prevent a large percentage of intrinsically good things from happening nor cause a large number of intrinsically bad things to happen). The two authors also note in a series of vignettes that whether disability does actually negatively impact quality of life (and whether the person perceives it as doing so) has more to do with the social and economic circumstances surrounding the disability than it does with the impairments.

36 EuroQoL Group, *EQ-5D-3L User Guide*.

37 EuroQoL Group, *EQ-5D-3L User Guide.*

38 EuroQoL Gropup, *EQ-5D-3L User Guide*, 7.

39 Marthe R. Gold, David Stevenson, and Dennis G. Fryback, "HALYs and QALYs and DALYS, Oh My," 118–19; Keith Tolley, "What Are Health Utilities?" (2nd ed.), *Hayward Medical Communications What Is . . .? Series,* http://www.bandolier.org.uk/painres/download/whatis/Health-util.pdf.

40 Bognar, "QALYs, DALYs, and Their Critics," 47.

41 Benjamin M. Craig, A. Simon Pickard, Elly Stolk, and John E. Brazier, "U.S. Valuation of the SF-6D," *Medical Decision-Making* 33, no. 6 (2013): 793–803.

42 C.A. Marra et. al., "Not All 'Quality-Adjusted Life Years' Are Equal," *Journal of Clinical Epidemiology* 60 (2007): 616–24; Christine McDonough and Anna N. A. Tosteson, "Measuring Preferences for Cost-Utility Analysis: How Choice of Method May Influence Decision-Making," *Pharmacoeconomics* 25, no. 2 (2007): 93–106.

43 Whitehead and Ali, "The QALY and Utilities," 11 ("Once completed, the questionnaires generate a score using an algorithm based on values that have been obtained from a sample of the general public"); Tolley, "What Are Health Utilities?" 4–5 ("By far the most well-known indirect method is the generic utility instrument, whereby a set of non-disease-specific health states, based on a combination of general attributes, have been valued by a general public sample . . . Patients with any health condition then complete a simple questionnaire which defines the generic health state they are in, and the appropriate utility from the scoring algorithm is applied").

44 "Value Sets," *EQ-5D*, EuroQoL Group, https://euroqol.org/publications/key-euroqol-references/value-sets/.
45 Whitehead and Ali, "The QALY and Utilities," 16.
46 Whitehead and Ali, "The QALY and Utilities," 16.
47 Whitehead and Ali, "The QALY and Utilities," 16.
48 Disher, Beaubein, and Yeo, "Patient Centered Care," 2679.
49 Alex G. Garza and Kathleen W. Wyrwich, "Health Utility Measures and the Standard Gamble," *Academic Emergency Medicine* 10, no. 4 (2003): 360–63.
50 Garza and Wyrwich, "Standard Gamble," 361; Disher, Beaubein, and Yeo, "Patient Centered Care," 2679.
51 Garza and Wyrwich, "Standard Gamble," 361–62.
52 Garza and Wyrwich, "Standard Gamble," 361.
53 Tyler M. John, Joseph Millum and David Wasserman, "How to Allocate Scarce Health Resources without Discriminating Against People with Disabilities," *Economics and Philosophy* 33, no. 2 (2016): 161–86.
54 NCD interview with Dr. Steve Pearson, February 1, 2019.
55 NCD interview with David Wasserman, PhD, January 15, 2009
56 R. Kirkdale, J. Krell, C. O' Hanlon-Brown, M. Tuthill, J. Waxman, "The cost of a QALY," *QJM: An International Journal of Medicine* 103 no. 9 (2010): 715-720; Douglas K. Owens, "Interpretation of Cost-Effectiveness Analyses," *Journal of General Internal Medicine* 13, no. 10 (1998): 716–17.
57 Generics and Biosimilars Initiative, "What Is the Incremental Cost Effectiveness Ratio (ICER?)" March 12, 2010, http://www.gabionline.net/Generics/General/What-is-the-incremental-cost-effectiveness-ratio-ICER.
58 "What Is Palliative Care?" *Get Palliative Care*, updated 2019, https://getpalliativecare.org/whatis/.
59 "What Is Palliative Care?" *Get Palliative Care*, updated 2019, https://getpalliativecare.org/whatis/.
60 Anne B. Wichmann et al., "The Use of Quality-Adjusted Life Years in Cost-Effectiveness Analyses in Palliative Care: Mapping the Debate Through an Integrative Review," *Palliative Medicine* 31, no. 4 (2017): 309–10.
61 Anne B. Wichmann et al., "Palliative Care," 310–11.
62 NCD interview with Dr. Steve Pearson, February 1, 2019.
63 Y. Tony Yang and Margaret M. Mahon, "Palliative Care for the Terminally Ill in America: The Consideration of Qalys, Costs, and Ethical Issues," *Medicine, Health Care and Philosophy* 15, no. 4 (2012): 413.
64 Yang and Mahon, "Palliative Care for the Terminally Ill in America," 414.
65 Anne B. Wichmann et al., "Palliative Care," 313–14; Charles Normand, "Limitations of QALYs and the Road to PalYs," 29–30.
66 Yang and Mahon, "Palliative Care for the Terminally Ill in America," 414–15.
67 Stephen Barrie, "QALYs, Euthanasia, and the Puzzle of Death," *Journal of Medical Ethics* 41, no. 8 (2014): 635–38.
68 Barrie, "QALYs, Euthanasia, and the Puzzle of Death," 635–38.
69 Tara A. Lavelle et al., "Patient Variability Seldom Assessed in Cost-Effectiveness Studies," *Medical Decision-Making* 38, no. 4 (2018): 488.
70 Lavelle et al, "Patient Variability Seldom Assessed," 489.
71 Lavelle et al., "Patient Variability Seldom Assessed," 487.
72 Lavelle et al., "Patient Variability Seldom Assessed," 491–92.
73 Ari Ne'eman, "Formulary Restrictions"; National Collaborating Centre for Infectious Diseases, National Collaborating Centres for Public Health, "Understanding Summary Measures Used to Estimate the Burden of Disease: All About HALYs, DALYs, and QALYs."
74 Disher, Beaubein, and Yeo, "Patient Centered Care," 2679.
75 NCD Interview with David Wasserman, January 15, 2019.
76 Wendy Hensel and Leslie E. Wolf, "Playing God: The Legality of Plans Denying Scarce Resources to People with Disabilities in Public Health Emergencies," *Florida Law Review* 63 (2011): 755.
77 Adrienne W. Scott et al., "Public Attitudes About Eye and Vision Health." *JAMA Ophthalmology* 134, no. 10 (2016): 1111–18.

78 Scott et al., "Public Attitudes About Eye and Vision Health," 1111–18.
79 Sean Sinclair, "How to Avoid Unfair Discrimination Against Disabled Patients in Healthcare Resource Allocation," *Journal of Medical Ethics* 38 (2011): 158–59.
80 D. Lule et al., "Life Can Be Worth Living in Locked-In Syndrome," *Progress in Brain Research* 177 (2009): 341–43, 346–47.
81 S. Feinman, "The Blind as 'Ordinary People'," *Journal of Visual Impairment & Blindness* 72, no. 6 (1979): 231–38.
82 Dirksen Bauman and Joseph J. Murray, "An Introduction to Deaf Gain: Shifting Our Perceptions of Deaf People from Hearing Loss to Deaf Gain," *Psychology Today* (blog), November 13, 2014, https://www.psychologytoday.com/us/blog/deaf-gain/201411/introduction-deaf-gain.
83 John Harris, "QALYfying the Value of Life," *Journal of Medical Ethics* 13 (1987): 117–23.
84 Harris, "QALYfying the Value of Life," 120.
85 Harris, "QALYfying the Value of Life," 120.
86 Harris, "QALYfying the Value of Life," 122.
87 Ari Ne'eman, "Formulary Restrictions"; Tony Coelho, "Patients Harmed by 'Cost-Effectiveness' Measures," *RealClearHealth*, August 30, 2018, https://www.realclearhealth.com/articles/2018/08/30/patients_harmed_by_costeffectiveness_measures_110821.html.
88 Ari Ne'eman, "Formulary Restrictions."
89 Ari Ne'eman, "Formulary Restrictions."
90 Ari Ne'eman, "Formulary Restrictions."
91 Bognar, "QALYs, DALYs, and Their Critics," 52.
92 Bognar, "QALYs, DALYs, and Their Critics," 52.
93 Bognar, "QALYs, DALYs, and Their Critics," 52.
94 Bognar, "QALYs, DALYs, and Their Critics," 52.
95 Beresniak and Dupont, "Is There an Alternative to Quality-Adjusted Life Years for Supporting Healthcare Decision-Making?" 353; Whitehead and Ali, "The QALY and Utilities," 5–6; Gold, Stevenson, and Fryback, "HALYs and QALYs and DALYS, Oh My," 116; John, Millum, and Wasserman, "How to Allocate Scarce Health Resources," 161–86.
96 Harris, "QALYfying the Value of Life," 120.
97 Harris, "QALYfying the Value of Life," 120.
98 John Harris, "It's Not NICE to Discriminate," *Journal of Medical Ethics* 31 (2005): 373.
99 Peter J. Neumann and Dan Greenberg, "Perspective: Is the United States Ready for QALYS?" *Health Affairs* 28, no. 5 (2009): 1369.
100 Fritz Alhoff, "The Oregon Plan and QALYs," *Ethics Journal of the American Medical Association* 7, no. 2 (February 2005): 1.
101 Alhoff, "The Oregon Plan and QALYs," 1–2.
102 Alhoff, "The Oregon Plan and QALYs," 1–2.
103 Alhoff, "The Oregon Plan and QALYs," 1–2.
104 Jerome Bickenbach, "Disability and Health Care Rationing," *The Stanford Encyclopedia of Philosophy* (Spring 2016 Edition), Edward N. Zalta (ed.), https://plato.stanford.edu/archives/spr2016/entries/disability-care-rationing/.
105 Robert Pear, "White House Expected to Back Oregon's Health-Care Rationing," *New York Times*, March 18, 1993, pg. 00001, https://www.nytimes.com/1993/03/18/us/white-house-expected-to-back-oregon-s-health-care-rationing.html?module=inline.
106 Louis W. Sullivan, "Oregon Health Plan Is Unfair to the Disabled," letter to the editor, *New York Times,* September 1, 1992.
107 Aaron E. Caroll, "Forbidden Topic in Health Policy Debate: Cost Effectiveness," *New York Times*, December 15, 2014, https://www.nytimes.com/2014/12/16/upshot/forbidden-topic-in-health-policy-debate-

cost-effectiveness.html; Philip A. Perry and Timothy Hotze, "Oregon's Experiment with Prioritizing Public Health Care Services," *AMA Journal of Ethics* (blog), April 2011, https://journalofethics.ama-assn.org/article/oregons-experiment-prioritizing-public-health-care-services/2011-04.

108 Philip Elis, Colin Baker, and Morgan Hanger, *Research on the Comparative Effectiveness of Medical Treatments: Issues and Options for an Expanded Federal Role*, edited by John Skeen, US Congressional Budget Office, Pub. No. 2975, December 2007, http://www.cbo.gov/sites/default/files/cbofiles/ftpdocs/88xx/doc8891/12-18-comparativeeffectiveness.pdf.

109 Elis, Baker, and Hanger, *Research on the Comparative Effectiveness of Medical Treatments,* 2–3.

110 Elis, Baker, and Hanger, *Research on the Comparative Effectiveness of Medical Treatments,* 2–3.

111 Elis, Baker, and Hanger, *Research on the Comparative Effectiveness of Medical Treatments,* 26.

112 Matthew Adler, "QALYS and Policy Evaluation: A New Perspective," *Yale Journal of Health Policy, Law, and Ethics* 6 (2006): 3–6.

113 Adler, "QALYs and Policy Evaluation," 5–6.

114 Adler, "QALYs and Policy Evaluation," 3–6.

115 42 U.S. Code § 1320e-1(e).

116 42 U.S. Code § 1320e-1(e).

117 42 U.S. Code § 1320e-1(c)(1).

118 42 U.S. Code § 1320e-1(c)(1).

119 Govind Persad, "Priority-Setting, Cost Effectiveness, and the Affordable Care Act," *American Journal of Law and Medicine* 41, no. 1 (2015): 136–40.

120 NCD Interview with David Wasserman, January 15, 2019.

121 Institute for Clinical and Economic Review, "The Institute for Clinical and Economic Review to Collaborate with the Department of Veterans Affairs' Pharmacy Benefits Management Services Office," June 27, 2017, https://icer-review.org/announcements/va-release/.

122 C. Bernie Good, Tom Emmendorfer, and Michael Valentino, "VA Responds to Concerns About Collaboration with ICER," *HealthAffairs* (blog), *HealthAffairs,* October 25, 2017, https://www.healthaffairs.org/do/10.1377/hblog20171024.745943/full/.

123 Good, Emmendorfer, and Valentino, "VA Responds to Concerns about Collaboration with ICER."

124 Louis P. Garrison, "Cost-Effectiveness and Clinical Practice Guidelines: Have We Reached a Tipping Point?—An Overview, *Value in Health* 19, no. 5 (2016): 513.

125 Garrison, "Have We Reached a Tipping Point?" 513.

126 Peter J. Neumann and Dan Greenberg, "Perspective: Is the United States Ready for QALYS?" *Health Affairs* 28, no. 5 (2009): 1369.

127 Peter J. Neumann et al., "The Changing Face of the Cost-Utility Literature, 1990–2012," *Value in Health* 18, no. 2 (2015): 277.

128 National Health Council, *The Patient Voice in Value: The National Health Council Patient-Centered Value Model Rubric* (Washington, DC: National Health Council, March 2016), http://www.nationalhealthcouncil.org/sites/default/files/Value-Rubric.pdf.

129 Brian Solow and Edmund J. Pezalla, "Commentary: ISPOR's Initiative on US Value Assessment Frameworks: The Use of Cost-Effectiveness Research in Decision Making Among US Insurers." *Value in Health* 21 (2018): 166.

130 Solow and Pezalla, "The Use of Cost Effectiveness Research in Decision Making," 166.

131 Solow and Pezalla, "The Use of Cost-Effectiveness Research in Decision Making," 167.

132 Solow and Pezalla, "The Use of Cost-Effectiveness Research in Decision Making," 167.

133 Solow and Pezalla, "The Use of Cost Effectiveness Research in Decision Making," 167.

134 CVS Health, *Current and New Approaches to Making Drugs More Affordable*, August 2018, https://cvshealth.com/sites/default/files/cvs-health-current-and-new-approaches-to-making-drugs-more-affordable.pdf, 8.

135 Ari Ne'eman, interview with Kelly Israel, November 27, 2018.

136 Matthew Harper, "Opposite Day: Drug May Save Lives, So Drugmakers Offer to Cut Price," *Forbes,* March 10, 2018, https://www.forbes.com/sites/matthewherper/2018/03/10/sales-flopped-but-does-this-heart-drug-save-lives/#75f7748a7580; Michael O' Riordan, "PCSK9 Inhibitors Not Cost-Effective at Current Price: ICER Review," *Medscape,* September 9, 2015, https://www.medscape.com/viewarticle/850715#vp_1.

137 Sara van Geertruyden, interview with Kelly Israel, November 28, 2018.

138 Harper, "Opposite Day"; O' Riordan, "PCSK9 Inhibitors Not Cost-Effective."

139 Harper, "Opposite Day."

140 Harper, "Opposite Day"; O' Riordan, "PCSK9 Inhibitors Not Cost-Effective."

141 Gillett, "NHS Drugs, Aristotle, and Health Economics."

142 Gillett, "NHS Drugs, Aristotle, and Health Economics."

143 Gillett, "NHS Drugs, Aristotle, and Health Economics."

144 Steve Iliffe, "Thriving on Challenge: NICE's Dementia Guidelines," *Expert Review of Pharmacoeconomics and Outcomes Research* 7, no. 6 (2007): 535; "NICE Guidance," National Institute of Health and Care Excellence, updated 2019, https://www.nice.org.uk/guidance.

145 Sarah Long, "Squashed Dreams and Rare Breeds: Ableism and the Arbiters of Life and Death," *Disability and Society* 30 (2015): 1118–22.

146 Kathy Hugues and Nikita Jeswani, "HTA Oncology Recommendations Have Grown More Restrictive Over Time," *Avalere,* June 1, 2018, https://avalere.com/insights/htas-recommendations-for-oncology-have-grown-more-restrictive-over-time.

147 Tomas Philipson, "EU Vs US Cancer Care: You Get What You Pay For," *Forbes,* September 6, 2016, https://www.forbes.com/sites/tomasphilipson/2016/09/06/eu-vs-us-cancer-care-you-get-what-you-pay-for/#3d82a7d66ba5.

148 Ziba Kashef, "Disparities Found in Lung Cancer Care, Survival in U.S. Versus England," *YaleNews* (blog), May 1, 2018, https://news.yale.edu/2018/05/01/disparities-found-lung-cancer-care-survival-us-versus-england.

149 J. G. Taylor, "NICE, Alzheimer's, and the QALY," *Clinical Ethics* 2 (2007): 51.

150 "Alzheimer's Disease Fact Sheet," National Institute on Aging, National Institutes of Health, updated August 17, 2016, https://www.nia.nih.gov/health/alzheimers-disease-fact-sheet.

151 "Medications for Memory," Alzheimer's Association, updated 2019, https://www.alz.org/alzheimers-dementia/treatments/medications-for-memory.

152 Jenny Hope, "Alzheimer's Victory for the *Mail*: Now Just £2.50 Can Buy a Life After U-Turn on Drugs Banned by NICE," *Daily Mail*, October 7, 2010, https://www.dailymail.co.uk/health/article-1318360/Alzheimers-sufferers-finally-vital-2-50-drugs-banned-NICE.html#ixzz11f4t0r9d.

153 Taylor, "NICE, Alzheimer's, and the QALY," 51.

154 Clare Dyer, "NICE Faces Legal Challenge over Alzheimer's Drug," *BMJ News* 334 (2007): 654–55; Hope, "Alzheimer's Victory for the *Mail*."

155 Taylor, "NICE, Alzheimer's, and the QALY," 51–52; Hope, "Alzheimer's Victory for the *Mail*,"; Iliffe, "Thriving on Challenge," 535–36; Steve Iliffe, "The National Institute for Health and Clinical Excellence (NICE) and Drug Treatment for Alzheimer's Disease," *CNS Drugs* 21, no. 3 (2007): 177; Harris, "It's Not NICE to Discriminate," 373.

156 Royal College of Psychiatrists, "Appeal from the Royal College of Psychiatrists and the British Geriatrics Society Regarding the NICE Final Appraisal Document: Donepezil, Rivastigmine, Galantamine and Memantine for the Treatment of Alzheimer's Disease," https://www.nice.org.uk/guidance/ta111/documents/appeals-received-from-the-royal-college-of-psychiatrists-british-geriatrics-society-joint-appeal2.

157 Iliffe, "Drug Treatment for Alzheimer's Disease," 181.

158 Iliffe, "Drug Treatment for Alzheimer's Disease," 179.

159 Royal College of Psychiatrists, "Appeal from the Royal College of Psychiatrists and the British Geriatrics Society Regarding the NICE Final Appraisal Document: Donepezil, Rivastigmine, Galantamine and

Memantine for the Treatment of Alzheimer's Disease, " https://www.nice.org.uk/guidance/ta111/documents/appeals-received-from-the-royal-college-of-psychiatrists-british-geriatrics-society-joint-appeal2.

160 Iliffe, "Thriving on Challenge," 536.

161 Dyer, "NICE Faces Legal Challenge," 654–55.

162 Owen Dyer, "High Court upholds NICE decision to limit treatments for Alzheimer's disease," *BMJ News* 335 (2007): 319.

163 Hope, "Alzheimer's victory for the *Mail*."

164 National Institute for Health and Care Excellence, "Donepezil, Galantamine, Rivastigmine and Memantine for the Treatment of Alzheimer's Disease," National Institute for Health and Care Excellence, updated June 20, 2018, https://www.nice.org.uk/guidance/ta217/chapter/1-Guidance.

165 Sarah Boseley, "Patients Suffer When NHS Buys Expensive New Drugs, Says Report," *The Guardian*, February 18, 2015, https://www.theguardian.com/society/2015/feb/19/nhs-buys-expensive-new-drugs-nice-york-karl-claxton-nice.

166 "Cystic Fibrosis," Mayo Clinic, October 13, 2016, https://www.mayoclinic.org/diseases-conditions/cystic-fibrosis/symptoms-causes/syc-20353700.

167 Girish D. Sharma, "Cystic Fibrosis," *Medscape,* last updated October 30, 2018, https://emedicine.medscape.com/article/1001602-overview.

168 UK Cystic Fibrosis Trust, "UK Cystic Fibrosis Treasury: Annual Data Report 2017," August 2018.

169 "Mucus Thinners," Cystic Fibrosis Foundation, https://www.cff.org/Life-With-CF/Treatments-and-Therapies/Medications/Mucus-Thinners/.

170 "CFTR Modulator Therapies," Cystic Fibrosis Foundation, https://www.cff.org/Life-With-CF/Treatments-and-Therapies/Medications/CFTR-Modulator-Therapies/.

171 "CFTR Modulator Therapies," Cystic Fibrosis Foundation.

172 "CFTR Modulator Therapies," Cystic Fibrosis Foundation.

173 Vertex Pharmaceuticals Incorporated, "FDA Approves ORKAMBI™ (lumacaftor/ivacaftor)—The First Medicine to Treat the Underlying Cause of Cystic Fibrosis for People Ages 12 and Older with Two Copies of the F508del Mutation," July 2, 2015, https://investors.vrtx.com/news-releases/news-release-details/fda-approves-orkambitm-lumacaftorivacaftor-first-medicine-treat.

174 National Institute for Health and Care Excellence, Lumacaftor–Ivacaftor for Treating Cystic Fibrosis Homozygous for the F508del Mutation, National Institute for Health and Care Excellence, July 27, 2016, https://www.nice.org.uk/guidance/ta398/chapter/3-Evidence.

175 National Institute for Health and Care Excellence, "The Guidelines Manual: Assessing Cost Effectiveness," November 2012, https://www.nice.org.uk/process/pmg6/chapter/assessing-cost-effectiveness.

176 National Institute for Health and Care Excellence, *Single Technology Appraisal: Lumacaftor and Ivacaftor Combination Therapy for Treating Cystic Fibrosis Homozygous for the F508del Mutation*, February 2016, https://www.nice.org.uk/guidance/ta398/documents/committee-papers; UK Cystic Fibrosis Trust, *UK Cystic Fibrosis Treasury: Annual Data Report 2017*, August 2018.

