

Testimony of Marci Slater
Senate Health Care Committee
March 9, 2017

Chair Monnes Anderson, members of the Committee, thank you for letting me share my story today.

My name is Marci Slater. I was diagnosed with multiple sclerosis in 1994 and I have been taking the injectable medication Copaxone since 2000. My quality of life depends on this drug so that I am able to walk without a cane and have the energy to live my life. I am completely dependent on it, which, given its high cost, is frankly frightening to me. In 1995, I had to retire from working because I was too sick and we've been a single income household ever since.

When I first started taking Copaxone in 2000 it cost \$700 a month. Today it costs \$7,000. That is a 1000 percent increase. The rate of inflation over the same time period is 44 percent, which would put Copaxone at \$1010 today.

This is not a new drug. It has been on the market for years. I have no idea why it has increased so much in price and no one can tell me. My doctor says it hasn't changed at all. Except the price.

Today we have insurance through my husband's job to cover the cost of the drug but soon we won't. And we know what it's like to be able to pay for this expensive medication out of pocket. In 2001 my husband was laid off and we had to go on COBRA. It was expensive coverage but still cheaper than buying the medicine outright. Unfortunately, there is no grace period for Cobra, and when I was ten days late in applying for the benefit, they dropped me. I assume it was because of the cost of the medicine. We were left paying out-of-pocket for almost four years after that, which very nearly bankrupted us.

Now we are moving into a new situation. My husband is about to retire and we will have to go onto Medicare Advantage. I will pay about \$9,000 a year even with coverage. The root cause is that the prescription costs too much for me and for everyone who needs it, no matter what kind of coverage they have. It's not enough for the drug companies to offer grants and coupons to patients to hide the true cost of the drug.

The whole thing is just so outrageous. And now that there is a generic to replace Copaxone, the drug company has a new product that is the same medication but a different dosing method. It's an injection you do every three days instead of every day. I think they are doing that because of the competition on the daily dose from the new generic. My doctor recommended the new Copaxone product, but it didn't work for me. Then I tried the generic, and it didn't work for me, either. Both caused me cognitive issues and affected my gait. Both alternatives are very expensive as well. So I have to stay on Copaxone.

What if I didn't have a husband with a good job or we couldn't afford the coverage on my own? What happens to me when I don't get the medicine? The answer is pretty clear; I'd end up in a nursing home with someone else is taking care of me as I deteriorate to dust.

There is no justification for a 1000 % price increase for this drug.

I think it is time for the drug companies to be held accountable for their high prices, there needs to be much more transparency in the system, and patients like me who count on these medicines should have some relief.