177 National Institute for Health and Care Excellence, *Single Technology Appraisal: Lumacaftor and Ivacaftor Combination Therapy for Treating Cystic Fibrosis Homozygous for the F508del Mutation*, https://www.nice.org.uk/guidance/ta398/chapter/4-Committee-discussion.

178 National Institute for Health and Care Excellence, *Lumacaftor–Ivacaftor for Treating Cystic Fibrosis Homozygous for the F508del Mutation*, National Institute for Health and Care Excellence, July 27, 2016.

179 National Institute for Health and Care Excellence, *Lumacaftor–Ivacaftor for Treating Cystic Fibrosis Homozygous for the F508del Mutation*.

180 Institute for Clinical and Economic Review, *Modulator Treatments for Cystic Fibrosis: Effectiveness and Value*, June 7, 2018, https://icer-review.org/wp-content/uploads/2017/10/CF_Final_Evidence_Report_06082018.pdf.

181 Institute for Clinical and Economic Review, *Modulator Treatments for Cystic Fibrosis: Effectiveness and Value*, 62.
182 Institute for Clinical and Economic Review, *Modulator Treatments for Cystic Fibrosis: Effectiveness and Value*, 62.
183 Institute for Clinical and Economic Review, *Modulator Treatments for Cystic Fibrosis: Effectiveness and Value*, ES18.
184 Andrew McConaghie, "The Orkambi Blame Game," *PMLiVE*, April 10, 2019, https://www.pmlive.com/pharma_intelligence/The_Orkambi_blame_game_1283755.
185 McConaghie, "The Orkambi Blame Game."
186 McConaghie, "The Orkambi Blame Game."
187 McConaghie, "The Orkambi Blame Game."
188 Medicare Program; International Pricing Index Model for Medicare Part B Drugs. Federal Register. 83 Fed. Reg. 54546 (proposed October 30, 2018) (to be codified at 42 CFR Chapter IV).
189 J. F. O' Mahoney and D. Coughlan, "The Irish Cost-Effectiveness Threshold: Does It Support Rational Rationing or Might It Lead to Unintended Harm to Ireland's Health System?" *Pharmacoeconomics* 34, no. 1 (2016): 5–11.
190 National Collaborating Centre for Infectious Diseases, National Collaborating Centres for Public Health, *Understanding Summary Measures Used to Estimate the Burden of Disease: All About HALYs, DALYs, and QALY*, Influenza, NCCID Project No. 11, https://nccid.ca/wp-content/uploads/sites/2/2015/03/GBD_Factsheet_FINAL_E.pdf.
191 Ed Silverman, "CVS and the $100,000 QALY," *Managed Care Magazine,* November 24, 2018, https://www.managedcaremag.com/archives/2018/12/cvs-and-100000-qaly.
192 "Our Industry," Pharmaceutical Care Management Association, updated 2019, https://www.pcmanet.org/our-industry/.
193 Brittany Hoffman-Eubanks, "The Role of Pharmacy Benefit Managers in American Health Care: Pharmacy Concerns and Perspectives: Part 1," *Pharmacy Times,* November 14, 2017, https://www.pharmacytimes.com/news/the-role-of-pharmacy-benefit-mangers-in-american-health-care-pharmacy-concerns-and-perspectives-part-1.
194 Hoffman-Eubanks, "The Role of Pharmacy Benefit Managers in American Health Care."
195 Hoffman-Eubanks, "The Role of Pharmacy Benefit Managers in American Health Care."
196 "Our Industry," Pharmaceutical Care Management Association, updated 2019, https://www.pcmanet.org/our-industry/.
197 Ari Ne'eman, interview with Kelly Israel, November 27, 2018.
198 Nancy L. Yu, Presten Atteberry, and Peter B. Bach, "Spending on Prescription Drugs in the US: Where Does All the Money Go?" *HealthAffairs* (blog), *HealthAffairs,* July 31, 2018, https://www.healthaffairs.org/do/10.1377/hblog20180726.670593/full/.
199 CVS Health, *Current and New Approaches to Making Drugs More Affordable*, August 2018, https://cvshealth.com/sites/default/files/cvs-health-current-and-new-approaches-to-making-drugs-more-affordable.pdf, 8.
200 CVS Health, "Current and New Approaches," 9.
201 CVS Health, "Current and New Approaches," 9.
202 CVS Health, "Current and New Approaches," 10.
203 CVS Health, "Current and New Approaches," 10.
204 Troyen Brennan and Surya Singh, "Why CVS Is Giving Plans a New Tool to Target High Launch Prices," *Health Affairs* (blog), *HealthAffairs,* September 17, 2018, https://www.healthaffairs.org/do/10.1377/hblog20180913.862850/full/.
205 CVS Health, "Current and New Approaches," 10; US Food and Drug Administration, "Fact Sheet: Breakthrough Therapies," updated March 28, 2018, https://www.fda.gov/RegulatoryInformation/LawsEnforcedbyFDA/SignificantAmendmentstotheFDCAct/FDASIA/ucm329491.htm.
206 CVS Health, "Current and New Approaches," 10.

207 Max Nisen, "CVS's Drug Price Plan Lets Pharma Off Too Easy," *Bloomberg Opinion*, August 17, 2018, https://www.bloomberg.com/opinion/articles/2018-08-17/cvs-drug-price-plan-lets-pharma-off-too-easy.
208 Nisen, "Plan Lets Pharma Off Too Easy."
209 Dylan Scott, "One Neat Trick for Forcing Pharma to Set Lower Drug Prices," *Vox,* September 17, 2018, https://www.vox.com/policy-and-politics/2018/9/17/17871024/cvs-pharma-lower-drug-prices.
210 Scott, "One Neat Trick."
211 Scott, "One Neat Trick."
212 Robert W. Dubois, "CVS to Restrict Patient Access Using Cost-Effectiveness: Too Much, Too Soon," *HealthAffairs* (blog), *HealthAffairs,* September 17, 2018, https://www.healthaffairs.org/do/10.1377/hblog20180913.889578/full/.
213 Dubois, "Too Much, Too Soon."
214 For an explanation as to why two different subgroups of patients would produce two different cost-per-QALY outcomes, reference the section "Cost Per QALY."
215 Dubois, "Too Much, Too Soon."
216 Tony Coelho, "Patients Harmed by 'Cost-Effectiveness' Measures," *RealClearHealth*, August 30, 2018, https://www.realclearhealth.com/articles/2018/08/30/patients_harmed_by_cost-effectiveness_measures_110821.html.
217 Andrew Dunn, "Patient Groups Attack CVS Use of ICER Metrics, Urge Rethink," *BioPharmaDive,* September 14, 2018, https://www.biopharmadive.com/news/cvs-adopts-icer-metrics-in-shift-to-value-based-drug-pricing/530181/.
218 Ne'eman, "Formulary Restrictions."
219 Joshua Cohen, "Will CVS Caremark Make ICER the American NICE?" *Forbes,* September 20, 2018, https://www.forbes.com/sites/joshuacohen/2018/09/20/will-cvs-caremark-make-icer-the-american-nice/#20b50d326173.
220 Ed Silverman, "Facing Criticism, CVS May Modify Its New Cost-Effectiveness Program for Covering Some Drugs," *STAT News*, September 18, 2018, https://www.statnews.com/pharmalot/2018/09/18/cvs-cost-effectiveness-coverage/.
221 Brennan and Singh, "Why CVS Is Giving Plans a New Tool."
222 Brennan and Singh, "Why CVS Is Giving Plans a New Tool."
223 Brennan and Singh, "Why CVS Is Giving Plans a New Tool."
224 Dubois, "Too Much, Too Soon."
225 Silverman, "Facing Criticism, CVS May Modify Its New Cost-Effectiveness Program."
226 Silverman, "Facing Criticism."
227 Silverman, "Facing Criticism."
228 Beresniak and Dupont, "Is There an Alternative to Quality-Adjusted Life Years?" 352–53; Scott D. Grosse, Steven M. Teutsch, and Anne C. Haddix, "Lessons from Cost-Effectiveness Research for United States Public Health Policy," *Annual Review of Public Health* 28 (2007): 370–71.
229 Grosse, Teutsch, and Haddix, "Lessons from Cost-Effectiveness Research," 370.
230 Beresniak and Dupont, "Is There an Alternative to Quality Adjusted Life Years?" 352.
231 Jeremy Laurance, "The Cost of NHS Health Care: Deciding Who Lives and Who Dies," *Independent,* March 9, 2015, https://www.independent.co.uk/life-style/health-and-families/features/the-cost-of-nhs-health-care-deciding-who-lives-and-who-dies-10096784.html.
232 Beresniak and Dupont, "Is There an Alternative to Quality Adjusted Life Years?" 352; Grosse, Teutsch, and Haddix, "Lessons from Cost Effectiveness Research," 366; Navarro, "Is Value the New Plastic?" 999.
233 Grosse, Teutsch, and Haddix, "Lessons from Cost Effectiveness Research," 366; Joe Craven McGinty, "Why the Government Puts a Dollar Value on Life," *Wall Street Journal,* March 25, 2016, https://www.wsj.com/articles/why-the-government-puts-a-dollar-value-on-life-1458911310.

234 Grosse, Teutsch, and Haddix, "Lessons from Cost Effectiveness Research," 366.
235 Adler, "QALYs and Policy Evaluation," 4–5.
236 Grosse, Teutsch, and Haddix, "Lessons from Cost Effectiveness Research," 366.
237 Beresniak and Dupont, "Is there an alternative to quality adjusted life years," 354.
238 "Application in the Real World," Innovation and Value Initiative, updated 2019, https://www.thevalueinitiative.org/application-real-world/.
239 Beresniak and Dupont, "Is there an alternative to quality adjusted life years," 354.
240 Innovation and Value Initiative, "Application in the Real World," Praveen Thokala et al., "Multiple Criteria Decision Analysis for Health Care Decision Making—An Introduction: Report 1 of the ISPOR MCDA Emerging Good Practices Task Force," *Value in Health* 19, no. 1 (2016): 1–13; Fifarma, "Multiple Criteria Decision Analysis for Healthcare Decision-Making," http://www.fifarma.org/wp-content/uploads/2019/05/Fact-Sheet-Roche-ENG-FINAL.pdf.
241 "Application in the Real World," Innovation and Value Initiative, updated 2019, https://www.thevalueinitiative.org/application-real-world/.
242 "IVI-RA Value Tool," Innovation and Value Initiative, http://apps.thevalueinitiative.org/ivi-ra/.
243 Beresniak and Dupont, "Is there an alternative to quality adjusted life years?" 354.
244 Beresniak and Dupont, "Is there an alternative to quality adjusted life years?" 354.
245 National Health Council, *The Patient Voice in Value: The National Health Council Patient-Centered Value Model Rubric*, March 2016, http://www.nationalhealthcouncil.org/sites/default/files/Value-Rubric.pdf, 2.
246 Partnership to Improve Patient Care, *Uses and Misuses of the QALY,* 18.
247 FasterCures, *Patient Perspective Value Framework, Version 1.0.* (Washington, DC: Avalere Health, May 2017), https://www.fastercures.org/assets/Uploads/PPVF-Version-1.0-Methodology-Report-Final.pdf.
248 FasterCures, *Patient Perspective Value Framework*, 8–9.
249 FasterCures, *Patient Perspective Value Framework,* 8–9.
250 FasterCures, *Patient Perspective Value Framework,* 34–35.
251 Faster Cures, *Patient Perspective Value Framework,* 15–19.
252 FasterCures, *Patient Perspective Value Framework,* 10.
253 Jalpa A. Doshi, Ellen Miller Sonet, Justin T. Puckett, and Henry Glick, "The Need for a New Patient Centered Decision Tool for Value-Based Treatment Choices in Oncology," *HealthAffairs* (blog), *Health Affairs,* March 19, 2018, https://www.healthaffairs.org/do/10.1377/hblog20180309.241877/full/.
254 Jason Shafrin, "The Efficiency Frontier in Health Economics," *Healthcare Economist* (blog), June 9, 2014, https://www.healthcare-economist.com/2014/06/09/the-efficiency-frontier-in-health-economics/.
255 Will Kenton, "Efficient Frontier," *Investopedia,* updated May 30, 2018, https://www.investopedia.com/terms/e/efficientfrontier.asp.
256 Kenton, "Efficient Frontier."
257 German Institute for Quality and Efficiency in Health Care, *General Methods for the Assessment of the Relation of Benefits to Costs*, Version 1.0, November 19, 2009, https://www.iqwig.de/download/General_Methods_for_the_Assessment_of_the_Relation_of_Benefits_to_Costs.pdf, 32, fig. 5.
258 Shafrin, "The Efficiency Frontier in Health Economics."
259 Issac Coro Ramos, Stefan K. Lhachimi, Andreas Gerber Grote, and Maiwenn J. Al, "Cost Recommendation Under Uncertainty in IQWiG's Efficiency Frontier Framework," *Medical Decision Making* 37 (2017): 162.
260 Coro Ramos et al., "Cost Recommendation Under Uncertainty," 162–63.
261 Ari Ne'eman, interview with Kelly Israel, November 27, 2018.
262 German Institute for Quality and Efficiency in Health Care, *General Methods for the Assessment of the Relation of Benefits to Costs,* 4; German Institute for Quality and Efficiency in Health Care, *Methods for Assessment of the Relation of Benefits to Costs in the German Statutory Health Care System,* Version 1.1, September 10, 2008, https://www.iqwig.de/download/08-10-14_Draft_Methods_of_the_Relation_of_Benefits_to_Costs_v_1_1.pdf, 13–15.

263 Axel C. Mühlbacher, Andrew Sadler, "The Probabilistic Efficiency Frontier: A Framework for Cost-Effectiveness Analysis in Germany Put into Practice for Hepatitis C Treatment Options," *Value in Health* 20, no. 2 (2017): 266.
264 Beresniak and Dupont, "Is There an Alternative to Quality Adjusted Life Years?" 355; Gillett, "NHS Drugs, Aristotle, and Health Economics"; Jeremy Laurance, "The Cost of NHS Health Care: Deciding Who Lives and Who Dies," *Independent,* March 9, 2015, https://www.independent.co.uk/life-style/health-and-families/features/the-cost-of-nhs-health-care-deciding-who-lives-and-who-dies-10096784.html.
265 Beresniak and Dupont, "Is There an Alternative to Quality Adjusted Life Years?" 355–56.
266 Joe Stramondo, interview with Kelly Israel, November 21, 2018.
267 Ari Ne'eman, interview with Ana Torres Davis (NCD), January 9, 2019.
268 Steve Pearson, interview with Ana Torres Davis (NCD), February 1, 2019.

National Council on Disability
1331 F Street, NW, Suite 850
Washington, DC 20004

PATIENTS AND PEOPLE WITH DISABILITIES OPPOSE REFERENCING CANADIAN POLICIES

The Quality-Adjusted Life Year is a Discriminatory Metric: The quality-adjusted life year, or QALY, is a metric commonly used to determine the value of a health care treatment. To calculate a QALY, you must assign a value to a person's life and to the incremental improvement in quality of life with treatment. The value assigned to seniors, the chronically ill, or people with disabilities is lower than that of a young, healthy person and does not capture how people living with a condition value quality of life improvements. Therefore, QALYs often lead policymakers and payers to conclude that treatments for seniors, patients with chronic conditions or people with disabilities are not worth it.

Foreign Governments, including Canada, Utilize Discriminatory Metrics such as QALYs: Canada has several layers of assessment in which QALYs and other one-size fits all metrics are used. Before applying for coverage by the 5 different Canadian provinces, all drugs must complete a Common Drug Review by CADTH, a Canadian entity that references QALYs. The provinces may then conduct additional QALY-based assessment. The Canadian Patented Medicine Prices Review Board also explicitly establishes prices based on a cost-utility analysis model in which health outcomes are expressed as QALYs. In Canada, the outcome of relying on such a discriminatory metric is that many individuals living with disabilities are unable to receive the treatments and care they need.

The National Council on Disability Opposes Referencing Foreign Prices: The independent federal agency, the National Council on Disability, has made strong recommendations to policymakers against referencing QALYs, including a recommendation not to reference prices established in other countries. The NCD stated in its 2019 report on QALYs, "Several of these countries utilize QALYs to make benefits and coverage decisions. The coverage denials and loss of access to care faced by people with disabilities in these countries illustrate what might happen if the United States made a similar choice." Most recently, the NCD sent a letter to the Centers for Medicare and Medicaid Services on January 19, 2021, opposing an Interim Final Rule that would have referenced international prices in Medicare, stating, "Concerns about the discriminatory impact of the QALY on patients overseas led to its prohibition in the United States. The Affordable Care Act of 2010 (ACA) prohibits the Secretary of HHS from using the QALY, or similar measure, to determine coverage, reimbursement, or incentive programs under the Medicare program. In addition, HHS' regulation implementing Section 504 of the Rehabilitation Act prohibits discrimination on the basis of disability in all programs or activities conducted by HHS. Simply put, CMS cannot adopt foreign countries' drug prices that are determined by reliance on the QALY for the Medicare program."

Reference to QALYs is Inconsistent with Federal Civil Rights Law: Similarly, NCD pointed out in its 2019 report that Section 504 of the Rehabilitation Act and Section 1557 of the Affordable Care Act also apply to Medicaid programs because they receive federal financial assistance, calling for guidance on how these authorities apply to benefits and reimbursement decisions, and stating that payment decisions should not rely on cost-effectiveness research or reports that are developed using QALYs. State policymakers should consider that the United States has a thirty-year, bipartisan track record of opposing the use of the QALY and similar discriminatory metrics and has established legal safeguards to mitigate their use in Medicare and by precedent in denying a state Medicaid waiver relying on QALYs in 1992 due to its potential for violating the Americans with Disabilities Act.

VALUE OUR HEALTH

The Arc
North Dakota

Senate Human Services
SB 2031
January 16th, 2023

Senator Lee and committee members. I am Kirsten Dvorak, Executive Director of The Arc of North Dakota.

On behalf of our organizations representing people with disabilities across the state, we are here to express concern with SB 2031. This legislation would import discriminatory value metrics from Canada into North Dakota.

Last session, we were delighted that the 67th legislative session threw out a similar bill that included the use of quality-adjusted life years. (QUALYs) that import value metrics from Canada that devalue the lives of people with disabilities in assessing the cost-effectiveness of treatments.

SB 2031 would still reference the prescription drug prices from a third party that actively relies on the QALY, the Canadian Patented Medicine Prices Review Board (PMPRB). The PMPRB establishes a fee-based cost–utility analysis model in which health outcomes are expressed as QALYs.[1] The result of this in Canada is that many individuals living with disabilities are unable to receive the treatments and care they need.[2] We understand and share the state's concern about affordable medicines, but we cannot support discriminatory legislation.

In 2019, the National Council on Disability reported that using QALY would be contrary to United States civil rights and disability law. The information directly recommended that the United States refrain from reference prices

[1] https://www.canada.ca/en/patented-medicine-prices-review/services/legislation/about-guidelines/guidelines.html
[2] https://valueourhealth.org/wp-content/uploads/2020/04/Canada.pdf

established in other countries that rely on using QALY. [3] Because of these clear discriminatory implications, the public and policymakers within the United States have generally opposed using the QALY.

The Affordable Care Act of 2010 (ACA) included a ban on using the QALY and similar metrics in Medicare.[4] In 1992, the George H.W. Bush administration established that Oregon's efforts to utilize cost–effectiveness standards in Medicaid would violate the Americans with Disabilities Act.[5]

With this background, we hope the North Dakota Senate Human Services committee will recommend a Do Not Pass and work on finding solutions to healthcare affordability.

Kirsten Dvorak
222-1854

[3] https://ncd.gov/sites/default/files/NCD_Quality_Adjusted_Life_Report_508.pdf

[4] 111th Congress of the United States of America. (2010). H.R. 3590 The Patient Protection and Affordable Care Act. *Section 1182*. Washington, DC.

[5] https://www.nytimes.com/1992/09/01/opinion/l-oregon-health-plan-is-unfair-to-the-disabled-659492.html

SB2031
Senate Human Services Committee
Senator Lee Chair

Senator Lee and Members of the Committee,

My name is Donene Feist and I am the Director for Family Voices of North Dakota. Our work as you know, includes working with families who have children and youth with disabilities and chronic health conditions.

We stand today in opposition to SB2031. While I do believe there needs to be cost control for many medications, I do not want to do so at the risk of many families that we represent.

We hear from families on a regular basis the high costs of prescriptions. For some of our families pricing absolutely makes prescriptions in accessible even with the best of health insurance. We understand and support cost controls. For some it means milk on the table, we get it.

A big reason we are in opposition of this bill is potentially the use of the quality adjusted life year (QALY). My understanding is using this measure will put many of the children we serve who have a chronic health illness/disability life value being of less worth than the general public.

Many of our children are already denied some medications by insurance companies, would this exacerbate that scenario?

Some of our children's families have come before you with medical conditions that are so rare that their only recourse is medication that is very expensive and in some instances experimental of which insurance denies. Would this bill worsen this?

In 2015, we passed the Right to Try Bill, would ***this indirectly*** affect those children and adults being part of experimental studies?

Hence, if there is no guarantee that this will not affect children, youth and adults with disabilities based on the QALY we have to oppose.

Again, that does not mean, we do not believe that pharmaceuticals are outrageously priced. We do believe they are.

I sure do not want anyone discriminated against based on their illness or disability

Thank you for your time

Donene Feist
Family Voices of ND
701-493-2634
fvnd@drtel.net

January 16, 2023

SENATE HUMAN SERVICES COMMITTEE
SB 2031

CHAIRMAN LEE AND COMMITTEE MEMBERS:

My name is Jack McDonald. I'm appearing on behalf of America's Health Insurance Plans or, as it is commonly known, AHIP.

Who doesn't want more affordable prescription drugs? Everyone should be able to get the medications they need at a cost they can afford. AHIP strongly shares your concerns that drug prices are excessive, unreasonable, and out-of-control.

However, AHIP has strong concerns with Senate Bill 2031 because it provides no incentives or mandates for pharmaceutical companies to offer their drug at the reference price.

The problem with prescription drugs, as you well know, is the price, which drug manufacturers alone set, and control. They are the only ones that can reduce prices so that Americans are not forced to choose between paying their bills and accessing life-saving medicines.

SB 2031 prohibits health insurance providers from purchasing prescription drugs above the referenced priced. If a manufacturer refuses to lower the price, and the law prohibits a health plan from purchasing the drug, then North Dakotans would lose access to the drug.

AHIP has been engaged at the federal and state levels on a number of policies that can lower prescription drug costs and on policies that can reduce costs in the health care system, including supporting transparency across the supply chain. These include:

- Advance notification drug cost increases & launch prices;
- Ensure drug representatives include prices when marketing to physicians; and
- Increase scrutiny of existing patient assistance programs & there impact on drug spending.

We are committed to lowering the cost of prescription drugs for North Dakotans. However, SB 2031 is not the right solution because, without holding pharmaceutical companies accountable, this bill will jeopardize patient's access to drugs.

Additionally, during the interim committee meetings, the Commissioner's Office indicated it didn't have the personnel or expertise to take on such a project.

Therefore, AHIP respectfully requests a DO NOT PASS on this bill. Thank you for your time and consideration. I'd be glad to answer any questions I can.

Senate Human Services Committee

Judy Lee, Chair

Sixty-eighth Legislative Assembly of North Dakota

Senate Bill No. 2031 – Prescription Drug Reference Rate Pilot Program

January 16, 2023

Good morning, Chairwoman Lee and Members of the Senate Human Services Committee. I am Rachel Sinness, Legal Director and attorney for the North Dakota Protection & Advocacy Project (P&A).

P&A is an independent state agency. Its mission is to advocate for the human, civil, and legal rights of people with disabilities. P&A strives to ensure that every individual with a disability is provided the same benefits of the programs and services as all other North Dakota citizens.

P&A is here to offer neutral testimony regarding the prescription drug reference rate pilot program. Our initial review of the bill is one of hope and prudent, cautious examination. Many of our clients would benefit from the reduced cost of medications; however, P&A also wants to ensure that this bill will not have the effect of disparately impacting people with disabilities.

Some of the concerns raised include that, in the future, the effect of this bill would look to an outside, “expert” board to assess the value of drug treatments and tests. In doing so, the apprehension is that a quality adjusted life years (QALY) policy may be adopted, similar to that used by Canadian drug price-setting boards. While these policies look to cost-effective analyses, there is a concern that less attention would be

paid to patient-specific analyses, resulting in a potential discriminatory effect on people who have disabilities. People with disabilities sometimes seek treatments and interventions to help improve their quality of life, and some have a shorter life expectancy than people without disabilities. Any quality adjusted life year (QALY)-type methodology could be discriminatory against people with disabilities, because this methodology could result in prioritizing the treatment of a person without disabilities having a longer life expectancy over that of a person with a disability or a life-shortening chronic condition.

It is P&A's duty to ensure that individuals with disabilities are provided the same benefits as those without disabilities. In performing its duty, P&A asks that all assurances be made that qualified individuals with disabilities will benefit from lower prescription prices, while not being denied accommodating care or treatments. We look forward to the review of this bill in subsequent years to follow up and mitigate any unintended consequences.

Thank you, and I am happy to stand for any questions.

In Opposition to SB 2031 relating to prescription drug reference rates

January 16, 2023

Madam Chair Lee and members of the Senate Human Services Committee:

On behalf of Americans for Prosperity – North Dakota, I urge you to reject SB 2031 and the introduction of prescription drug price controls. The adoption of this legislation will not result in the expected outcome. Instead, it will lead to additional red tape and bureaucracy that will limit North Dakotans' ability to get the medicines they need.

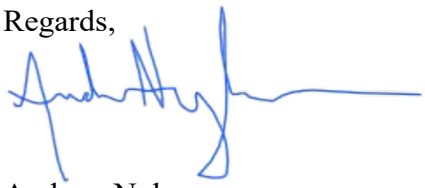
We ought to support efforts to decrease drug prices, while ensuring they remain readily available to those who need them. Price controls throughout history have had the opposite effect. We believe the American free market and the forces of competition and innovation will lower healthcare prices and increase accessibility. If SB 2031 is enacted, North Dakota would emulate Canada's socialist policies while failing to recognize that Canada already benefits from American innovation.

The COVID-19 pandemic showed us that unnecessary red tape and bureaucracy hinder medical professionals from providing the best care they can for patients. SB 2031 will do the same to North Dakota's prescription drug marketplace. By introducing anti-free market methods, you will be limiting future innovations in drug therapies. Consider the long-term results of an action like this, as pharmaceutical manufacturers consolidate, as less innovation occurs, as other states join this race to the bottom, and as North Dakotans never know what treatments might have come to market to provide hope and health when it is needed most.

Please consider the effects price controls would have on the North Dakota prescription drug market and its citizens. We ask you to reject SB 2031 on principle and instead embrace the principles that built our great nation.

Americans for Prosperity and our grassroots network of citizen advocates hope that you reject this anti-competitive policy.

Regards,



Andrew Nyhus

Americans for Prosperity North Dakota

January 16, 2023

Chair Lee and Members of the Senate Human Services Committee,

My name is Bob Entringer. I live in Bismarck and I am a volunteer and member of the AARP North Dakota Speaker's Bureau. I am testifying this morning in support of SB 2031.

In 2001, my wife was diagnosed with an autoimmune disease and has three associated syndromes/conditions for which she relies medication to control the symptoms and help to prevent further deterioration in her health. Like many North Dakotans, we have experienced the high cost of prescription drugs. A number of years ago she was prescribed a medication to try and control one of her symptoms; she went to the pharmacy to get the prescription filled only to find out our cost was going to be $800 per month; needless to say she declined to fill the prescription. While there are other medications to try and control the symptom, we are not sure what impact the other drug would have had on her symptom. Additionally, I was diagnosed with a blood clotting disorder in 2009; unfortunately the Hematologist at the clinic felt I did not have to be on a blood thinner long term which resulted in me experiencing a pulmonary embolism so now I am on a blood thinner permanently. Prior to becoming Medicare eligible my cost for the medication was $10 per month due to a savings plan offered by the manufacturer; once I went on Medicate I was no longer eligible for the savings plan and my medication increased to $130 per month or I could opt for a 90 day prescription for $425.

Fortunately, I did discover another program through the same manufacturer and was able to get a 90-day prescription for $240. Unfortunately, the program ends December 31st each year and I will be able to re-apply for it later April 1; however, there is no certainty I will be eligible. Finally, I would like to tell you about the drug cost for a disease my mother-in-law has; again, she is fortunate that a foundation provides her medication at no cost IF they are able to get it! However, during the pandemic, it was difficult to get because the medication was also being used to treat COVID-19 patients and as a result she had to obtain a 1-month prescription from a specialty pharmacy for $2,300!

Right now, your committee has an opportunity to pass SB 2031, a pilot program that could lower the cost of the most expensive drugs for North Dakotans. As I understand it, the program will be piloted for retired state employees. If it works, it could be expanded to more North Dakotans. I am in full support of any legislation that can give North Dakotans more affordable and reasonable options for their medications. We have spent too much time on the phone with our pharmacist or searching the internet trying to find the lowest price. We need your committee and the Senate to support SB 2031 and find a better way to access affordable prescription drugs.

Thank you again for listening to our family's and other AARP members concerns as you work on this issue. I wholeheartedly appreciate any effort to make medicine more affordable. SB 2301 is a step in the right direction, and I urge you give the bill a favorable recommendation.

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Marnie Piehl
Email: mpiehl@aarp.org
Zip Code: 58554
Date Signed: 12/13/2022 - 12:58

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Josh Askvig
Email: joshaskvig@gmail.com
Zip Code: 58504-6483
Date Signed: 12/15/2022 - 15:34

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Marcia Patrie
Email: mbpatrie73@gmail.com
Zip Code: 58503
Date Signed: 12/16/2022 - 08:44

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Eldon Beilke
Email: eabeilke@gmail.com
Zip Code: 58104
Date Signed: 12/16/2022 - 17:03

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Rodger Schmid
Email: rodgerdodger5650@hotmail.com
Zip Code: 58103
Date Signed: 12/16/2022 - 17:04

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Myrna Lukes
Email: myrna_lukes@yahoo.com
Zip Code: 58054
Date Signed: 12/16/2022 - 17:04

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Ruth Rollefstad
Email: rrollefstad@outlook.com
Zip Code: 58201
Date Signed: 12/16/2022 - 17:04

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Martin Schock
Email: mschock@westriv.com
Zip Code: 58562
Date Signed: 12/16/2022 - 17:06

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Darlene Reinarts
Email: dreinarts1@gmail.com
Zip Code: 58504
Date Signed: 12/16/2022 - 17:06

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Wilbert Harsch
Email: wwharsch@westriv.com
Zip Code: 58545
Date Signed: 12/16/2022 - 17:11

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Mark Sr. Wisnewski
Email: mark.wisnewski@k12.nd.us
Zip Code: 58053
Date Signed: 12/16/2022 - 17:11

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Luci Dullum
Email: lucid@ndsupernet.com
Zip Code: 58601
Date Signed: 12/16/2022 - 17:13

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Dennis Nelson
Email: dnelson924@bis.midco.net
Zip Code: 58504
Date Signed: 12/16/2022 - 17:13

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Jennifer Bear
Email: jaburge30@gmail.com
Zip Code: 58102
Date Signed: 12/16/2022 - 17:16

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Bill Swanson
Email: dakrefbill@gmail.com
Zip Code: 58103
Date Signed: 12/16/2022 - 17:17

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Allan Hagen
Email: awhagen05@gmail.com
Zip Code: 58103
Date Signed: 12/16/2022 - 17:17

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Allen Schierholz
Email: allenschierholz@gmail.com
Zip Code: 58104
Date Signed: 12/16/2022 - 17:21

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Debra Schmaltz
Email: debkschmaltz2@gmail.com
Zip Code: 58203
Date Signed: 12/16/2022 - 17:21

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Todd Donner
Email: tjkjdonner@ndsupernet.com
Zip Code: 58649
Date Signed: 12/16/2022 - 17:22

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Dennis and Judy Thompson
Email: djthompson64@gmail.com
Zip Code: 58104
Date Signed: 12/16/2022 - 17:25

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Keary Brager
Email: kbxray@msn.com
Zip Code: 58102
Date Signed: 12/16/2022 - 17:27

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Jerry Acosta
Email: jerryacostancr@yahoo.com
Zip Code: 58554
Date Signed: 12/16/2022 - 17:28

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Paul Frank
Email: paulwfrank@gmail.com
Zip Code: 58504
Date Signed: 12/16/2022 - 17:30

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Steve Paradis
Email: paradisstv@yahoo.com
Zip Code: 58078
Date Signed: 12/16/2022 - 17:32

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Harry J Wolbaum
Email: hjwolbaum@bis.midco.net
Zip Code: 58503
Date Signed: 12/16/2022 - 17:33

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: David Ellefson
Email: dellefson@bis.midco.net
Zip Code: 58501-3158
Date Signed: 12/16/2022 - 17:33

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Debra DuVall
Email: dduvall05@msn.com
Zip Code: 58201
Date Signed: 12/16/2022 - 17:34

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Darre lAhmann
Email: da347@wil.midco.net
Zip Code: 58801
Date Signed: 12/16/2022 - 17:36

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Sandy Kienzle
Email: kienzle4@bis.midco.net
Zip Code: 58501
Date Signed: 12/16/2022 - 17:42

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Bob Larson
Email: blarson@westriv.com
Zip Code: 58576
Date Signed: 12/16/2022 - 17:47

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Peggy Zerface
Email: pegizerf0614@gmail.com
Zip Code: 58046
Date Signed: 12/16/2022 - 17:48

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Shelly Quimby
Email: squimby68@gmail.com
Zip Code: 58845
Date Signed: 12/16/2022 - 17:52

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Tracy Tormaschy
Email: whitneysmother@yahoo.com
Zip Code: 58630
Date Signed: 12/16/2022 - 18:08

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Marlene Beyer
Email: mbeyer@wil.midco.net
Zip Code: 58801
Date Signed: 12/16/2022 - 18:10

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Jodi McKinzie
Email: jmckinzie@horizonresources.coop
Zip Code: 58801
Date Signed: 12/16/2022 - 18:12

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Debra Ball-Kilbourne
Email: dbk.central@gmail.com
Zip Code: 58103
Date Signed: 12/16/2022 - 18:19

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Mitchell Conley
Email: mitchell.conley@yahoo.com
Zip Code: 58501
Date Signed: 12/16/2022 - 18:20

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Francis Bruce
Email: devotabruce@hotmail.com
Zip Code: 58503
Date Signed: 12/16/2022 - 18:21

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Mitchell Conley
Email: mitchell.conley@yahoo.com
Zip Code: 58501
Date Signed: 12/16/2022 - 18:21

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Terry Jueth
Email: terryjueth@msn.com
Zip Code: 58501
Date Signed: 12/16/2022 - 18:22

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Danielle Kenneweg
Email: DKENNEWEG@COMCAST.NET
Zip Code: 58504-7334
Date Signed: 12/16/2022 - 18:22

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Cheryl Lewis
Email: rockvegas098@gmail.com
Zip Code: 58365
Date Signed: 12/16/2022 - 18:27

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Cynthia Albrecht
Email: cpapp131@gmail.com
Zip Code: 58501
Date Signed: 12/16/2022 - 18:30

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Sharon Bosch
Email: skbosch1946@gmail.com
Zip Code: 58104
Date Signed: 12/16/2022 - 18:30

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Diana Johnson
Email: dljlilacs@yahoo.com
Zip Code: 58078
Date Signed: 12/16/2022 - 18:40

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: M Johnson
Email: alvin52586@yahoo.com
Zip Code: 58501
Date Signed: 12/16/2022 - 18:42

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Randy Stockert
Email: rkstockert@gmail.com
Zip Code: 58504
Date Signed: 12/16/2022 - 18:50

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Sheree Hoistad
Email: skhoistad@gmail.com
Zip Code: 58601
Date Signed: 12/16/2022 - 18:50

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Lawrence Walker
Email: lawalk59@gmail.com
Zip Code: 58503
Date Signed: 12/16/2022 - 18:56

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Jean Boespflug
Email: ljboespflug@ndsupernet.com
Zip Code: 58601
Date Signed: 12/16/2022 - 19:15

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: David Crockett
Email: crockett@mnstate.edu
Zip Code: 58078
Date Signed: 12/16/2022 - 19:22

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Luci Vandal
Email: luci.vandal@sendit.nodak.edu
Zip Code: 58540
Date Signed: 12/16/2022 - 19:30

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Donna Olsen
Email: iammunchkin@msn.com
Zip Code: 58104
Date Signed: 12/16/2022 - 19:31

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Charles Ruzicka
Email: ruzicka@mnstate.edu
Zip Code: 58102
Date Signed: 12/16/2022 - 19:31

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Kathleen Brenneman
Email: bkjscb@outlook.com
Zip Code: 58104
Date Signed: 12/16/2022 - 19:35

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Brett mobley
Email: brettmobley007@gmail.com
Zip Code: 58730
Date Signed: 12/16/2022 - 19:46

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Yvonne Nordahl
Email: yvonne.nordahl@yahoo.com
Zip Code: 58601
Date Signed: 12/16/2022 - 19:48

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Patricia Eide
Email: the_eides@hotmail.com
Zip Code: 58078
Date Signed: 12/16/2022 - 19:58

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Darlene Lien
Email: darlenelien53@gmail.com
Zip Code: 58703
Date Signed: 12/16/2022 - 20:02

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Pete Moe
Email: pcmoe6@gmail.com
Zip Code: 58577
Date Signed: 12/16/2022 - 20:02

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Sharon Snyder
Email: sis4913@icloud.com
Zip Code: 58496
Date Signed: 12/16/2022 - 20:25

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Lynn Garske
Email: lynngarske@hotmail.com
Zip Code: 58301
Date Signed: 12/16/2022 - 20:39

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Gail Hagen
Email: wgh536tn@gmail.com
Zip Code: 58830
Date Signed: 12/16/2022 - 20:51

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Denise Zenker
Email: teachinggranny6@gmail.com
Zip Code: 58504
Date Signed: 12/16/2022 - 20:54

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Deborah Barnes
Email: dlb128682901@gmail.com
Zip Code: 58801
Date Signed: 12/16/2022 - 21:14

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Debbra Lettenmaier
Email: debbracarol@hotmail.com
Zip Code: 58103
Date Signed: 12/16/2022 - 21:23

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Peg Nelson
Email: pnelson@bis.midco.net
Zip Code: 58504
Date Signed: 12/16/2022 - 21:30

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Mark Rios
Email: mvlrios1@gmail.com
Zip Code: 58201
Date Signed: 12/16/2022 - 21:41

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Mary Larson
Email: LooneyLars@bis.midco.net
Zip Code: 58501
Date Signed: 12/16/2022 - 21:44

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Katheryn Steinke
Email: rochell.steinke7@gmail.com
Zip Code: 58646
Date Signed: 12/16/2022 - 21:59

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Sue Olson
Email: sjolson11210605@gmail.com
Zip Code: 58501
Date Signed: 12/16/2022 - 22:12

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Candace Getz
Email: cmgetz@bektel.com
Zip Code: 58503
Date Signed: 12/16/2022 - 22:16

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Timothy A Pacholke
Email: tapacholke@gmail.com
Zip Code: 58036
Date Signed: 12/16/2022 - 22:30

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Linda Smith
Email: linda626smith@yahoo.com
Zip Code: 58103
Date Signed: 12/16/2022 - 22:32

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Charles Furan
Email: charlesfuran@gmail.com
Zip Code: 58401
Date Signed: 12/16/2022 - 22:59

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Julie Thorstad
Email: juliethorstad@yahoo.com
Zip Code: 58103
Date Signed: 12/17/2022 - 00:50

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Burnie Kunz
Email: burniekunz@hotmail.com
Zip Code: 58501
Date Signed: 12/17/2022 - 01:26

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Sondra McLean
Email: sondra.mclean@lmwindpower.com
Zip Code: 58203
Date Signed: 12/17/2022 - 02:01

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Caroline Monroe
Email: carolinem@interbel.net
Zip Code: 58503
Date Signed: 12/17/2022 - 08:07

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Bobbylee Farrier
Email: rbcf@ndsupernet.com
Zip Code: 58601
Date Signed: 12/17/2022 - 08:54

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: George LaPalm
Email: geolapalm629@gmail.com
Zip Code: 58102
Date Signed: 12/17/2022 - 09:03

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Laura Anhalt
Email: lanhalt11@gmail.com
Zip Code: 58501
Date Signed: 12/17/2022 - 09:22

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Leroy Juve
Email: ndjuves@bis.midco.net
Zip Code: 58078
Date Signed: 12/17/2022 - 10:13

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Rachel Weed
Email: witchie51@gmail.com
Zip Code: 58722
Date Signed: 12/17/2022 - 10:58

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Greg Werlinger
Email: dakkid@hotmail.com
Zip Code: 58701
Date Signed: 12/17/2022 - 11:16

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Vicky Miller
Email: moon_shadow13@hotmail.com
Zip Code: 58072-4402
Date Signed: 12/17/2022 - 11:32

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Joann Lawrence
Email: jolawrence7@live.com
Zip Code: 58104
Date Signed: 12/17/2022 - 12:48

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: William Menke
Email: menke409@gmail.com
Zip Code: 58104
Date Signed: 12/17/2022 - 13:41

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Elayne Michaelis
Email: elaynemichaelis@midco.net
Zip Code: 58425
Date Signed: 12/17/2022 - 13:46

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Susan Dingle
Email: suzsaid@hotmail.com
Zip Code: 58501
Date Signed: 12/17/2022 - 17:19

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: LOWELL Wood
Email: wood5@bis.midco.net
Zip Code: 58501
Date Signed: 12/17/2022 - 17:40

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Eugenia Anton
Email: eugenia_anton1974@hotmail.com
Zip Code: 58763
Date Signed: 12/17/2022 - 17:54

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Doug Hansen
Email: dnwhansen@hotmail.com
Zip Code: 58801
Date Signed: 12/17/2022 - 19:52

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Cheryl Keller
Email: dusters57@hotmail.com
Zip Code: 58102
Date Signed: 12/17/2022 - 21:08

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: EMMA WALL
Email: jeffwall123@bis.midco.net
Zip Code: 58503
Date Signed: 12/17/2022 - 21:34

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: David Nelson
Email: dnelsonmc73@gmail.com
Zip Code: 58501-2858
Date Signed: 12/18/2022 - 09:00

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Anthony Hensel
Email: thense81@gmail.com
Zip Code: 58270
Date Signed: 12/18/2022 - 09:30

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Paulette Neff
Email: plneff@hotmail.com
Zip Code: 58554-1223
Date Signed: 12/18/2022 - 11:28

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Robert Entringer
Email: entringer@bis.midco.net
Zip Code: 58503
Date Signed: 12/18/2022 - 11:32

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Roger Gilbertson
Email: rogmargil@midco.net
Zip Code: 58104
Date Signed: 12/18/2022 - 16:31

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Cassandra Muller
Email: tommysnoopy@hotmail.com
Zip Code: 58104
Date Signed: 12/18/2022 - 17:43

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Tim Stiner
Email: tstiner129@gmail.com
Zip Code: 58540
Date Signed: 12/18/2022 - 17:51

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Richard Wilhelmi
Email: rwil2014@midco.net
Zip Code: 58078-2407
Date Signed: 12/18/2022 - 21:04

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Ellen Schafer
Email: deschafer@msn.com
Zip Code: 58503
Date Signed: 12/19/2022 - 22:46

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Cara Mitzel
Email: ccmitz95@gmail.com
Zip Code: 58501
Date Signed: 12/19/2022 - 22:57

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Pamela Davis
Email: pamdavis5@bis.midco.net
Zip Code: 58554
Date Signed: 12/19/2022 - 23:13

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Patricia Hermanson
Email: pathermanson@midco.net
Zip Code: 58504
Date Signed: 12/20/2022 - 08:46

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Jerel Skattum
Email: jrs.mrs@gmail.com
Zip Code: 58472
Date Signed: 12/20/2022 - 10:24

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: CHAD WEHRI
Email: chadwehri@yahoo.com
Zip Code: 58081
Date Signed: 12/20/2022 - 10:45

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: DIANE ROEHRICH
Email: dianeroehrich@hotmail.com
Zip Code: 58103
Date Signed: 12/20/2022 - 15:37

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Arlene Meissel
Email: arlenemeissel@yahoo.com
Zip Code: 58504
Date Signed: 12/21/2022 - 12:52

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Paul Frank
Email: paulwfrank@gmail.com
Zip Code: 58504
Date Signed: 12/21/2022 - 13:02

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Terrie Bingeman
Email: terriejobingeman@yahoo.com
Zip Code: 58554
Date Signed: 12/21/2022 - 13:05

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Leigh Holzer
Email: leighholzer@yahoo.com
Zip Code: 58078
Date Signed: 12/21/2022 - 13:06

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Brian Berg
Email: briankb@srt.com
Zip Code: 58318
Date Signed: 12/21/2022 - 13:07

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Jan Turner
Email: mngirljt@aol.com
Zip Code: 58102
Date Signed: 12/21/2022 - 13:09

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Craig Sager
Email: threefingers2@msn.com
Zip Code: 58554
Date Signed: 12/21/2022 - 13:10

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Lester Heid
Email: lfheid@bis.midco.net
Zip Code: 58504
Date Signed: 12/21/2022 - 13:10

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Steve Orgaard
Email: tjwildman2@yahoo.com
Zip Code: 58501
Date Signed: 12/21/2022 - 13:10

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Donna Bloom Hipfner
Email: bdbh@bis.midco.net
Zip Code: 58501
Date Signed: 12/21/2022 - 13:11

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Kathy Bartz
Email: kbartz1949@hotmail.com
Zip Code: 58801
Date Signed: 12/21/2022 - 13:11

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Steve Herold
Email: steveh@heroldtech.com
Zip Code: 58504
Date Signed: 12/21/2022 - 13:11

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Orvin Godejohn
Email: ogodejohn@hotmail.com
Zip Code: 58029
Date Signed: 12/21/2022 - 13:13

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Clayton VanderLinden
Email: cgvan@live.com
Zip Code: 58631
Date Signed: 12/21/2022 - 13:13

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: LAURIE E VANDERLINDEN
Email: cgvan@live.com
Zip Code: 58631
Date Signed: 12/21/2022 - 13:14

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Patty Wollan
Email: pmwollan@hotmail.com
Zip Code: 58102
Date Signed: 12/21/2022 - 13:19

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Patty Wollan
Email: pmwollan@hotmail.com
Zip Code: 58102
Date Signed: 12/21/2022 - 13:19

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Greg Fetsch
Email: pgfetsch@gmail.com
Zip Code: 58249
Date Signed: 12/21/2022 - 13:19

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Connie Stewart
Email: cstewart@bis.midco.net
Zip Code: 58503
Date Signed: 12/21/2022 - 13:20

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Bernard Wyant
Email: bernardwyantjr@gmail.com
Zip Code: 58251
Date Signed: 12/21/2022 - 13:21

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Allan Hagen
Email: awhagen05@gmail.com
Zip Code: 58103-4505
Date Signed: 12/21/2022 - 13:21

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Bib Jerke
Email: bobjerke@hotmail.com
Zip Code: 58554
Date Signed: 12/21/2022 - 13:31

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Denise Johnson
Email: denise.j0405@gmail.com
Zip Code: 58078
Date Signed: 12/21/2022 - 13:46

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Deborah Meester
Email: meester193@gmail.com
Zip Code: 58275
Date Signed: 12/21/2022 - 13:48

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Mike Petrikenas
Email: tkpetrik@hotmail.com
Zip Code: 58318
Date Signed: 12/21/2022 - 13:48

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Charles Ruzicka
Email: ruzicka@mnstate.edu
Zip Code: 58102
Date Signed: 12/21/2022 - 13:49

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Cheryl Aberle
Email: caberle11@hotmail.com
Zip Code: 58503
Date Signed: 12/21/2022 - 13:56

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Francis Bruce
Email: devotabruce@hotmail.com
Zip Code: 58503
Date Signed: 12/21/2022 - 13:57

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Robert Cataldi
Email: lavrob87@yahoo.com
Zip Code: 58078
Date Signed: 12/21/2022 - 14:00

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: David Mikkelson
Email: davemikk6@gmail.com
Zip Code: 58701
Date Signed: 12/21/2022 - 14:13

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Marlene Beyer
Email: mbeyer@wil.midco.net
Zip Code: 58801
Date Signed: 12/21/2022 - 14:16

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Jan Timmerman
Email: swtimm@hotmail.cpm
Zip Code: 58006
Date Signed: 12/21/2022 - 14:26

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Melda Young
Email: young.melda@gmail.com
Zip Code: 58045
Date Signed: 12/21/2022 - 14:26

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Sandy Kienzle
Email: kienzle4@bis.midco.net
Zip Code: 58501
Date Signed: 12/21/2022 - 14:39

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Gordy Juberigan
Email: gordyj@invisimax.com
Zip Code: 58214
Date Signed: 12/21/2022 - 14:46

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Luci Vandal
Email: luci.vandal@sendit.nodak.edu
Zip Code: 58540
Date Signed: 12/21/2022 - 14:52

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Kristi Carlson
Email: kris@groupmail.com
Zip Code: 58104
Date Signed: 12/21/2022 - 14:56

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Judith Carlson
Email: jcarlson@min.midco.net
Zip Code: 58701
Date Signed: 12/21/2022 - 15:01

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Sharon Bosch
Email: skbosch1946@gmail.com
Zip Code: 58104
Date Signed: 12/21/2022 - 15:10

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Gerald Brinkman
Email: g1br1nk@wah.midco.net
Zip Code: 58030
Date Signed: 12/21/2022 - 15:42

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Heidi LaBree
Email: htrytten@hotmail.com
Zip Code: 58554
Date Signed: 12/21/2022 - 16:02

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Loren Baglien
Email: lbaglien@srt.com
Zip Code: 58701
Date Signed: 12/21/2022 - 16:10

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Loren Baglien
Email: lbaglien@srt.com
Zip Code: 58701
Date Signed: 12/21/2022 - 16:12

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Ruth Rollefstad
Email: rrollefstad@outlook.com
Zip Code: 58201
Date Signed: 12/21/2022 - 16:20

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Neil Reuter
Email: neilreuter@hotmail.com
Zip Code: 58201
Date Signed: 12/21/2022 - 17:25

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: David Grosz
Email: degrosz51@gmail.com
Zip Code: 58078
Date Signed: 12/21/2022 - 17:51

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Mary Rogers
Email: sunriseresearchllc@gmail.com
Zip Code: 58501
Date Signed: 12/21/2022 - 17:53

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Elizabeth Arnold
Email: clayarts@i29.net
Zip Code: 58102
Date Signed: 12/21/2022 - 17:54

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Polly Nelson
Email: polly.r.nelson@gmail.com
Zip Code: 58501
Date Signed: 12/21/2022 - 18:00

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Louis Couture
Email: lcouture@minot.com
Zip Code: 58701
Date Signed: 12/21/2022 - 18:33

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Kim Meidinger
Email: kpm17y@gmail.com
Zip Code: 58503
Date Signed: 12/21/2022 - 18:37

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Louis J Helfrich
Email: louisj@ndsupernet.com
Zip Code: 58601
Date Signed: 12/21/2022 - 18:43

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: CJ Marsh-Becker
Email: cjmarshbecker@aol.com
Zip Code: 58012
Date Signed: 12/21/2022 - 18:45

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Richard Wilhelmi
Email: rwil2014@midco.net
Zip Code: 58078-2407
Date Signed: 12/21/2022 - 19:15

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Betty Kost
Email: bettykost@hotmail.com
Zip Code: 58677
Date Signed: 12/21/2022 - 19:45

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Laura Sticka
Email: mygrandmalaura@gmail.com
Zip Code: 58601
Date Signed: 12/21/2022 - 20:08

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Darrel Ahmann
Email: da347@wil.midco.net
Zip Code: 58801
Date Signed: 12/21/2022 - 21:13

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: stan cebula
Email: cebula@daktel.com
Zip Code: 58401
Date Signed: 12/21/2022 - 21:58

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Eugenia Anton
Email: eugenia_anton1974@hotmail.com
Zip Code: 58763
Date Signed: 12/21/2022 - 22:03

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Ann Kelly
Email: akelly.broek@gmail.com
Zip Code: 58072
Date Signed: 12/21/2022 - 22:56

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Gregg Christmas
Email: psi-punt-0q@icloud.com
Zip Code: 58368
Date Signed: 12/22/2022 - 01:28

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Caroline Monroe
Email: carolinem@interbel.net
Zip Code: 58503
Date Signed: 12/22/2022 - 07:52

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Shirley Essary
Email: essary.shirley@gmail.com
Zip Code: 58078
Date Signed: 12/22/2022 - 10:22

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: David Ellefson
Email: dellefson@bis.midco.net
Zip Code: 58501
Date Signed: 12/22/2022 - 12:21

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Cindy McLean
Email: dahlmc4411@gmail.com
Zip Code: 58104
Date Signed: 12/22/2022 - 17:05

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: David McCarty
Email: davesparrots@yahoo.com
Zip Code: 58503
Date Signed: 12/22/2022 - 19:30

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Candace Getz
Email: cmgetz@bektel.con
Zip Code: 58503
Date Signed: 12/22/2022 - 20:15

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Dennis Gad
Email: dandjgad@gmail.com
Zip Code: 58504
Date Signed: 12/22/2022 - 21:13

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: James Nelson
Email: jimmthegeek@gmail.com
Zip Code: 58102
Date Signed: 12/23/2022 - 02:26

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Christa Culver
Email: christaculver2238@gmail.com
Zip Code: 58554
Date Signed: 12/23/2022 - 06:31

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Eileen Mack Rouse
Email: eileenrouse@hotmail.com
Zip Code: 58503
Date Signed: 12/23/2022 - 08:07

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Vicky Miller
Email: moon_shadow13@hotmail.com
Zip Code: 58072-4402
Date Signed: 12/23/2022 - 10:14

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Susan Dingle
Email: suzsaid@hotmail.com
Zip Code: 58501
Date Signed: 12/23/2022 - 15:59

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Gretchen Deeg
Email: gretchen@uccbismarck.org
Zip Code: 58501
Date Signed: 12/24/2022 - 08:05

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Gloria Nundahl
Email: glornundahl@gmail.com
Zip Code: 58104
Date Signed: 12/27/2022 - 00:55

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Ellen Schafer
Email: deschafer@msn.com
Zip Code: 58503
Date Signed: 12/30/2022 - 08:08

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Angela Ross
Email: aross@midco.net
Zip Code: 58503
Date Signed: 12/30/2022 - 09:02

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Loren Baglien
Email: lbaglien@srt.com
Zip Code: 58701
Date Signed: 12/30/2022 - 10:55

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: John Lawrence
Email: jolawrence7@live.com
Zip Code: 58104
Date Signed: 12/30/2022 - 20:29

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Karen Weber
Email: kmweber@yahoo.com
Zip Code: 58554
Date Signed: 01/01/2023 - 01:16

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Deb Harris
Email: debbieharris@live.com
Zip Code: 58701
Date Signed: 01/03/2023 - 10:07

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Kathi Schwan
Email: kathi.schwan@gmail.com
Zip Code: 58078
Date Signed: 01/03/2023 - 11:33

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Pam Rud
Email: pammiejr@hotmail.com
Zip Code: 58104
Date Signed: 01/04/2023 - 10:26

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Sharon Snyder
Email: sis4913@icloud.com
Zip Code: 58496
Date Signed: 01/05/2023 - 17:01

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Francis Bruce
Email: devotabruce@hotmail.com
Zip Code: 58503
Date Signed: 01/05/2023 - 17:02

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Cheryl Planert
Email: c.planert@icloud.com
Zip Code: 58621-0982
Date Signed: 01/05/2023 - 17:03

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Deborah Adent
Email: debskiid@yahoo.com
Zip Code: 58078
Date Signed: 01/05/2023 - 17:05

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: James Rice
Email: ricejimd@hotmail.com
Zip Code: 58503
Date Signed: 01/05/2023 - 17:06

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Janet Holum
Email: holumrj@hotmail.com
Zip Code: 58201
Date Signed: 01/05/2023 - 17:08

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Charles Ruzicka
Email: ruzicka@mnstate.edu
Zip Code: 58102
Date Signed: 01/05/2023 - 17:09

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: al schlag
Email: aschlag@srt.com
Zip Code: 58703
Date Signed: 01/05/2023 - 17:11

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Joseph Jastrzembski
Email: jastrzem@srt.com
Zip Code: 58703
Date Signed: 01/05/2023 - 17:12

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Christine Blanchfield
Email: ckblanchfield@yahoo.com
Zip Code: 58301
Date Signed: 01/05/2023 - 17:12

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Danita Bitz
Email: danitab@bektel.com
Zip Code: 58561
Date Signed: 01/05/2023 - 17:13

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Eldren Darger
Email: eddarger@gmail.com
Zip Code: 58852
Date Signed: 01/05/2023 - 17:16

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Patrick Zidon
Email: patrickzidon@gmail.com
Zip Code: 58503
Date Signed: 01/05/2023 - 17:18

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Chris Flanagin
Email: cflana54@me.com
Zip Code: 58201
Date Signed: 01/05/2023 - 17:19

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Linda Hamann
Email: lrhamann52@gmail.com
Zip Code: 58104
Date Signed: 01/05/2023 - 17:20

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Candace Getz
Email: cmgetz@bektel.com
Zip Code: 58503
Date Signed: 01/05/2023 - 17:20

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Lyle Halvorson
Email: lylehalvorson@bis.midco.net
Zip Code: 58503
Date Signed: 01/05/2023 - 17:21

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Leroy Juve
Email: ndjuves@bis.midco.net
Zip Code: 58078
Date Signed: 01/05/2023 - 17:23

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Thomas Woitaszewski
Email: twwski@min.midco.net
Zip Code: 58701
Date Signed: 01/05/2023 - 17:27

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Janice Warner
Email: jjkwarner@yahoo.com
Zip Code: 58779
Date Signed: 01/05/2023 - 17:29

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Becky Blees
Email: Bblees@midco.net
Zip Code: 58503
Date Signed: 01/05/2023 - 17:30

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Pam Orth
Email: kelsey1@min.midco.net
Zip Code: 58701
Date Signed: 01/05/2023 - 17:31

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Barb Wrolstad
Email: wrol@bis.midco.net
Zip Code: 58503
Date Signed: 01/05/2023 - 17:36

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Lori Collins
Email: lori.lyn.collins@gmail.com
Zip Code: 58325
Date Signed: 01/05/2023 - 17:36

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Lori Collins
Email: lori.lyn.collins@gmail.com
Zip Code: 58325
Date Signed: 01/05/2023 - 17:36

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Mary Jane Sauerwein
Email: maryjanesauerwein@gmail.com
Zip Code: 58601
Date Signed: 01/05/2023 - 17:38

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Richard Benz
Email: rebenz13@msn.com
Zip Code: 58601
Date Signed: 01/05/2023 - 17:43

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Steve Orgaard
Email: tjwildman2@yahoo.com
Zip Code: 58501
Date Signed: 01/05/2023 - 17:45

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Karen Pekas
Email: kpekas@yahoo.com
Zip Code: 58639
Date Signed: 01/05/2023 - 17:51

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Nancy Rice
Email: ricenancy@hotmail.com
Zip Code: 58503
Date Signed: 01/05/2023 - 17:51

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Tracy Tormaschy
Email: whitneysmother@yahoo.com
Zip Code: 58630
Date Signed: 01/05/2023 - 17:54

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Laura Anhalt
Email: lanhalt11@gmail.com
Zip Code: 58501
Date Signed: 01/05/2023 - 17:54

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Donna Olsen
Email: iammunchkin@msn.com
Zip Code: 58104
Date Signed: 01/05/2023 - 17:54

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Julie Coulter
Email: jkcoulter@hotmail.com
Zip Code: 58201
Date Signed: 01/05/2023 - 17:55

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Debbie Palmer
Email: palmerdjo@hotmail.com
Zip Code: 58031
Date Signed: 01/05/2023 - 18:08

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Bernadette Schwindt
Email: schwinty@midco.net
Zip Code: 58503
Date Signed: 01/05/2023 - 18:08

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: MariLynn Herman
Email: massachusettsgal@hotmail.com
Zip Code: 58554
Date Signed: 01/05/2023 - 18:12

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Tom Seymour
Email: seymour@srt.com
Zip Code: 58078
Date Signed: 01/05/2023 - 18:12

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Cindy Meek
Email: cmeek58621@yahoo.com
Zip Code: 58621
Date Signed: 01/05/2023 - 18:13

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Suzanne Olson
Email: olsonsuzanne994@gmail.com
Zip Code: 58103
Date Signed: 01/05/2023 - 18:16

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Richard Johnson
Email: miltonjohnson416@gmail.com
Zip Code: 58075
Date Signed: 01/05/2023 - 18:17

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Steve Duewel
Email: steve.duewel@gmail.com
Zip Code: 58503
Date Signed: 01/05/2023 - 18:18

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Cathy Duewel
Email: cathyduewel@gmail.com
Zip Code: 58503
Date Signed: 01/05/2023 - 18:18

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: R McPhail
Email: rpaulmcphail@gmail.com
Zip Code: 58833
Date Signed: 01/05/2023 - 18:31

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Darrel Ahmann
Email: da347@wil.midco.net
Zip Code: 58801
Date Signed: 01/05/2023 - 18:34

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Kelly Barr-Muscha
Email: kmuscha@rrt.net
Zip Code: 58018
Date Signed: 01/05/2023 - 18:36

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: TAMARA THOMPSON
Email: maeve@mad-scientist.me
Zip Code: 58078
Date Signed: 01/05/2023 - 18:38

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: CJ Marsh-Becker
Email: cjmarshbecker@aol.com
Zip Code: 58012
Date Signed: 01/05/2023 - 18:39

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Dennis Gad
Email: dandjgad@gmail.com
Zip Code: 58505
Date Signed: 01/05/2023 - 18:50

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Sandra Schaefer
Email: gidgette@ndsupernet.com
Zip Code: 58601
Date Signed: 01/05/2023 - 18:51

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Craig Thurow
Email: lewis@min.midco.net
Zip Code: 58503
Date Signed: 01/05/2023 - 18:52

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Michael Sauvageau
Email: mikes20102003@yahoo.com
Zip Code: 58103
Date Signed: 01/05/2023 - 18:58

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Karen Eiler
Email: Karen.eiler82@gmail.com
Zip Code: 58104
Date Signed: 01/05/2023 - 18:58

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Dennis Nelson
Email: dnelson924@bis.midco.net
Zip Code: 58504
Date Signed: 01/05/2023 - 19:07

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Cynthia Albrecht
Email: cyndi_a@hotmail.com
Zip Code: 58501
Date Signed: 01/05/2023 - 19:11

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Chris Mickelson
Email: stct513@gmail.com
Zip Code: 58078
Date Signed: 01/05/2023 - 19:38

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Daniel Scherr
Email: Scherrdm5@yahoo.com
Zip Code: 58103
Date Signed: 01/05/2023 - 19:43

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Richard Wilhelmi
Email: rwil2014@midco.net
Zip Code: 58078
Date Signed: 01/05/2023 - 19:57

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Susan Montplaisir
Email: sueboots1@msn.com
Zip Code: 58202
Date Signed: 01/05/2023 - 19:58

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Mark Rios
Email: mvlrios1@gmail.com
Zip Code: 58201
Date Signed: 01/05/2023 - 20:24

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Charles Furan
Email: charlesfuran@gmail.com
Zip Code: 58401
Date Signed: 01/05/2023 - 20:35

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Cynthia Roholt
Email: learn2sew@hotmail.com
Zip Code: 58102
Date Signed: 01/05/2023 - 20:47

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Donna Nevins-Amundson
Email: Donnasuenevins@gmail.com
Zip Code: 58259
Date Signed: 01/05/2023 - 20:49

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Colleen Karsky
Email: cdkarsky@gmail.com
Zip Code: 58103
Date Signed: 01/05/2023 - 20:55

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Thea Monson
Email: tmm701@min.midco.net
Zip Code: 58341
Date Signed: 01/05/2023 - 21:00

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Angela Uhlich
Email: auhlich@bis.midco.net
Zip Code: 58501
Date Signed: 01/05/2023 - 21:08

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Sharon Bosch
Email: skbosch1946@gmail.com
Zip Code: 58104
Date Signed: 01/05/2023 - 21:51

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: JoAnn Jameson
Email: edmundoi@aol.com
Zip Code: 58104
Date Signed: 01/05/2023 - 22:23

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: David Mikkelson
Email: davemikk6@gmail.com
Zip Code: 58701
Date Signed: 01/05/2023 - 22:23

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Louis Couture
Email: lcouture@minot.com
Zip Code: 58701
Date Signed: 01/05/2023 - 22:31

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Joyce Krabseth
Email: jkrabserh@wil.midco.net
Zip Code: 58801
Date Signed: 01/05/2023 - 22:49

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Brenda Smith
Email: b_e_smith@hotmail.com
Zip Code: 58703
Date Signed: 01/05/2023 - 23:27

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Priscilla Rime
Email: sedswr6@gmail.com
Zip Code: 58249
Date Signed: 01/05/2023 - 23:35

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Mark Deyle
Email: mdeyle@msn.com
Zip Code: 58504
Date Signed: 01/05/2023 - 23:42

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Judy Finck
Email: cjfinck@ndsupernet.com
Zip Code: 86403
Date Signed: 01/05/2023 - 23:49

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Pamela Rathbun
Email: pb1817@frontier.com
Zip Code: 58574
Date Signed: 01/06/2023 - 00:11

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Connie Danielson
Email: dragonladyusa@hotmail.com
Zip Code: 58103
Date Signed: 01/06/2023 - 02:06

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Les Witkowski
Email: Retired4801@hotmail.com
Zip Code: 58503
Date Signed: 01/06/2023 - 04:32

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: M M Nelson
Email: jugglerlake@hotmail.com
Zip Code: 58078
Date Signed: 01/06/2023 - 05:10

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Jim Anderson
Email: epicanders@gmail.com
Zip Code: 58554
Date Signed: 01/06/2023 - 07:04

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Caroline Monroe
Email: carolinem@interbel.net
Zip Code: 58503
Date Signed: 01/06/2023 - 08:23

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Mae Tinguely
Email: maetinguely@yahoo.com
Zip Code: 58104
Date Signed: 01/06/2023 - 08:57

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Marvin Eskildsen
Email: marvineskildsen@gmail.com
Zip Code: 58078
Date Signed: 01/06/2023 - 09:37

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Larry H Lyson
Email: lhlyson@bektel.com
Zip Code: 58503
Date Signed: 01/06/2023 - 09:48

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Parrell Grossman
Email: parrellgrossman@gmail.com
Zip Code: 58503
Date Signed: 01/06/2023 - 09:57

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Rachel Weed
Email: witchie51@gmail.com
Zip Code: 58722
Date Signed: 01/06/2023 - 10:00

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Sheri Grossman
Email: sherijgrossman@gmail.com
Zip Code: 58503
Date Signed: 01/06/2023 - 10:01

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Peter Kuhn
Email: kuhn.nd@juno.com
Zip Code: 58201
Date Signed: 01/06/2023 - 10:19

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Margo Severson
Email: gmsever@nccray.com
Zip Code: 58849
Date Signed: 01/06/2023 - 11:42

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Jody Schmitz
Email: js@legacyr.com
Zip Code: 58104
Date Signed: 01/06/2023 - 11:42

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Maurita Hess
Email: rhess@far.midco.net
Zip Code: 58078
Date Signed: 01/06/2023 - 12:03

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Shereen Schwagler
Email: schwagler@bis.midco.net
Zip Code: 58554
Date Signed: 01/06/2023 - 12:34

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Marilyn Worner
Email: wornermarilyn@gmail.com
Zip Code: 58102
Date Signed: 01/06/2023 - 12:48

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Terry Jueth
Email: terryjueth@msn.com
Zip Code: 58501
Date Signed: 01/06/2023 - 12:53

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Vicky Miller
Email: moon_shadow13@hotmail.com
Zip Code: 58072-4402
Date Signed: 01/06/2023 - 13:40

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Terrie Bingeman
Email: terriejobingeman@yahoo.com
Zip Code: 58554
Date Signed: 01/06/2023 - 15:14

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Scott Nelson
Email: schnelson55@gmail.com
Zip Code: 58201
Date Signed: 01/06/2023 - 15:37

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Loren Baglien
Email: lbaglien@srt.com
Zip Code: 58701
Date Signed: 01/06/2023 - 15:41

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Susan Dingle
Email: suzsaid@hotmail.com
Zip Code: 58501
Date Signed: 01/06/2023 - 16:16

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Linda Paluck
Email: lindapaluck@bis.midco.net
Zip Code: 58503
Date Signed: 01/06/2023 - 17:08

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Ruth Rollefstad
Email: rrollefstad@outlook.com
Zip Code: 58201
Date Signed: 01/06/2023 - 17:17

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Rosemarie Dornhecker
Email: airmk23@yahoo.com
Zip Code: 58772
Date Signed: 01/06/2023 - 20:09

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Wanda PETERSON
Email: wandaandjohnp83@aol.com
Zip Code: 58102
Date Signed: 01/06/2023 - 22:25

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Karlene Hallgren
Email: cozmicgramma@gmail.com
Zip Code: 58801
Date Signed: 01/06/2023 - 22:39

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Sandy Kienzle
Email: kienzle4@bis.midco.net
Zip Code: 58501
Date Signed: 01/07/2023 - 01:12

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Sandy Kienzle
Email: kienzle4@bis.midco.net
Zip Code: 58501
Date Signed: 01/07/2023 - 01:13

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Patrick Pins
Email: patrickpins@icloud.com
Zip Code: 58554
Date Signed: 01/07/2023 - 05:08

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Trudy Tischer
Email: tltischer@wah.midco.net
Zip Code: 58075
Date Signed: 01/07/2023 - 07:33

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: James Stewart
Email: stewartmike106@gmail.com
Zip Code: 58801
Date Signed: 01/07/2023 - 09:18

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Mary Eagleson
Email: meagleson66@gmail.com
Zip Code: 58401
Date Signed: 01/07/2023 - 09:35

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: RONALD KADRMAS
Email: highway14@live.com
Zip Code: 58601-4314
Date Signed: 01/07/2023 - 09:57

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Darrell Vasvick
Email: cjsd@msn.com
Zip Code: 58103
Date Signed: 01/07/2023 - 11:40

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Greg Sahlberg
Email: greg.sahlberg@gmail.com
Zip Code: 58078
Date Signed: 01/07/2023 - 11:41

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Mark & Sandy Rios
Email: mvlrios1@gmail.com
Zip Code: 58201
Date Signed: 01/07/2023 - 11:47

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Nancy Jones
Email: njonesinnd@earthlink.net
Zip Code: 58103
Date Signed: 01/07/2023 - 11:49

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Elaine Anderson
Email: eanderson@bis.midco.net
Zip Code: 58554
Date Signed: 01/07/2023 - 12:11

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Faye A Stebbins
Email: fstebs@gmail.com
Zip Code: 68701
Date Signed: 01/07/2023 - 13:10

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Deb Frey
Email: frenchiegrandma@gmail.com
Zip Code: 58104
Date Signed: 01/07/2023 - 15:23

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Rebecca Moch
Email: rmoch59@gmail.com
Zip Code: 58102
Date Signed: 01/07/2023 - 16:13

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Kim Meidinger
Email: kpm17y@gmail.com
Zip Code: 58503
Date Signed: 01/07/2023 - 16:30

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Marlene Batterberry
Email: marleneb@midco.net
Zip Code: 58078
Date Signed: 01/07/2023 - 19:21

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Charisse Fandrich
Email: charisse.fandrich@gmail.com
Zip Code: 58554
Date Signed: 01/07/2023 - 19:40

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: frank kupferer
Email: frankkupferer1@outlook.com
Zip Code: 58078
Date Signed: 01/07/2023 - 20:26

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Barbara Serr
Email: bserr@bis.midco.net
Zip Code: 58503
Date Signed: 01/08/2023 - 14:24

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Patrick Riley
Email: patriley@midco.net
Zip Code: 58802
Date Signed: 01/08/2023 - 23:07

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Tracey L. Wilkie
Email: Tracey_Wilkie@yahoo.com
Zip Code: 58103
Date Signed: 01/09/2023 - 07:37

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Ellen Schafer
Email: deschafer@msn.com
Zip Code: 58503
Date Signed: 01/09/2023 - 22:06

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Ronelle Gravgaard
Email: ronelleg@wil.midco.net
Zip Code: 58801
Date Signed: 01/09/2023 - 22:37

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Donna Hanson
Email: dhanson@crowleyfleck.com
Zip Code: 58504
Date Signed: 01/10/2023 - 09:04

SUPPORT SB 2031 TO LOWER PRESCRIPTION DRUG PRICES

Retail prices for some of the most widely used brand name prescription drugs continue to increase twice as much as inflation, making these life-sustaining medicines potentially unaffordable to many older North Dakotans. North Dakotans are paying more for nearly everything today – from groceries to gas to housing.

For older North Dakotans, the problem of inflation is only made worse by the ever-increasing price of prescription drugs. If consumer prices had risen as fast as drug prices over the last 15 years, gas would now cost $12.20 a gallon, and milk would be $13 a gallon.

We need legislators to take action now to bring down the price of prescription drugs in North Dakota. Support SB 2031- the ND PERS Prescription Drug Reference Rate Pilot Program.

Name: Doreen Riedman
Email: driedman@aarp.org
Zip Code: 58503
Date Signed: 01/10/2023 - 13:43

January 16, 2023

Chair Lee and Members of the Senate Human Services Committee,

My name is Kathi Schwan, Volunteer State President, for AARP North Dakota. I live in West Fargo. The last 6 years as Volunteer State President has provided me a unique understanding of the needs of the 50+ in every corner of ND. In our listening tour, members and non-members have made it clear: **there is one major issue we must resolve: <u>the high cost of prescription drugs.</u>**

I appreciate your time today and look forward to sharing with you statistical and personal observations on this topic. It is crucial to our population and one that you have already heard about during the last session and during the interim. I know you are also receiving emails and post cards from older residents in your district in support of efforts to lower prescription drugs. In addition, we launched a petition in December of 2022 and in

one month we collected over 320 online signatures of those impacted by the high price of prescription drugs. **They want you to hear them. And we want you to hear them. That is why I am here today.**

AARP is a non-partisan, non-profit, nationwide organization with thirty-eight million members. **83,000 of those members live in North Dakota**. Many issues touch older Americans and their ability to live safe, independent, and healthy lives. Most of our work fits into three areas; helping people choose where they live, to remain financially secure, and to access affordable health care.

I personally assist seniors with forms like homestead renter's rebates, Affordable Connectivity Program forms, Social Security, Medicare, Medicaid, Section 8, take them to the Food Pantry. I know what their income is and what it takes to lower their expenses to pay for what they need to live: medications. You have no idea the stress they endure to try to make the

choice whether they fill a prescription, skip doses, or cannot afford to take it at all.

During **the Interim Health Care Committee and Employee Benefits Committee** meetings, we offered similar testimony in support of the prescription drug reference rate pilot program- the same bill draft that your committee - is considering today. On September 15, 2022, the interim Health Care committee approved and recommended that the prescription drug reference rate pilot program to the Legislative Management by a vote of 13-2 and on December 13, 2022, the Employee Benefits reviewed the bill as well.

Increasing drug prices do not just impact Medicare beneficiaries, **it impacts all North Dakotans, especially those age 50 and older.** We have all been sensitive to the increasing cost of daily necessities such as a dozen eggs, a gallon of gas, or a loaf of bread. But a 2021 AARP survey found that many Americans find these costs pale in comparison if

those basic needs rose in price as much as commonly prescribed prescription drugs. You can survive without that loaf of bread, but not filling a lifesaving prescription medication or cutting your dose in half can have significant consequences. This is a dire choice many North Dakotans must face every day, with the cost of prescription drugs.

According to the **July 2022 Data Book published by Medpac**, the organization that advises Congress on Medicare issues, the average older American takes between four and five prescription drugs per month, typically on a chronic basis. And in the US, prices for top brand name drugs are three times higher than Canadian prices. *(U.S. Government Accountability Office Report to the Chairman, Committee on the Budget, U.S. Senate March 2021).*

In a new analysis published in The Journal of the American Medical Association, the average prices for newly marketed prescription drugs in the United States grew by 20% per year

from 2008 to 2021, a tenfold increase in just over a decade. In 2020 and 2021, half of new drugs were priced at more than $150,000 per year, compared with fewer than 10% of drugs introduced at this price level in 2008.

Your committee and the Senate have an opportunity this session to take the first step in telling your constituents, that you hear them, and want to address the unaffordable cost of prescription drugs.

With SB 2031, the ND Public Employees Retirement System (ND PERS) Prescription Drug Pilot Program, international reference pricing would allow North Dakota to import more **affordable drug payment rates** from Canada as an alternative to importing actual drugs. If the pilot is successful, this could expand to other payers statewide ensuring that thousands of North Dakotans can afford lifesaving medications.

While opponents tell us that high drug prices is just the price we pay for research and development to keep future patients alive, what about keeping existing patients alive? Drugs already on the market—right now--will not work if the patient cannot afford to fill the prescription. In the US, why do we pay higher prices than the rest of the world for the exact same prescription drugs made in America? All available evidence indicates that drug companies' pricing decisions prioritize revenue and profits over patients. (Washington Post from 12/10/21)

As I have testified to other legislative committees, I wanted to see for myself and compare American made medications over the border that ND snowbirds have talked about for years. A local pharmacist gave me a commonly prescribed list to check out. Once in Arizona, just south of Yuma, is a small Mexican city called Los Algodones. There are a couple hundred dentists there since most snowbirds do not have dental insurance at a time in their life where they need it the most.

But they also need prescription medication, also at a time in their life where they need it the most. Why pay $168 for a single tube of Retina-A for your skin cancer, when you can get two tubes for $2.50 in Mexico? **It's American made, of course.**

What would you think it would cost for a 30-drop/30-day supply of Restasis dry eye drops, needed by many older adults? In Mexico, these American made drops will set you back $25 for a 6-month supply. **Originally, I testified months ago you would pay $300 for a 1 month supply. Restasis has *now more than doubled to $645.53 for 1 month supply*.** That is more than my 72-year sister gets monthly from Social Security!

On the Restasis website, manufacturer, Allergen, boasts that they will provide a limited number of months for free <u>if you qualify</u>. But you DO NOT QUALIFY if you are on **Medicare, Medicare Advantage, Medigap, Medicaid, Tri-Care, Dept of Defense, or Veteran's programs. This offer also is not available**

to cash paying patients. Obviously, finding those who qualify is not their priority.

I have also testified before that the knowledge of the price variances in Los Algodones is so well known by ND snowbirds that you can buy Bison and UND merchandise in their gift shops. You pass North Dakotans on the street there or in the coffee shops wearing Bison t-shirts. Horns up!

We also know of the stories of folks taking buses or using mail order pharmacies in Canada to obtain lifesaving medications. Some of you may recall testimony from a former state employee named Roger from the last session. He told his story about how he nearly lost his life to leukemia when he could not afford the cost of the medicine. The cost was $2,400 a month, or almost $30,000 a year. Roger is alive today because he found a Canadian mail order pharmacy who provides his needed medication at a price he can afford.

It is shameful that North Dakotans must turn to foreign countries on their own to find affordable prices on life-saving drugs at the very time in their lives they need them the most. They need you during this session to recognize the importance of this bill.

Staying healthy, and in some cases---staying alive---should not bankrupt the good people of this state. I am grateful to North Dakota legislators who are working on this issue. Prescription drug costs are the top concern of North Dakotans over fifty. ***I am asking that your Committee and the Senate champion this crucial step, by passing SB 2031.***

Thank you.

AARP North Dakota

Lowering Prescription Drug Costs Frequently Asked Questions

The high cost of prescription drugs impacts all North Dakotans, especially those 50 and older. That's why AARP North Dakota supports policy solutions to help lower prescription drug costs, including SB 2031, the ND Public Employees Retirement System (ND PERS) Prescription Drug Pilot Program. This bill uses international reference pricing which allows states to import more affordable drug payment rates from Canada as an alternative to importing actual drugs. It is the first step toward lowering Rx drug prices for all North Dakotans.

What are the key features of SB 2031?

The bill is based on a model international reference pricing bill developed by the National Academy for Health Policy (NASHP) with a few differences:

- It's a pilot project with a sunset clause and only applies to the 25 most costly drugs to the Public Employee Retirement System (PERS).
- The model bill applies to the top 250 most costly drugs.
- Sets reference prices based on Canadian prices for the drugs
- Requires payors to pay no more than the reference price or face a penalty
- Savings from the program must be used to reduce costs to the consumer
- Penalties for any drug manufacturer for withdrawing from the market in the state
- Reporting requirements include an annual form demonstrating savings by each payor and a final report.
- Violations are a Class A misdemeanor instead of the $1000/day fine found in the model bill.

What is international reference pricing?

International reference pricing uses the price paid for certain drugs in other countries (e.g. Canada) to establish an upper payment limit for those drugs for payors within the state that enacts the law.*

How will SB 2031 work if it passes?

If SB 2031 passes, a process will be established to determine upper payment limits for the 25 prescription drugs currently included in the bill and part of North Dakota's Public Employee Retirement System (PERS). The upper payment limit will reflect the lowest price found across the four most populous Canadian provinces, and is the most that purchasers can pay, leaving manufacturers free to set prices. Should the pilot program prove successful, lawmakers may decide to expand the program in the future.

Do prescription drugs cost less in Canada?

Yes, when you look at all brand-name drugs, Canadian drug prices are about 30% of the price in the United States. And when you compare the 200 top-selling, brand-name drugs in both countries, Canadian prices are 35% of those in the United States.**

Lowering Prescription Drug Costs Frequently Asked Questions

AARP North Dakota

How is international reference pricing different than wholesale or individual importation?

Unlike wholesale or individual prescription drug importation, international reference pricing allows states to import more affordable drug payment rates rather than importing actual drugs.

Are other states considering similar legislation?

Yes, as of 2021, a similar bill was introduced and passed in Maine. In addition to North Dakota, other bills have been introduced in New York, Hawaii, North Carolina, Oklahoma, and Rhode Island.

Will policies like prescription drug international reference pricing save the state and consumers money?

Yes. The US pays the highest prices for prescription drugs in the world. By importing the prices of the 25 most expensive drugs, the state of North Dakota will reduce its overall expenditures on drugs and, depending on how the state program is structured, can pass on those savings on to North Dakotans impacted by the program.

For more information contact:

Janelle Moos
Associate State Director - Advocacy
jmoos@aarp.org
701-390-0161

*An Act to Reduce Prescription Drug Costs Using International Pricing (nashp.org)

**https://waysandmeans.house.gov/sites/democrats.waysandmeans.house.gov/files/documents/U.S.%20vs.%20International%20Prescription%20Drug%20Prices_0.pdf.

https://www.whitehouse.gov/wp-content/uploads/2020/02/Funding-the-Global-Benefits-to-Biopharmaceutical-Innovation.pdf?mod=article_inline

***2022 State Legislative Action to Lower Pharmaceutical Costs (nashp.org)

Testimony of the National Academy for State Health Policy on SB 2031 - Relating to a prescription drug reference rate pilot program

Chair Lee and Members of the Committee,

My name is Drew Gattine and I am a Senior Policy Consultant with the National Academy for State Health Policy's (NASHP) Center for Drug Pricing. NASHP is a non-partisan forum of state policy makers that works to develop and implement innovative health care policy solutions at the state level. At NASHP we believe that when it comes to health care, the states are a tremendous source of innovative ideas and solutions. We approach our work by engaging and convening state leaders to solve problems. We conduct policy analysis and research and we provide technical assistance to states.

In 2017 NASHP created its Center for Drug Pricing to focus attention on steps that states can take to tackle the spiraling costs of prescription drugs and the impact it has on consumers, the overall cost of health care and state budgets. NASHP's Center for Drug Pricing develops model legislation for states and provides technical assistance and support to legislators and executive branch leaders who wish to move them forward. When these bills pass, NASHP continues to support states as they are implemented.

SB 2031 is based on one of NASHP's model bills. Because NASHP is not an advocacy organization we do not take a position "for" or "against" a bill but we do stand by to answer questions and provide technical support for sponsors and legislative committees.

I think we are all aware that when compared to citizens of other countries, Americans pay a lot more for prescription drugs and that the rising cost of prescription drugs is a huge driver in the overall annual increase in health care costs that Americans experience routinely. Other countries spend less for the same drugs because they set rates for prescription drugs. In the United States, rate setting is the norm for many health care services. Public programs like Medicaid or Medicare, and commercial payers routinely negotiate or set rates. But when it comes to prescription drugs, the United States has a very complicated payment and distribution system that begins with prices set by drug manufacturers. (Note that this bill does not set manufacturer prices or tell manufacturers that they cannot set whatever price they decide. It does set a top rate that government payers and health plans are allowed to pay.)

States could undertake to do this rate-setting themselves but the process is complicated and requires up-front investment. Most states don't have the infrastructure to do this analytical work. The good news is that other countries are already doing it and the results of that work are readily and publicly available for states to use.

This bill directs North Dakota Insurance Commissioner to implement a pilot program to bring the rate that purchasers pay for certain prescription drugs in alignment with Canadian prices. The Commissioner is directed to compare, based on a list provided by the Public Employees Retirement System (PERS), the amount that PERS pays for the 25 most costly drugs in the state with the price paid for those drugs in the four most populous Canadian provinces (Ontario, Quebec, British Columbia, and Alberta) and directs that this price becomes the ceiling rate for government purchasers and health plans in North Dakota. The provinces provide the rate information on publicly available websites and matching to the top 25 drugs in North Dakota can be accomplished easily by cross-walking to those websites.

The model bill applies to health plans and state entities other than Medicaid. Medicaid was excluded in acknowledgement of the unique design of the Medicaid pharmacy benefit that requires states to cover all drugs in exchange for substantial rebates. Including Medicaid would require up-front agreement by the federal government through either a waiver of state plan amendment. I realize that Representative Meier is proposing amendments to narrow the scope of the pilot project to just PERS.

Referencing North Dakota rates to Canadian rates should lead to significant savings to the state. The prices paid in Canada are typically 65-80% percent less than the price paid in the United States. Based on Information that NASHP received from ND PERS when a different version of this bill was introduced in 2021, using 2020 utilization numbers, referencing the top 25 drugs in terms of spending to the Canadian price as would have resulted in savings of over $21 million to the state. (This does not include the savings that would accrue in the commercial market.)

When a similar bill was introduced in 2021 in Oklahoma by Senator Greg McCortney (currently the Senate Majority Leader) the legislature's fiscal office estimated that referencing the 20 highest cost drugs to Canadian prices would save $50 million for the state employee health program.

The potential value to North Dakota residents would be the reduction of the cost of prescription drugs and the requirement that any savings, achieved either by health plans or by state payers, be used to benefit consumers. The bill requires that any savings generated by implementing the reference rates, whether generated by state entities or commercial health plans, be used to reduce the health care costs of the people of North Dakota. Lowering the cost of life-saving drugs should increase the ability of people who rely on those drugs to have better access. Pharmacy manufacturers, who continue to make profits in Canada and in other countries with lower prices than the US, will still be left with the necessary revenue to invest in research and development and bring new, innovative, drugs to market. The profits that pharmaceutical manufacurers make in the US by charging more to Americans than they do to

the citizens of other countries far exceeds their entire global R&D budget. There is room to set rates to expand access to affordable drug *and* to allow profit to incent continued innovation.

Only prescription drugs that are currently available in both North Dakota and Canada will be subject to the reference pricing, so this pilot project will not result in new drugs being unavailable. By definition, the impacted drugs are available in Canada, so the factors used to determine the price in Canada has not resulted in a decision by the manufacturers not to sell them there. This pilot project does not require North Dakota to consider quality adjusted life years (QALYs) or any other metric that some argue discriminate against people with disabilities and chronic illnesses.

As the Committee continues its work on this bill, NASHP is available to support your work as necessary. Prior to drafting its latest round of model legislation, NASHP engaged with a team of legal experts to design legally sound approaches that can withstand the inevitable challenges from manufacturers. NASHP has made our legal analysis available on our website. (https://www.nashp.org/the-national-academy-for-state-health-policys-proposal-for-state-based-international-reference-pricing-for-prescription-drugs/). The NASHP legal white paper focuses specifically on possible challenges related to patent infringement and the application of the dormant commerce clause. The NASHP website also contains other materials (Written Q&A, Blog Articles, etc.) that may be useful material for the Committee. (NASHP has also recently released a model bill that references pharmacy rates to the prices that Medicare will be negotiating with manufacturers under the Inflation Reduction Act. That model bill and supporting materials are also available at the NASHP website.)

Thank you.

Drew Gattine
NASHP Center for Drug Pricing
Email: dgattine@nashp.org
Phone: (207) 409-3477

North Dakota Rx Reference Rate Pilot Program

PERS Identifies Most Costly Drugs

- Public employee retirement system (PERS) identifies the 25 most costly prescription drugs (net price x utilization)
- PERS sends list of drugs to Commissioner, with data on net spend for each listed drug over previous calendar year

Commissioner Identifies Referenced Drugs & Rates

- Commissioner publishes list of the 25 drugs subject to the referenced rate and the actual referenced rate
- To determine the referenced rate, Commissioner compares the WAC to published prices from the four most populous Canadian provinces, and selects the lowest cost
- If the referenced drug cannot be found in the provinces, the Commissioner considers the ceiling price published by Canada's Patented Medicine Prices Review Board
- Commissioner consults PERS and calculates the expected savings achieved by utilizing referenced rate for plan year

Reporting & Enforcement

- Commissioner receives mandated reporting by plans, and publishes annual report
- Commissioner enforces penalties for violations of statute

Legislative Report

- During the 2023-24 and 2025-26 interims, the Commissioner will provide an annual report to the Legislature

Example IPI Table*

Drug Name	NDC	Strength	Ontario (in CAN $)	Quebec	British Columbia	Alberta	PMPRB Maximum Price	Reference Rate	Reference Rate in USD	Source of Reference Rate
Drug A	0000-0000-01	5mg tablet	$500	$450	$500	$475	$550	$450	$335.33	Quebec
Drug B	0000-0000-02	100mg/mL syringe	$890	$860	$880	$860	$950	$860	$640.97	Quebec, Alberta
Drug C	0000-0000-03	75mg tablet	$13	$15	$17	N/A	$25	$13	$9.69	Ontario
…										

Drug Name	**NDC**	**Strength**	**Source of International Reference Rate**	**Current Plan Net Price [in State]** *Net unit cost (after rebates and all other discounts). Please be sure to match price/units based on Unit of Reference Rate*	**Drug Utilization** *(utilization for specified time period)*	**Plan Total Net Spend** *Multiply Current Plan Net Price by Drug Utilization*	**International Reference Rate** *(in USD)*	**Canadian Unit of Reference Rate for Comparison**	**Plan Net Spend with International Reference Rate** *Multiply International Reference Rate by utilization*	**Plan Savings from International Reference Rate-Setting** *Subtract Plan Net Spend with International Reference Rate from actual Plan Total Net Spend*
Drug A	0000-0000-01	5mg tablet	Quebec	$2,700	450	$1,215,000	$335.33	5mg tablet	$150,898.50	$1,064,101.50
Drug B	0000-0000-02	100mg/mL syringe	Quebec, Alberta	$1,500	250	$375,000	$640.97	1 syringe	$160,242.50	$214,757.50
Drug C	0000-0000-03	75mg tablet	Ontario	$800	180	$144,000	$9.69	75mg tablet	$1,744.20	$142,255.80
…										
								Total annual savings:		$XXX

*Note: The above table is for illustrative purposes only – it does not reflect any drug products or prices

Resources

- Ontario Drug Benefit Formulary/Comparative Drug Index - https://www.formulary.health.gov.on.ca/formulary/
- Québec List of Medications (last updated December 14, 2022) - https://www.ramq.gouv.qc.ca/en/media/14231
- British Columbia PharmaCare Formulary Search - https://pharmacareformularysearch.gov.bc.ca/Search.xhtml
- Alberta Interactive Drug Benefit List - https://idbl.ab.bluecross.ca/idbl/load.do
- New Patented Medicines Reported to Patented Medicine Prices Review Board - http://pmprb-cepmb.gc.ca/pmpMedicines.asp?x=611

Good morning, Chairman Lee and committee members of the Senate Human Service Committee. For the record my name is Rep. Lisa Meier of District 32.

This bill is a piolet project with a sunset clause and applies to the 25 most costly drugs to the Public Employees Retirement System.

It sets reference pricing based on Canadian prices for drugs.

Savings from this program must be used to reduce costs to the consumer.

This bill places penalties for any drug manufacturer for withdrawing from the market in our state.

There is no option for self-funded health care plans. It does apply to other payers other than Medicaid.

Reporting requirements include both an annual form demonstrating savings by each payer and a final report.

Violations are a Class A misdemeanor with a $1000 per day fine.

This bill is based off model legislation from the National Academy for State Health Policy and a broader version of this bill was introduced last session in a broader form.

Americans pay in some instances more than 3 times of what other people pay for prescriptive drugs from other countries.

In North Dakota the average annual cost of prescription drug treatment increased over 26% in the last 10 years and annual income in North Dakota increased just over 12%.

Our constituents continue to ask us to do something towards a step forward.

The interim Health Care committee carefully reviewed the bill and moved it forward and I hope for favorable support in this committee.

Thank you, I appreciate your favorable consideration.

Prepared by the Legislative Council staff for
Representative Meier
January 10, 2023

PROPOSED AMENDMENTS TO SENATE BILL NO. 2031

Page 1, line 1, replace "19-25" with "54-52.7"

Page 1, line 2, after the first "a" insert "public employees retirement system"

Page 1, replace lines 5 and 6 with:

"**SECTION 1.** Chapter 54-52.7 of the North Dakota Century Code is created and enacted as follows:"

Page 1, line 7, replace "**19-25-01**" with "**54-52.7-01**"

Page 1, line 10, remove "an entity for which a pharmacy benefits manager provides"

Page 1, remove lines 11 through 13

Page 1, line 14, replace "beneficiaries who work or reside in this state" with "the public employees retirement system uniform group insurance health insurance benefits coverage under chapter 54-52.1"

Page 1, line 21, remove "an agency of the state government which purchases prescription"

Page 1, remove lines 22 and 23

Page 1, line 24, replace "the state. The term does not include the medical assistance program" with "the public employees retirement system"

Page 2, line 3, replace "**19-25-02**" with "**54-52.7-02**"

Page 2, line 7, replace "**19-25-03**" with "**54-52.7-03**"

Page 2, line 9, after "delivered" insert "directly"

Page 2, line 9, remove ", whether directly or"

Page 2, line 10, remove "through a distributor,"

Page 2, line 13, remove "or distribution"

Page 2, line 14, remove "state entity or"

Page 2, line 17, replace "**19-25-04**" with "**54-52.7-04**"

Page 2, line 18, replace "public employees retirement system" with "state entity"

Page 2, line 19, remove "public employees retirement system"

Page 2, line 20, replace "benefits coverage based upon" with "plan"

Page 2, line 21, replace "public employees retirement system" with "state entity"

Page 2, line 23, replace "public employees retirement system" with "state entity"

Page 2, line 24, replace "public employees retirement system" with "state entity"

Page 3, line 17, remove "public employees retirement"

Page 3, line 18, replace "system" with "state entity"

Page 3, remove lines 19 through 22

Page 3, line 23, replace "**19-25-06**" with "**54-52.7-05**"

Page 3, line 24, replace "each" with "the"

Page 3, line 24, remove "and health plan"

Page 3, line 25, remove "subject to this chapter"

Page 3, line 26, remove "and how those savings were used to"

Page 3, line 27, remove "comply with section 19-25-05"

Page 3, line 30, after "drugs" insert "and other health insurance plans"

Page 4, line 3, replace "**19-25-07**" with "**54-52.7-06**"

Page 4, line 4, remove "or distributor"

Page 4, line 10, remove "or distributor"

Page 4, line 13, remove "or distributor"

Page 4, line 16, replace "19-25-04" with "54-52.7-04"

Page 4, line 17, remove "or distributor"

Page 4, line 20, remove "or distributor"

Page 4, line 23, remove "or distributor"

Page 4, line 25, replace "19-25-04" with "54-52.7-04"

Page 4, line 29, after "commissioner" insert "and the public employees retirement system"

Page 5, line 1, after "drugs" insert "and other health insurance plans"

Page 5, line 2, replace "deems" with "and public employees retirement system deem"

Renumber accordingly

Greater North Dakota Chamber

GREATER NORTH DAKOTA CHAMBER
SB 2031
Senate Human Services Committee
Chair Judy Lee
January 16th, 2023

Chair Lee and members of the Committee, my name is Andrea Pfennig with the Greater North Dakota Chamber. GNDC is North Dakota's largest statewide business advocacy organization, with membership represented by small and large businesses, local chambers, and trade and industry associations across the state. We stand in **opposition** of Senate Bill 2031.

GNDC believes strongly in the free market system. This system gives strength to the consumer by enticing companies to compete among each other for their business. Competition motivates companies to produce the products that meet the needs of the consumer at reasonable prices the market can support. This competition within the free market system has led our nation to innovate and develop world class products at reasonable prices, all at the demand and access of the consumer.

These principles were confirmed in a report that was recently jointly commissioned by GNDC and the Bioscience Association of North Dakota (BioND). Conducted by the Challey Institute at North Dakota State University, the white paper found that imposing price controls on prescription drugs will decrease drug availability to patients and threaten the future of research and development of life saving medications.

Mandates could have especially negative impacts on rural North Dakota which may already struggle with supply chain issues. Price controls would also harm small businesses by increasing their costs to supply health insurance to employees.

While well intentioned, price controls have harmful unintended consequences and infringe upon free market principles. It is critical that we foster a business climate in North Dakota that encourages private investment, research, innovation, product development, and the efficient delivery of products and services to meet the needs of the consumer.

Chair Lee and members of the Committee, thank you for the opportunity to comment. I respectfully urge you to reject SB 2031, and I would be happy to respond to any questions.

701.222.0929 ndchamber@ndchamber.com ndchamber.com PO Box 2639 • Bismarck, ND 58502

Sheila and Robert Challey Institute
for Global Innovation and Growth
North Dakota State University

Policy Brief

Pharmaceutical Price Controls Destroy Innovation and Harm Patients

Raymond J. March, Ph.D.

December 2022

The IQVIA Institute (2021) forecasts total medical spending in the U.S. will reach between $380-$400 billion by 2025. A growing component of this jarring figure is prescription drug costs. Nearly 48 percent of Americans use at least one prescription drug daily (CDC, 2019). More people might use prescription drugs if they can afford them. A 2019 survey finds nearly 30 percent of prescriptions remain unfilled because patients fear they will be too expensive (KFF, 2020).

Skyrocketing health care costs have motivated politicians to step in and look for solutions. Price controls are their latest (of many failed) attempts to address pharmaceuticals. While price controls for drugs were once political rhetoric, they might soon become the next foolhardy attempt to fix healthcare woes. Colorado recently became the first state to implement a price cap on insulin (Zialcita 2021). Even North Dakota has considered similar policies. 2021's Senate Bill No. 2170 aimed to fine producers $1,000 for charging higher prices than Canadian pharmacies and will be reintroduced in 2023.

North Dakota does have a prescription drug expenditure problem. In 2019, North Dakotans spent nearly $1.5 billion on prescription drugs (Definitive Healthcare, 2022). This ranks amongst the highest per capita expenditures in the country. But price controls are no solution. At best, they fail. At worst, they create severe unintended consequences which harm consumers and producers.

Price controls for pharmaceuticals are a clear example of the dangers of well-intended but poorly thought out policy- crippling suppliers from innovating new and cheaper products while also slashing patient access to much-needed (even life-prolonging) medical goods. North Dakota's characteristics and economic conditions would only make these consequences worse.

Price Controls: Bad in Theory, Worse in Practice

Prices play an indispensable role in the economy. They inform both buyers and sellers how much of a good is available. Higher prices motivate producers to find profitable ways to make more. They also encourage consumers to buy less (or buy something else).

When policies prevent prices from rising, consumers buy more while producers make less (or make something else). Price controls reduce patient availability when the product is prescription drugs while cutting motivation and resources for drug suppliers to invest and improve (now less profitable) goods (Calfee, 2001). Both parties are worse off- the worst outcome a policy can create.

This fundamental economic lesson applies to all products in all markets. Shuttenger (2014) reviews the use and effects of price controls extending back thousands of years and for hundreds of products. The results are always the same: less availability and rippling effects across other markets worsen an already difficult situation.

Numerous studies demonstrate that prescription drug prices, even when high, are no exception to this predictable pattern. Klye (2007) and Schulthess and Bowen (2021) find drug developers were less likely to dedicate funds to R&D and introduce new drugs within countries with pharmaceutical price controls. Eger and Mahlich (2014) similarly find that firms selling drugs in price-regulated European markets use less R&D spending. Philipson and Durie (2021) review the Lower Drug Costs Now Act proposed by the Biden Administration and estimated the act would cost between 167-342 new drug approvals while also reducing R&D spending by about $952.2 billion to $2 trillion across 18 years.

Cutting R&D comes at the cost of future innovation- meaning fewer pioneering medical discoveries, cheaper drugs, and lifesaving medications. Motkuri and Mishra (2018) find that India's efforts to implement price controls considerably reduced patient access to lifesaving drugs. In their illustrating but concerning paper entitled The Cost of U.S. Pharmaceutical Price Reductions: A Financial Simulation Model of R&D Decisions, Abbot and Vernon (2005) note that even modest price controls in the U.S. pharmaceutical market could truncate R&D expenditures across the pharmaceutical market by 5 percent. For reference, federal funding provided to Pfizer to produce the first authorized Covid-19 vaccine was only an 8 percent R&D increase.

Current drug availability will also sharply decrease because of decreased profitability (Ingram 2011). While some "blockbuster" drugs have high-profit margins, most prescription drugs made modest gains. Abbot and Vernon (2005) note that only 30 percent of drugs recoup their R&D expenditures once they reach U.S. patients.

Drug shortages caused by price controls are also well documented. Slin (2007) chronicles a decade of drug shortages in the United Kingdom through the 1950-1960s following their attempts to set price controls to make drugs cheaper. Even price controls on more lucrative drugs fail to deliver on their goals. In 2019, Colorado became the first state to cap insulin co-pays to $100 per month. Nearly a year later, a survey found 40% of Coloradan diabetics still rationed their insulin because of a lack of availability (March, 2021).

North Dakota and Minnesota residents frequently travel to Canada (which also uses price controls) to buy cheaper insulin (Davie, 2019). Consequently, Canadian pharmacies often restrict how many vials of insulin patients can purchase at a time- leaving Canadians with less access (Mueller, 2017).

What Prescription Drug Price Controls Would Mean for North Dakotans

Healthcare's complex network of insurance providers, employers, third-party agencies, and medical professionals means the harmful effects of price controls extend well beyond patients and drug producers. Price controls and ill effects cast a wide and devastating net in a state with predominantly rural health like North Dakota.

When drug producers lose profitability, they produce fewer drugs with lower profit margins. Consequently, cheaper drugs become harder to find and other drugs get prescribed for their secondary effects. Changing pharmaceutical prices also requires PBMs, PSAOs, and similar organizations to renegotiate drug prices with pharmacies and insurance providers. The outcome is cost-shifting strategies that place further financial burdens on the drug providers (including wholesalers) and patients to cover the costs of drugs that remain on the market.

With nearly 40 percent of North Dakotans living in a rural population, higher insurance premiums and lower coverages put many farther away from accessing pharmaceuticals (N.D. Chamber of Commerce, 2021). This is especially harmful as rural populations frequently have higher rates of diabetes and other

chronic health conditions (Smith, Humphries, and Wilson, 2008). Rising premiums are especially financially difficult for the already 9 percent of North Dakotans without any health insurance coverage (KFF, 2020).

Less access to drugs would also be particularly harmful to North Dakotans. Although North Dakota is one of the least populated states, it ranks 20th in the number of prescription drugs filled and 11th in the number of unique prescriptions filled annually. These figures indicate North Dakota patients need diverse and frequent pharmaceutical access (Definitive Healthcare, 2022).

Pharmaceutical price controls would also harm small businesses. Nearly 60 percent of U.S. employees receive some health insurance from work, making employers one of the largest health insurance providers. When the cost of providing health insurance to employees rises, so does the cost of retaining and hiring new employees, leading to fewer jobs. Baicker and Chandra (2005) estimate a 10 percent increase in health insurance premiums results in 1 fewer hour worked per week with a two percent lower chance of being hired (health insurance premiums have risen 50 percent since 2000).

As categorized by the Small Business Administration, nearly 98 percent of businesses incorporated in North Dakota are small businesses (Boland 2021). Combined with a persistent state-wide labor shortage (O'Day, 2021), the secondary effects of pharmaceutical price controls would likely have a considerable negative impact.

Conclusion

Higher prices for vital goods like prescription drugs have falsely led many to call on price controls to make them cheaper. While well intended, price controls only attempt to limit price increases. Their actual effect is to limit innovation and access. Thousands of examples and a large body of research consistently find price controls fail to deliver while causing considerable harm. Implementing them in North Dakota would be a disastrous misdiagnosis.

Citations available upon request.

ABOUT THE AUTHOR

RAYMOND J. MARCH, Ph.D., is an assistant professor in the Department of Agribusiness and Applied Economics and a scholar of the Challey Institute for Global Innovaiton and Growth at North Dakota State University.

raymond.j.march@ndsu.edu

The Sheila and Robert Challey Institute for Global Innovation and Growth at North Dakota State University aims to advance understanding in the areas of innovation, trade, institutions, and human potential to identify policies and solutions for the betterment of society. ndsu.edu/challeyinstitute

The views expressed in this paper are those of the author and do not necessarily reflect the views of the Sheila and Robert Challey Institute for Global Innovation and Growth or the views of North Dakota State University.

The Arc Bismarck | BioND | Biotechnology Innovation Organization | Family Voices of North Dakota – Navigating Crossroads to Hope | PhRMA – Research • Progress • Hope

SB 2031: Prescription Drug Price Controls

Too Risky for North Dakota Patients

SB 2031 – a Prescription Drug Reference Rate Pilot Program – could have significant and detrimental effects on North Dakota patients. Imposing government price controls on manufacturers risks patient access to prescription drugs and would negatively impact the future of research and development of new drugs.

Government price controls

- SB 2031 requires the Insurance Commissioner to cap the price of prescription medicines based on Canadian prices—therefore setting a government price control.
- If a medicine cannot be purchased at that reference price it will not be available to patients. By reducing the number of medicines available on the market, SB 2031 jeopardizes competition and the normal market forces that are already working to drive down costs.

Threatens access to medications

- SB 2031 would reduce the number and variety of medicines available to patients. Fewer treatment options will result in less adherence and overall worse health outcomes when patients are unable to access the best treatments for them.

Risks to innovation and R&D of lifesaving drugs

- SB 2031 threatens to reduce the amount invested in the research and development (R&D) of new medicines, undermining America's global leadership in biopharmaceutical innovation.
- By setting the price of medicine, North Dakota will be diminishing the incentive for biopharmaceutical companies to invest robustly in R&D.
- It typically takes more than 10 years and over $2 billion to bring a new drug to market. If companies cannot recoup these costs they may decline to invest in research for more complex and rare conditions.

Discriminatory practices

- By using prices set in other countries like Canada, SB 2031 could also import the cost-effectiveness analyses used to set those prices, which are often highly discriminatory.
- The cost-effectiveness analysis used in many countries relies on Quality Adjusted Life Years (QALYs) to determine which drugs will be covered and for how much. QALYs have been shown to discriminate against people with disabilities by placing a lower value on their lives.

Legal concerns

- The legislation does not provide companies with clear due process. SB 2031 gives the Insurance Commissioner broad discretion to set price controls, and manufacturers are unable to negotiate or object to these determinations. There is no clear way for manufacturers to appeal a penalty from the Insurance Commissioner or Attorney General.
- SB 2031 raises constitutional concerns regarding patent law. SB 2031 would restrict the goal of federal patent law to provide patent holders with the economic value of exclusivity for the life of their patent. Congress has determined this economic reward provides incentive for invention and cannot diminish the value of that reward.

23.0092.01003
Title.

Prepared by the Legislative Council staff for
Senator Weston
January 30, 2023

PROPOSED AMENDMENTS TO SENATE BILL NO. 2031

Page 1, line 1, replace "19-25" with "54-52.7"

Page 1, line 2, after the first "a" insert "public employees retirement system"

Page 1, line 2, replace "reference rate" with "maximum fair price"

Page 1, line 3, after the second semicolon, insert "to provide an effective date;"

Page 1, replace lines 5 and 6 with:

"**SECTION 1.** Chapter 54-52.7 of the North Dakota Century Code is created and enacted as follows:"

Page 1, line 7, replace "**19-25-01**" with "**54-52.7-01**"

Page 1, line 9, remove ""Commissioner" means the insurance commissioner."

Page 1, line 10, remove "2."

Page 1, line 10, remove "an entity for which a pharmacy benefits manager provides"

Page 1, remove lines 11 through 15

Page 1, line 16, replace "19-03.6-01" with "the public employees retirement system uniform group insurance health insurance benefits coverage under chapter 54-52.1.

2. "Maximum fair price" means the maximum rate for a drug published by the secretary of the United States department of health and human services under section 1195 of Pub. L. 117-169 (2022)"

Page 1, line 17, replace "4." with "3."

Page 1, line 18, replace "5." with "4." "Price applicability period" means the period of time defined in section 1191 Pub. L. 117-169 (2022).

5."

Page 1, line 18, replace "referenced rate" with "maximum fair price"

Page 1, line 19, remove ""Referenced rate" means the maximum rate established by the commissioner under"

Page 1, remove line 20

Page 1, line 21, remove "7."

Page 1, line 21, remove "an agency of the state government which purchases prescription"

Page 1, remove lines 22 and 23

Page 1, line 24, replace "the state. The term does not include the medical assistance program" with "the public employees retirement system"

Page 2, remove lines 1 and 2

Page 2, line 3, replace "**19-25-02**" with "**54-52.7-02**"

Page 2, line 3, replace "**reference rate**" with "**maximum fair price**"

Page 2, line 4, replace "commissioner" with "state entity"

Page 2, line 5, replace "reference rate" with "maximum fair price"

Page 2, line 6, replace "commissioner" with "state entity"

Page 2, line 7, replace "**19-25-03**" with "**54-52.7-03**"

Page 2, line 7, remove "**- Penalty**"

Page 2, line 8, replace the second "a" with "the"

Page 2, line 8, after "or" insert "a"

Page 2, line 9, after "delivered" insert "directly"

Page 2, line 9, remove ", whether directly or"

Page 2, line 10, remove "through a distributor,"

Page 2, line 10, remove "referenced rate established under this"

Page 2, line 11, replace "chapter" with "maximum fair price during the price applicability period"

Page 2, line 13, remove "or distribution"

Page 2, line 13, replace "referenced rate" with "maximum fair price"

Page 2, line 14, remove "state entity or"

Page 2, remove lines 15 through 30

Page 3, remove lines 1 through 22

Page 3, line 23, replace "**19-25-06**" with "**54-52.7-04**"

Page 3, line 23, after the first bold underscored period insert "**Savings -**"

Page 3, line 24, replace "on forms provided by the commissioner, each" with "the"

Page 3, line 24, replace "and" with "or"

Page 3, line 25, remove "subject to this chapter"

Page 3, line 25, replace "submit to the commissioner" with "calculate the savings and use these savings directly to reduce costs for the member or insureds and shall publish"

Page 3, line 26, remove "and how those savings were used to"

Page 3, line 27, remove "comply with section 19-25-05"

Page 3, line 27, after the underscored period insert "The savings must be applied to consumers and the report must indicate how the savings were applied."

Page 3, line 28, replace "commissioner" with "state entity"

Page 3, line 29, remove "the feasibility of expanding the pilot"

Page 3, line 30, remove "program to other prescription drugs; recommendations on"

Page 4, line 1, replace the underscored semicolon with an underscored comma

Page 4, line 1, replace "commissioner" with "state entity"

Page 4, line 3, replace "**19-25-07**" with "**54-52.7-05**"

Page 4, line 4, remove "or distributor"

Page 4, line 8, replace "commissioner" with "state entity"

Page 4, line 10, remove "The commissioner shall assess a penalty on any manufacturer or distributor the"

Page 4, remove lines 11 through 16

Page 4, line 17, remove "4."

Page 4, line 17, remove "or distributor"

Page 4, line 19, replace "referenced rate as determined by the commissioner" with "maximum fair price"

Page 4, replace lines 20 though 26 with:

"**54-52.7-06. Penalty - Enforcement.**

1. A violation of this chapter by the state entity, a health plan, or a manufacturer is a class A misdemeanor.

2. The attorney general shall enforce this chapter. The attorney general may assess a civil penalty of up to one thousand dollars on a manufacturer or health plan for each violation of this chapter.

3. Failure of a manufacturer to negotiate in good faith may be an affirmative defense in a criminal or civil enforcement action brought under this chapter."

Page 4, line 28, replace "**REFERENCE RATE**" with "**MAXIMUM FAIR PRICE**"

Page 4, line 28, replace "2023-24" with "2025-26"

Page 4, line 28, replace "2025-26" with "2027-28"

Page 4, line 29, replace "insurance commissioner" with "public employees retirement system"

Page 4, line 30, replace "reference rate" with "maximum fair price"

Page 4, line 31, remove "recommendations on the feasibility of expanding the"

Page 5, line 1, replace "pilot program to other prescription drugs;" with "any"

Page 5, line 2, replace "commissioner deems" with "public employees retirement system deem"

Page 5, after line 3, insert:

"**SECTION 3. EFFECTIVE DATE.** This Act becomes effective on January 1, 2025."

Page 5, line 4, replace "2027" with "2029"

23.0092.01003

Sixty-eighth
Legislative Assembly
of North Dakota

SENATE BILL NO. 2031

Introduced by

Legislative Management

(Health Care Committee)

A BILL for an Act to create and enact chapter ~~19-25~~54-52.7 of the North Dakota Century Code, relating to a public employees retirement system prescription drug ~~reference rate~~maximum fair price pilot program; to provide for a legislative management report; to provide a penalty; to provide an effective date; and to provide an expiration date.

BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

~~**SECTION 1.** Chapter 19-25 of the North Dakota Century Code is created and enacted as follows:~~

SECTION 1. Chapter 54-52.7 of the North Dakota Century Code is created and enacted as follows:

~~19-25-01~~54-52.7-01. **Definitions.**

As used in this chapter:

1. ~~"Commissioner" means the insurance commissioner.~~
2. ~~"Health plan" means an entity for which a pharmacy benefits manager provides pharmacy benefits management services and which is a health benefit plan or other entity that approves, provides, arranges for, or pays or reimburses in whole or in part for health care items or services, to include at least prescription drugs, for beneficiaries who work or reside in this state.~~
3. ~~"Pharmacy benefits manager" has the same meaning as provided under section 19-03.6-01~~the public employees retirement system uniform group insurance health insurance benefits coverage under chapter 54-52.1.
2. "Maximum fair price" means the maximum rate for a drug published by the secretary of the United States department of health and human services under section 1195 of Pub. L. 117-169 (2022).
~~4.~~3. "Prescription drug" has the same meaning as provided under section 19-02.1-14.1.

~~5.~~4. "Price applicability period" means the period of time defined in section 1191 Pub. L. 117-169 (2022).

5. "Referenced drug" means a prescription drug subject to a ~~referenced rate~~maximum fair price.

6. ~~"Referenced rate" means the maximum rate established by the commissioner under section 19-25-04.~~

~~7.~~ "State entity" means ~~an agency of the state government which purchases prescription drugs on behalf of the state for an individual whose health care is paid by the state, including any agent, vendor, fiscal agent, contractor, or other party acting on behalf of the state. The term does not include the medical assistance program~~the public employees retirement system.

~~8. "Wholesale acquisition cost" has the same meaning as provided under section 26.1-36.10-01.~~

~~19-25-02~~54-52.7-02. Prescription drug ~~reference rate~~maximum fair price pilot program - Rules.

Under this chapter, the ~~commissioner~~state entity shall design and implement a prescription drug ~~reference rate~~maximum fair price pilot program to study the possibility of controlling excessive prices for prescription drugs. The ~~commissioner~~state entity shall adopt rules to carry out this pilot program.

~~19-25-03~~54-52.7-03. Violation of chapter ~~- Penalty~~.

1. It is a violation of this chapter for ~~a~~the state entity or a health plan to purchase a referenced drug that is dispensed or delivered directly to a consumer in the state~~, whether directly or through a distributor,~~ for a cost higher than the ~~referenced rate established under this chapter~~maximum fair price during the price applicability period.

2. It is a violation of this chapter for a pharmacy licensed in this state to purchase for sale ~~or distribution~~ a referenced drug for a cost that exceeds the ~~referenced rate~~maximum fair price to an individual whose health care is provided by a ~~state entity or~~ health plan.

~~3. A violation of this chapter by a state entity, health plan, or pharmacy is a class A misdemeanor.~~

~~**19-25-04. Referenced drug identification.**~~

~~1. The public employees retirement system shall identify the twenty-five most costly prescription drugs utilized under the public employees retirement system health benefits coverage based upon net price times utilization.~~

~~2. Before October of each year, the public employees retirement system shall transmit to the commissioner the list of prescription drugs referenced in subsection 1. For each of these prescription drugs, the public employees retirement system also shall provide the commissioner with data on the total public employees retirement system net spend on each of those prescription drugs for the previous calendar year.~~

~~3. Using the information submitted under subsection 2, before December of each year, the commissioner shall create and publish a list on the department's website of the twenty-five drugs subject to the referenced rate and the referenced rate.~~

~~4. The commissioner shall determine the referenced rate by comparing the wholesale acquisition cost to the cost from all the following sources:~~

~~a. Ontario ministry of health and long term care and most recently published on the Ontario drug benefit formulary;~~

~~b. Regie de l'assurance maladie du Quebec and most recently published on the Quebec public drug programs list of medications;~~

~~c. British Columbia ministry of health and most recently published on the BC pharmacare formulary; and~~

~~d. Alberta ministry of health and most recently published on the Alberta drug benefit list.~~

~~5. In determining the referenced rate for each prescription drug, the commissioner shall consider the lowest cost among the resources under subsection 4 and the wholesale acquisition cost. If a referenced drug is not included within the resources under subsection 4, for the purpose of determining the referenced rate for that drug, the commissioner shall consider the ceiling price for drugs as reported by the government of Canada patented medicine prices review board.~~

~~6. The commissioner shall calculate the annual savings expected to be achieved by subjecting prescription drugs to the referenced rate for one plan year. In making this~~

~~determination the commissioner shall consult with the public employees retirement system.~~

~~**19-25-05. Application of savings.**~~

~~Any savings realized as a result of the requirements under section 19-25-04 must be used to reduce costs to consumers. A state entity or health plan shall calculate the savings and use these savings directly to reduce costs for its members or insureds.~~

~~19-25-06~~54-52.7-04. Savings - Reporting.

1. Annually, ~~on forms provided by the commissioner, each~~the state entity ~~and~~or health plan ~~subject to this chapter~~ shall ~~submit to the commissioner~~calculate the savings and use these savings directly to reduce costs for the members or insureds and shall publish a report describing any savings achieved for each referenced drug ~~and how these savings were used to comply with section 19-25-05~~. The savings must be applied to consumers and the report must indicate how the savings were applied.
2. The ~~commissioner~~state entity shall use this data to publish an annual report on the pilot program. The report must include recommendations on ~~the feasibility of expanding the pilot program to other prescription drugs; recommendations on~~ improvements to the pilot program~~:~~, and any other findings, recommendations, or conclusions the ~~commissioner~~state entity deems necessary to assess the broader effects of the pilot program.

~~19-25-07~~54-52.7-05. Withdrawal of referenced drugs - Prohibition.

1. It is a violation of this chapter for a manufacturer ~~or distributor~~ of a referenced drug to withdraw that drug from sale or distribution within the state for the purpose of avoiding the impact of this pilot program.
2. A manufacturer that intends to withdraw a referenced drug from sale or distribution within the state shall provide a notice of withdrawal in writing to the ~~commissioner~~state entity and to the attorney general no fewer than one hundred eighty days before the withdrawal.
3. ~~The commissioner shall assess a penalty on any manufacturer or distributor the commissioner determines to have withdrawn a referenced drug from distribution or sale in the state in violation of this section. The commissioner shall assess a penalty for each referenced drug the commissioner determines the manufacturer or distributor~~

~~has withdrawn from the market. The penalty must be equal to five hundred thousand dollars; or the amount of annual savings determined by the commissioner under section 19-25-04, whichever is greater.~~

~~4.~~ It is a violation of this section for a manufacturer ~~or distributor~~ of a referenced drug to refuse to negotiate in good faith with any payor or seller of prescription drugs a price that is within the ~~referenced rate as determined by the commissioner~~maximum fair price.

~~5. The commissioner shall assess a penalty on a manufacturer or distributor the commissioner determines failed to negotiate in good faith in violation of this section. The commissioner shall assess a penalty for each referenced drug the commissioner determines the manufacturer or distributor has failed to negotiate in good faith. The penalty must be equal to five hundred thousand dollars; or the amount of annual savings determined by the commissioner under section 19-25-04, whichever is greater.~~

54-52.7-06. Penalty - Enforcement.

1. A violation of this chapter by the state entity, a health plan, or a manufacturer is a class A misdemeanor.
2. The attorney general shall enforce this chapter. The attorney general may assess a civil penalty of up to one thousand dollars on a manufacturer or health plan for each violation of this chapter.
3. Failure of a manufacturer to negotiate in good faith may be an affirmative defense in a criminal or civil enforcement action brought under this chapter.

SECTION 2. LEGISLATIVE MANAGEMENT REPORT - PRESCRIPTION DRUG ~~REFERENCE RATE~~MAXIMUM FAIR PRICE PILOT PROGRAM. During the ~~2023-24~~2025-26 and ~~2025-26~~2027-28 interims, the ~~insurance commissioner~~ public employees retirement system shall provide an annual report to the legislative management on the status of the prescription drug ~~reference rate~~maximum fair price pilot program. The report must include any savings recognized as a result of the pilot program; ~~recommendations on the feasibility of expanding the pilot program to other prescription drugs;~~any recommendations on improvements to the pilot program; and any other findings, recommendations, or conclusions the ~~commissioner~~

~~deems~~public employees retirement system deem necessary to assess the broader effects of the pilot program.

SECTION 3. EFFECTIVE DATE. This Act becomes effective on January 1, 2025.

SECTION 4. EXPIRATION DATE. This Act is effective though July 31, ~~2027~~2029, and after that date is ineffective.

From: Lee, Judy E.
To: -Grp-NDLA Senate Human Services; Lahr, Pat; Wolf, Sheldon
Subject: FW: SB 2031 & Video Committee meetings
Date: Monday, January 16, 2023 9:55:22 PM

FYI -
Senator Judy Lee
1822 Brentwood Court
West Fargo, ND 58078
Home phone: 701-282-6512
Email: jlee@ndlegis.gov

From: Rick Detwiller <rdetwiller1@gmail.com>
Sent: Monday, January 16, 2023 10:53 AM
To: Lee, Judy E. <jlee@ndlegis.gov>
Cc: Larson, Diane K. <dklarson@nd.gov>
Subject: SB 2031 & Video Committee meetings

Senator Lee,

As a retired pharmacist of over 43 years of practice in ND, I have been attempting to monitor activity relating to SB 2031. This morning's hearing was difficult to hear at times as some of the members of the committee as well as some of the individuals providing testimony were often too far from the audio equipment to be heard. Thank you for bringing this to the attention of presenters! Is there any way of increasing the master volume of the audio / video process? Relating to SB 2031, I note that currently there is a criminal penalty for pharmacies that purchase product above the established Canadian price limit. I would expect that pharmacies / pharmacists would not allow themselves to be put in the position of being found in violation of the law and as a result medically necessary products would not be available to patients from local pharmacies. Without amendments to remove the penalty to pharmacies, I would ask that this bill receive a do-not-pass recommendation by the Senate Human Services committee.

Thank you!

Rick L Detwiller, R.Ph.
1900 Harbor Dr
Bismarck ND 58504

--
Rick L Detwiller

Wolf, Sheldon

From: Lahr, Pat
Sent: Monday, January 16, 2023 9:47 AM
To: Wolf, Sheldon
Subject: FW: SB 2031

Hi Sheldon,
Please print copies for the Senators and for me.
Thanks,
Pat

From: Clark, Jennifer S. <jclark@ndlegis.gov>
Sent: Monday, January 16, 2023 9:42 AM
To: Lee, Judy E. <jlee@ndlegis.gov>
Cc: Lahr, Pat <plahr@ndlegis.gov>
Subject: SB 2031

Senator Lee-

Per your request, here are my written notes on SB No. 2031:

The bill has three sections:

- Section 1 creates a new chapter to Title 19, which contains our food and drug laws;
- Section 2 directs the Insurance Commissioner to report on the program to the Legislative Management for the next two interims; and
- Section 3 provides an August 1, 2027, sunset for the program.

Section 1

- Creates the drug reference rate pilot program.
- This program applies to the private insurance market as well as state plans that provide for the purchase of prescription drugs. Although the plan does not apply to the Medical Assistance program, it may apply to Workforce Safety and Insurance.
- Directs the Insurance Commissioner to develop the program.
    - The Commissioner will get a list of the 25 most costly drugs from PERS; and
    - The Commissioner will consider the wholesale acquisition cost and the Canadian prices to set a reference rate for the 25 drugs.
- Provides violation of the program is a Class A Misdemeanor. This applies to the health plans, state entities, and pharmacies.
- Application of savings are directed to be routed to the consumer.
- Provides for annual reporting requirements.

Section 2

- Directs the Insurance Commissioner to make annual reports to the Legislative Management during the 2023-24 and the 2025-26 interims.

Section 3

- Expires the drug reference rate pilot program August 1, 2027.

Have a great day-

Jenn

Jennifer Clark
Code Revisor
jclark@ndlegis.gov
701.328.2916

HDA
Healthcare Distribution Alliance
PATIENTS MOVE US.

Senate Human Services Committee
State Capitol
600 East Boulevard
Bismarck, ND 58505-0360

Dear Chair Lee and Members of the Senate Health and Human Services Committee,

On behalf of the Healthcare Distribution Alliance (HDA), we wanted to provide comments to you on Senate Bill 2031, relating to prescription drug costs, and the proposed amendment to the bill. HDA is the national trade association representing healthcare wholesale distributors — the vital link between the nation's pharmaceutical and healthcare manufacturers and more than 180,000 pharmacies, hospitals, and other healthcare settings nationwide.

As we noted during the Interim Health Care Committee hearing, we had concerns with the proposed language due to the inaccurate portrayal of the wholesale distribution industry and our role in the supply chain. We appreciate Senator Meier's understanding of these concerns and her proposed amendment as this will better reflect the complexity of the pharmaceutical supply chain and how products are covered.

Distributors are unlike any other supply chain participants – their core business **does not involve manufacturing, marketing, prescribing or dispensing medicines, nor do they set the list price of prescription drugs, influence prescribing patterns or determine patient-benefit design.** Their key role is to serve as a conduit for medicines to travel from manufacturer to the provider while making sure the supply chain is fully secure, fully functional, and as efficient as possible.

A wholesale distributor is responsible for fulfilling pharmacy customer orders. **Wholesale distributors have no insight into patient-level data, the price the patient pays, nor are they privy to how products are dispensed at the patient-level by the pharmacy.** At the time of the purchase from the wholesale distributor, a retail pharmacy is unaware of which patient would receive the medication and what coverage that individual would have, the wholesaler would not be able to differentiate when or how to sell the product at the proposed referenced rate upon the sale to the pharmacy. Simply put, a wholesale distributor has no insight into the patient, and they have no impact on what that patient pays at the pharmacy counter.

Furthermore, a wholesale distributor would not be in a position to negotiate with the Insurance Commissioner the sale price of a prescription drug or the maximum reimbursement by a third-party payor for a prescription drug. Third-party payors and their pharmacy benefit manager agents set reimbursement for drugs dispensed to the health plan members. Such reimbursement formulas may be based on WAC or other metrics set by manufacturers; wholesale distributors are not privy to these reimbursement formulas. Similarly, **a wholesale distributor would not be able to "negotiate in good faith" as they do not negotiate drug pricing with the Insurance Commissioner or interact with insurers or third-party payers. These negotiations fall outside of the scope of a wholesale distributor**. Likewise, the determination **not to sell a product to a state would fall outside of the wholesale distributor's authority**, this determination would occur at the direction of the manufacturer who could impose such

conditions on the sale of the product to the wholesaler. Wholesale distributors should not be subject to a penalty if they are acting at the direction of the manufacturer.

We sincerely appreciate Senator Meier's understanding of these concerns and her willingness to amend the legislation to better reflect the pharmaceutical supply chain and the role of a wholesale distributor. We would be happy to discuss this issue in more detail with the committee as well if you have any questions or need additional information. You can contact me directly at (303) 829-4121 or LLindahl@hda.org.

Thank you,

Leah Lindahl
Senior Director, State Government Affairs
Healthcare Distribution Alliance

Deloitte.

Deloitte Consulting LLP
50 South Sixth Street
Suite 2800
Minneapolis, MN 55402
USA

Tel: 612 397 4000
Fax: 612 397 4450
www.deloitte.com

Memo

Date: September 27, 2022

To: Scott Miller
Executive Director, North Dakota Public Employees Retirement System

From: Tim Egan & Dan Plante & Drew Rasmussen, Deloitte Consulting LLP

Subject: **REVIEW OF PROPOSED BILL 23.0092.01000**

The following summarizes our review of the proposed legislation as it relates to the uniform group insurance program administered by NDPERS.

OVERVIEW OF PROPOSED BILL

The proposed bill would create and enact chapter 19-25 of the North Dakota Century Code (NDCC), relating to a prescription drug reference rate pilot program; to provide for a legislative management report; to provide a penalty; and to provide an expiration date.

The bill would impose price controls on prescription drugs by implementing reference rate pricing using four Canadian provinces (Ontario, Quebec, British Columbia, and Alberta). The insurance commissioner will be required to set a list of the 25 most costly prescription drugs utilized each year. The insurance commissioner will determine the referenced rate for each drug by comparing the wholesale acquisition cost (WAC) of each drug to the Canadian drug cost in each of the identified provinces in order to choose the lowest rate. The bill requires that savings derived from the application of the reference price be used directly to reduce cost for members.

The entire supply chain, including but not limited to pharmacies in North Dakota, entities that purchase prescription drugs on behalf of members, health plans that provide pharmacy benefit management services, manufacturers, distributors, and wholesalers would be required to comply with the referenced rate prices with monetary and criminal penalties for non-compliance.

ESTIMATED FINANCIAL IMPACT

In January 2021, Deloitte Consulting ("Deloitte") reviewed the proposed Senate Bill 21.0611.01000 and was unable to estimate the actuarial impact of the bill based on the information available, the number of assumptions that would need to be made, and the uncertainty of how the bill could be implemented and administered.

Our review of Bill 23.0092.01000 shares the same considerations.

For illustrative purposes, Deloitte collected data from Sanford Health Plan for the first six months of calendar year 2022 and identified the five most costly prescription drugs on a total expenditure basis (Table 1). Deloitte compared NDPERS' average gross paid per prescription for each of the five identified prescription drug products to the Canadian benchmarks identified in the bill. The average

gross paid per prescription amount is the amount paid by NDPERS and members divided by the total number of prescriptions. This amount represents the amount paid after the application of Sanford Health Plan drug discounts but before drug rebates. The comparison illustrates that, prior to rebates, the Canadian prices are substantially lower than the price paid by NDPERS.

The legislation mandates that the ceiling price of the drug be determined by comparing the lowest cost among the Canadian benchmark sources and the wholesale acquisition cost of the drug. Of note, the wholesale acquisition cost is the price set by the manufacturer for wholesalers or direct purchasers and is not the amount that is paid by NDPERS today.

Table 1

(a)		(b)	(c)	(d)	(e)	(f)	(g)	(h) =(g)−(b)
2022 Total Cost Rank	Drug Name	NDPERS Average Gross Paid/ Prescription[1]	Canadian Benchmark Price[2] (USD)				Lowest Canadian Benchmark Price	NDPERS Gross Paid vs Canadian Benchmark
			Alberta	British Columbia	Quebec	Ontario		
1	HUMIRA	$8,680	NOT COVERED	NOT COVERED	$1,428	$1,156	$1,156	($7,525)
2	STELARA	$23,872	$3,250	$3,510	$3,138	$3,343	$3,138	($20,734)
3	OZEMPIC	$1,060	$148	NOT AVAILABLE	$142	$223	$142	($918)
4	TRIKAFTA	$31,620	$17,117	$17,117	$17,117	NOT AVAILABLE	$17,117	($14,504)
5	DUPIXENT	$3,714	$1,425	NOT COVERED	$1,366	NOT AVAILABLE	$1,366	($2,348)

1. Average Gross Paid Per Prescription is the total drug cost (including plan paid and member paid after discounts but before rebates) divided by the total number of prescriptions in the first six months of 2022
2. Canadian Benchmark Sources: Alberta Interactive Drug Benefit List (https://idbl.ab.bluecross.ca/idbl/load.do;jsessionid=fBeA3SRo_xDzSo5sX3ygGvrdeLUmYY9fqCBccjL7ui-O6M9RzsAq!2135156315?reset=true&_cid=584a3c61-954e-489b-a40c-189a197f1a9a) , British Columbia PharmaCare Formulary Search (https://pharmacareformularysearch.gov.bc.ca/SearchResults.xhtml), Quebec Régie de l'assurance maladie, List of medications (https://www.ramq.gouv.qc.ca/en/media/13896), Ontario Drug Benefit Formulary/Comparative Drug Index (https://www.formulary.health.gov.on.ca/formulary/)
3. Canadian Benchmark Price equals the Canadian unit price multiplied by the metric quantity (units) in the prescription package size. "NOT COVERED" indicates that the prescription drug was listed by the source as a non-covered product, "NOT AVAILABLE" indicates that the prescription drug was not identified on the source website or drug list.

The exercise illustrates that the proposed prescription drug reference rate pilot program would likely yield lower prescription drug costs for the most expensive drug products if the legislation can be implemented, operationalized, and complied with by the various stakeholders as proposed.

TECHNICAL COMMENTS

Deloitte's analysis of the proposed legislation generated considerations, clarifications, and potential stakeholder concerns, which are described below. In summary, there appear to be significant challenges to implementing and operationalizing a reference rate program.

Other State Examples

- The legislation is based on model language from National Academy for State Health Policy ("NASHP") https://www.nashp.org/an-act-to-reduce-prescription-drug-costs-using-international-pricing/
    - According the NASHP, there are six states (excluding North Dakota) that have introduced legislation based on the same model language: Hawaii, Maine, North Carolina, New York, Oklahoma, and Rhode Island.

- The proposed legislation failed to pass in New York but remains in committee in Hawaii, North Carolina, Oklahoma, and Rhode Island.

- Maine enacted legislation requiring an annual report on the potential savings if select drugs were subjected to a referenced rate beginning January 1, 2023. Maine's law does not include prohibitions and requirements for payors, pharmacies, manufacturers, and distributors

Methodology

- Consideration should be made for the methodology used to identify the costliest 25 prescription drugs. Each drug product has a National Drug Code (NDC), which is a product identifier used in the United States. The NDC includes information about the labeler (which may be a manufacturer, repackager, or distributor), the drug product itself (strength, dosage form, formulation), and packaging (package size and type). Some prescription drugs have many NDC numbers based on different manufacturers, strengths, and packaging. Identifying the most expensive prescription drugs based on brand-name, such as "Humira", would capture a greater percentage of cost since the methodology could be specified to include all NDCs for the brands identified. However, using brand-name could introduce additional complexity into the reference rate pricing process since the dataset would be larger and prices may need to reflect differences across product characteristics.

- Consideration should be made for the methodology used to calculate "net price" of the top 25 most expensive prescription drugs. Without definition, "net price" is unclear. "Net price" to the plan sponsor most commonly means the cost paid for a drug after discounts, dispensing fees, rebates, and member cost share. The "net price" paid by the plan may be different than that of the member. High-cost drugs may have additional patient financial assistance programs available, which are funded by drug manufacturers, and offer financial support to patients. To the extent that members receive funding from these programs, the cost of the drug may be substantially reduced or even free to them.

- The application of prescription drug rebates in the calculation of the "net price" will be an important factor in determining the "net price" since rebates can represent a significant percentage of the cost of the prescription drug.

- The methodology for calculating the savings is challenging. Drug costs may change over time based on price changes from the manufacturer, negotiated prices with pharmacies, and negotiated discounts and rebates with the health insurer.

    - A methodology that calculates the savings based on the "net price" paid by NDPERS prior to the implementation of the reference rate would likely need to be updated over time to avoid overestimating or underestimating savings.

    - The implementation of the reference rate may itself have an effect on utilization. If the drug price is lower, the product may be preferred to other alternatives and increase utilization. In this example, calculating savings based on actual utilization may overestimate savings compared to what utilization would have been had the reference rate not been in place.

- Implementation of the bill will require a process to regularly convert drug prices from the Canadian Dollar to the US Dollar and communicate the prices to all stakeholders.

Canadian Pricing

- The purpose of the bill is to reduce prescription drug costs for members in the State. Canadian drug prices are generally, although not comprehensively, lower than the prices in the U.S. One of the methodologies used in Canada to determine drug prices and coverage

determinations is the metric "quality-adjusted life-year ("QALY"). In the U.S., the Affordable Care Act prohibited the secretary of Health and Human Services from using the QALY under the Medicare program on the basis that the metric violates the Americans with Disabilities Act.

- Canada is implementing drug price reforms. On July 1, 2022, Canada implemented changes to the Patented Medicines Review Board regulations to revise the list of comparator countries used to determine drug prices (Australia, Belgium, France, Germany, Italy, Japan, Netherlands, Norway, Spain, Sweden and the United Kingdom). Using Canadian provincial drug prices to set the reference-price relies on Canadian pricing methodology and may be subject to change as Canada pursues additional drug price reform.

Member Savings

- The bill mandates that savings derived from reference rate pricing must be used to reduce costs directly for members. The mechanism of setting the ceiling prices for the identified drugs would create cost-avoidance and the resulting lower drug prices could result in lower premium increases from the health plan.
    - Lower aggregate drug costs should also be a factor in the development of fully-insured premium rates (however the health plan is not required to reduce premiums as a result of lower claims).
    - Members may or may not directly benefit from the reference rate pricing at the point of sale as NDPERS plan design requires members to pay a copay plus coinsurance until the member reaches an annual coinsurance maximum. Once a member meets their annual coinsurance maximum, they would no longer directly benefit from the lower drug cost at the point of sale.
    - The bill targets the 25 most costly prescription drugs utilized under the public employees retirement system health benefits. It is likely that the costliest drugs are not the most utilized drugs. The cost savings derived from the referenced drugs may reduce cost for a small portion of the NDPERS membership at the point of sale.

Penalties & Enforcement

- The bill establishes the penalty for purchasing a referenced drug for a cost higher than the referenced rate to be a class A misdemeanor. The penalty is applicable to state entities, health plans, and pharmacies licensed in the state.
    - It is important to clarify that NPDERS does not purchase prescription drugs. The pharmacies purchase prescription drugs from manufacturers or distributors, and the health plan negotiates reimbursements with pharmacies on behalf of NDPERS. The health plan may also purchase prescription drugs for mail distribution. NDPERS pays a premium to the health plan for services which include claim payments.
    - Pharmacies licensed in the state that are unwilling or unable to comply with the requirement for fear of penalty may elect to terminate participation in the pharmacy network offered by NDPERS through the health plan, which may have deleterious effects on the pharmacy and NDPERS members.
- The requirement that pharmacies licensed in the state may not purchase for sale or distribution a referenced drug for a cost that exceeds the referenced rate may create a burden on pharmacies. To the extent that the referenced drugs cannot be procured at the rate determined, pharmacies may stop stocking the referenced products. Since a majority of the 25 most costly prescription drugs are likely to be specialty drugs, it may be that the

access to some of the products is already more limited than non-specialty drugs. Specialty drugs frequently have temperature storage requirements or require special handling including clean room protocols and protective gear for pharmacists. A potential consideration during the identification of the costliest prescription drugs is to study member access to verify that the implementation will not create shortages or access constraints.

- It is unclear how North Dakota can assert jurisdiction on manufacturers and wholesalers incorporated in other states.
    - To the extent the manufacturers and wholesalers do not agree with the price controls required by this legislation, they could withdraw from the state and jeopardize access to medication for North Dakota residents.
    - Depending on the manufacturer, and the prescription drug, it may be more profitable for the manufacturers to maintain a policy of non-compliance and pay applicable penalties rather than participate in the reference-based pricing program.
    - Manufacturers may choose to participate in the reference-based pricing program and implement pricing strategies to regain revenue lost on the referenced drugs by increasing prices on other products.

Regulatory Considerations

- The reference rates required by this bill may conflict with federal most favored nation (MFN) requirements which restricts manufacturers from offering rates lower than what the federal government pays for Medicaid.
- The bill includes a prohibition of manufacturer withdrawal of referenced drugs and assesses a penalty "equal to $500,000; or the amount of annual savings determined by the commissioner under section 19 - 25 - 04, whichever is greater". Consideration should be given to the Commerce Clause of the U.S. Constitution (Article 1, Section 8, Clause 3) which gives Congress the power to regulate commerce and, in some interpretations, restrict states' authority to regulate commerce. The $500,000 could be challenged as discriminatory against interstate commerce or seen to cause an undue burden on interstate commerce. Deloitte Consulting is not licensed to practice law and NDPERS should consult with the appropriate legal representation.
- The bill does not make an explicit distinction for Medicare or Workforce Safety & Insurance ("Workers Compensation"). It is unclear if the intent of the bill is to apply the reference-rate pricing to these programs.

From: Lee, Judy E.
To: Lahr, Pat; Wolf, Sheldon
Subject: FW: Patient and disability concern with SB 2031
Date: Tuesday, January 17, 2023 1:40:26 PM

Senator Judy Lee
1822 Brentwood Court
West Fargo, ND 58078
Home phone: 701-282-6512
Email: jlee@ndlegis.gov

From: Hogan, Kathy L. <khogan@ndlegis.gov>
Sent: Tuesday, January 17, 2023 1:22 PM
To: -Grp-NDLA Senate Human Services <ndlashumserv@ndlegis.gov>
Subject: FW: Patient and disability concern with SB 2031

Here is additional information on the QALY concerns in 2031

Sent from Mail for Windows

From: Thayer Roberts
Sent: Tuesday, January 17, 2023 1:18 PM
To: Hogan, Kathy L.
Subject: RE: Patient and disability concern with SB 2031

Dear Senator Hogan –

Thank you for your response. We are very appreciative of your interest in ensuring nondiscrimination in health care and your willingness to discuss this issue with us.

The Quality-Adjusted Life Year (QALY) is a discriminatory metric that assigns less value to disabled life and has the implications of limiting access to needed treatments for people with disabilities and chronic illnesses. Oklahoma recently passed a very robust QALY ban bill, which was praised by the patient and disability community. It would be wonderful to see North Dakota take similar steps. We have put together a template piece of legislation for states looking to enact robust patient protections in health care decision making, including banning the use of the QALY, which can be found here.

Unfortunately, there is not simple language that can be added to SB 2031 to address this concern. Canada overtly uses QALYs at both at the federal and provincial level when determining pricing and coverage of drugs. Since this bill directly links to Canadian pricing, there isn't a way to remove or bar the use of the QALY, which is our concern. In Canada, many patients, particularly those with rare diseases are unable to access the treatments they need as they are deemed too expensive to treat.

For this reason, a 2019 report from the National Council on disability was direct in recommending that the United States should not reference prices established in other countries that rely on the use of the QALY. Canada is one of these countries.

I'm sorry I am not able to recommend a "quick fix" for this specific bill, but I would be happy to bring patient and disability stakeholders to the table to discuss with you alternate methods to address health care costs that are patient-centric and do not discriminate. Again, we are very appreciative of your interest in this issue.

Thank you,
Thayer

From: Hogan, Kathy L. <khogan@ndlegis.gov>
Sent: Saturday, January 14, 2023 3:57 PM
To: Thayer Roberts <thayer@pipcpatients.org>
Subject: RE: Patient and disability concern with SB 2031

I would love to see potential language we could add to the bill to address this concern.

Kathy Hogan
Rep District 21, Central Fargo

From: Thayer Roberts <thayer@pipcpatients.org>
Sent: Friday, January 13, 2023 8:35 AM
To: Lee, Judy E. <jlee@ndlegis.gov>
Cc: Cleary, Sean <scleary@ndlegis.gov>; Clemens, David <dclemens@ndlegis.gov>; Hogan, Kathy L. <khogan@ndlegis.gov>; Roers, Kristin <kroers@ndlegis.gov>; Weston, Kent <kweston@ndlegis.gov>
Subject: Patient and disability concern with SB 2031

Dear Chairwoman Lee:

I am reaching out on behalf of the Partnership to Improve Patient Care (PIPC), a coalition of patient and disability organizations with a goal of advancing principles of patient-centeredness in our evolving health care system.

Our coalition has concerns about the use of the Quality-Adjusted Life Year in health care decision making due to its discriminatory implications and wanted to share some concerns with the piece of legislation that you are considering, SB 2031 that would reference rates of prescriptions drugs from a third party, the Canadian government, which relies on the QALY for coverage and reimbursement

decisions. I have attached a detailed letter outlining the discriminatory implications of the QALY and the history of robust opposition to its use in public policy dating back to the George H.W. Bush Administration in 1992.

PIPC understands the need to enact policies to bring down health care costs and would be happy to work with you and bring appropriate patient and disability stakeholders to the table as you explore policies to meaningfully lower the cost of health care while maintaining patient access to needed treatments. I appreciate your consideration of the attached letter. Please let me know if you have any questions or would like to discuss.

Sincerely,

Thayer Roberts

Thayer Surette Roberts
Deputy Director

Partnership to Improve Patient Care
100 M Street SE - Suite 750
Washington, DC 20003
(508)843-1688 (cell)

Connect with PIPC: 

Lowering Prescription Drug Costs Frequently Asked Questions- Amendments to SB 2031

The high cost of prescription drugs impacts all North Dakotans, especially those 50 and older. That's why AARP North Dakota supports policy solutions to help lower prescription drug costs, including SB 2031, the ND Public Employees Retirement System (ND PERS) Prescription Drug Pilot Program.

Q. What are the key features of the amendments to SB 2031?

A. The amendments to SB 2031 bill now reference a model for North Dakota to leverage Medicare negotiated prices* or the Inflation Reduction Act (IRA) maximum fair price using a model developed by the National Academy for Health Policy (NASHP).

The federal price negotiation process will begin in 2023 and Medicare will publish its negotiated price for the first ten drugs by September 1, 2024. Although the list of drugs that will be subject to negotiated prices is not yet known, it is expected that the list will include drugs that are costly to state purchasers, such as state employee health plans and retirement systems like ND PERS. Other key features of the amendments:

- Uses new Medicare negotiated rates as reference price.
- Requires payors to pay no more than the Medicare negotiated rate or face a penalty.
- Does not dictate what a manufacturer can charge for a drug but does limit how much purchasers in a state pay for a drug
- Savings from the program must be used to reduce costs to the consumer.
- Reporting requirements include an annual form demonstrating savings by each payor and a final report.
- Violations are a Class A misdemeanor instead of the $1,000/day fine found in the model bill.

Q. What is the Medicare negotiated rate?
A. The IRA details the process for selecting drugs and negotiating prices. Medicare will compile a list of drugs that meet the criteria described in the statute.

Negotiations are limited to single-source drugs that (1) are at least 7 years (small molecule) or 11 years (biologic) beyond Food and Drug Administration approval; and (2) account for at least $200 million spend across Medicare Parts B and D.

The IRA excludes from negotiation drugs marketed as generic/biosimilar (or biologics with reference biosimilar pending entrance within 2 years), orphan drugs targeting a single approved disease, and plasma products.

From those drugs, Medicare selects the top 10 drugs in order of highest to lowest spending.

Medicare will negotiate prices for up to 10 drugs in 2026, up to 15 drugs in 2027 and 2028, and up to 20 drugs in 2029 and beyond. By 2029, that means a total of up to 60 drugs could be subject to negotiation.

Q. How will SB 2031 work if it passes?

A. As a pilot program with a sunset clause, SB 2031 applies only to the ND Public Employee Retirement System. If it passes, a process will be established to determine the upper payment limit for drugs sold in the state based on the Medicare negotiated rate and apply to ND PERS. The Medicare negotiated rate will act as the ceiling for all purchases of a referenced drug and reimbursements for a claim for a referenced drug when the drug is dispensed, delivered, or administered to a person in the state. This bill does not set prices or dictate what a manufacturer can charge for a drug, but it does limit how much ND PERS can pay.

Q. Will policies leveraging the Medicare negotiated rates save the state and consumers money?

A. North Dakota consumers with Medicare will begin to benefit from the first 10 prescription drugs under Part D that will be subject to price negotiations. If SB 2031 passes the benefits from the price negotiations also will benefit PERS members.

While it is not possible at this time to determine the savings purchasers and consumers in individual states would realize if the states leveraged the Medicare negotiated rate, the savings estimated by Medicare are significant -- estimated at $98.5 billion over ten years. This would undoubtedly translate into large savings at the state level or PERS. Depending on how long a drug has been on the market, the Medicare negotiated rate will be capped at 40% to 70% of average manufacturer price.

For more information contact:
Janelle Moos
Associate State Director-Advocacy
jmoos@aarp.org
701-390-0161

*"Maximum fair price" is used in federal law to refer to the "Medicare negotiated rate."

References

- NASHP Blog- https://nashp.org/new-nashp-model-legislation-supports-state-efforts-to-lower-drug-costs-by-leveraging-medicare-negotiations/
- Model bill on Medicare Negotiated Prices- https://nashp.org/an-act-to-reduce-prescription-drug-costs-using-reference-based-pricing/
- Q/A on Medicare Negotiated Prices- https://nashp.org/qa-a-model-act-to-reduce-prescription-drug-costs-using-reference-based-pricing/

AARP North Dakota

SB 2031 ND PERS Prescription Drug Pilot Program

Original Version

- ND PERS health plan pilot program
- Insurance Commissioner to find price references from Alberta, British Columbia, Ontario, and Quebec for 25 most costly drugs in ND PERS
- Using lowest price found, Insurance Commissioner would establish upper reference rate state would pay for those 25 drugs
- Takes effect in August 2023
- Sunsets in 2027

Amended Version

- ND PERS health plan pilot program
- ND PERS would use Medicare negotiated rates under new federal law as upper reference rate
- Starts with 10 drugs in 2026
- Doesn't dictate what manufacturers can charge
- Takes effect January 1, 2025
- Sunsets in 2029

POLITICS & SOCIETY (/POLITICS-SOCIETY/)

Advocacy

How Medicare Rx Price Negotiations Will Work

Which drugs may be targeted first and when beneficiaries could see savings

by Dena Bunis, **AARP (http://www.aarp.org)**, August 15, 2022

GETTY IMAGES

En español (/espanol/politica/derechos-activismo/info-2022/medicare-negociacion-precios-medicamentos-recetados.html?intcmp=AE-POL-TOSPA-TOGL-ES)

When Congress added a prescription drug benefit to Medicare nearly two decades ago, the bill explicitly prohibited the program from negotiating with pharmaceutical companies for the prices of the life-sustaining drugs that millions of enrollees take every day. AARP has made the argument for

many years that with more than 50 million Americans getting their medications through Medicare, if the program was allowed to negotiate prices, the power of those numbers would yield a much better deal for Medicare beneficiaries and for taxpayers, who ultimately foot the bill for the lion's share of the medication costs.

"When we talk about the Inflation Reduction Act of 2022 (/politics-society/advocacy/info-2022/medicare-budget-proposal.html), the core component is the Medicare negotiation," says Bill Sweeney, AARP senior vice president for government affairs. "That is the long-term solution to the problem that we've been seeing for decades, which is out-of-control prescription drug prices."

ABCs of price negotiations

To start, the U.S. Department of Health and Human Services (HHS) will identify the 100 medicines that Medicare spends the most on and then decide which qualify to be in the first group of 10 drugs whose prices will be negotiated. Those qualifications are:

- **The drugs can't have any direct competitors.** That means there is no generic equivalent, and if it's a biologic drug, there can't be a biosimilar product. A biologic drug is a complex medication typically used to treat cancers and other serious illnesses.
- **The medications must have been on the U.S. Food and Drug Administration's approved list for many years.** That threshold is nine years for what are called small molecule drugs — medicines you typically get at the pharmacy and take in pill form. Biologics must have been approved for 11 years to be eligible for negotiation.

These two rules are the reason why some of the costliest drugs may not be among the first to have their price negotiated.

Here's a look at some of the medications that as of now could qualify for the first batch:

- **Eliquis, used to treat atrial fibrillation.** Medicare spent more on this medicine in 2020 ($9.9 billion) than on any other single drug, and more than 2.6 million beneficiaries took the medicine.
- **Januvia, used to treat diabetes.** Medicare spent $3.9 billion on this in 2020, and nearly 935,000 enrollees took this drug.
- **Xtandi, a cancer medicine.** Medicare spent $2 billion on this in 2020, and 26,490 people took it.
- **Myrbetriq, which treats overactive bladder.** Medicare spent $1.7 billion on this in 2020, and about 600,000 people took the drug.
- **Orencia, used for rheumatoid arthritis.** Medicare spent $1 billion to treat 29,764 enrollees.

When will drug prices go down?

The first negotiated prices will take effect in 2026 for drugs covered under Medicare Part D plans (/politics-society/advocacy/info-2022/medicare-drug-price-negotiations.html). These are the prescriptions you typically fill at your pharmacy. For medications covered under Part B — which pays for doctor visits, diagnostic tests and other outpatient services, such as chemotherapy and other drug infusions at a hospital or doctor's office — negotiated prices will take effect in 2028. Here's the full roll-out schedule:

- **2026:** A maximum of 10 drugs will be negotiated.
- **2027:** Another maximum of 15 drugs will be negotiated.
- **2028:** Another maximum of 15 drugs will be negotiated.
- **2029:** Another maximum of 20 drugs will be negotiated this year and every year after that.

What if the drugmakers don't play ball?

Under the new law, if the maker of a drug that was selected for negotiation walks away from the table, the government could levy a tax of up to 95 percent of their sales from the previous year. The idea behind that tax is to give the pharmaceutical companies a strong incentive to participate in the negotiation process .

The stakes are high. An analysis by the nonpartisan Congressional Budget Office (CBO) estimates that the provision allowing for drug price negotiations alone could save Medicare nearly $102 billion over 10 years. The analysis also debunked claims that drug negotiation would stifle pharmaceutical innovation and lead to far fewer new drugs being developed. According to CBO's forecast, of the 1,300 new drugs expected to be approved over the next 30 years, just 15 wouldn't come to market as a result of the new law.

Dena Bunis covers Medicare, health care, health policy and Congress. She also writes the Medicare Made Easy column for the AARP Bulletin. *An award-winning journalist, Bunis spent decades working for metropolitan daily newspapers, including as Washington bureau chief for the* Orange County Register *and as a health policy and workplace writer for* Newsday.