

## Request: Prioritize policies to make insurance and prescription drug prices more affordable and accessible.

People with MS need access to high-quality health insurance to manage the course of their disease, prevent disability, and minimize the financial devastation of MS.

- For too many people with MS, access to healthcare has been out-of-reach due to high health insurance premiums or out-of-pocket costs.
- MS is an expensive illness, and if health insurance is unaffordable, people with MS cannot get the care they need. On average, people with MS spend \$65,612 more on medical costs annually than individuals who don't have MS<sup>i</sup>.
- While many people with MS have insurance through an employer, for those who do not, buying a plan in the individual market may be prohibitively expensive.
- Low-income people with MS need access to safety-net insurance through the Medicaid program. But for those who live in the 12 states that have not expanded access to Medicaid, coverage has not been available for them.

MS disease-modifying therapies (DMTs) are essential for many people with MS—but their prices have skyrocketed.

- This year, the median annual price of the MS disease-modifying therapies is close to \$94,000—up nearly \$25,000 from 2015.
- Six of the MS DMTs have increased in price more than 200% since they came on market, with nine now priced at over \$100,000.
- 40% of people with MS reported not taking their MS DMT as prescribed due to high costs.
- Many people with MS who transition to Medicare find their out-of-pocket drug costs to be impossible to afford, especially on a fixed income.

The Society supports legislative proposals to make prescription drugs and insurance more affordable and accessible by:

- Implementing an out-of-pocket cap on drug costs in Medicare Part D and a "smoothing mechanism" so that people in Medicare can spread their costs over the course of the year.
- Limiting drug price increases by enacting rebates if prices rise faster than inflation.
- Allowing the government to negotiate better drug prices for people enrolled in Medicare.
- Allowing people who buy their own insurance to keep receiving tax credits that lower the price to make it more affordable—or even free for them.
- Fixing the long-standing coverage gap for low-income people in the 12 states that have not adopted expanded Medicaid programs.

## What is multiple sclerosis (MS)?

- MS is an unpredictable, often disabling disease of the central nervous system.
- The progress, severity and specific symptoms of MS in any one person cannot yet be predicted.
- Nearly 1 million people in the United States live with MS.

## Stress — a six letter word that has defined Julie Belding's journey with MS

After she was diagnosed with MS in January 2010, Julie was diagnosed with trigeminal neuralgia — a stabbing pain in the face or jaw that can impact quality of life.

Stress triggers both her MS and trigeminal neuralgia. Through the years, she found ways to manage her stress and chronic conditions, from retiring early to leaning on her husband, Ron, for support. MS medications have played an especially vital role in letting Julie live her best life.

"I started on my MS medication in May 2010. I ride my bike, I go camping with my dogs, I kayak. I feel fortunate to feel the way that I feel, and I directly tie that to the medicine and starting it so early."

But when Ron passed away from COVID-19 last year, Julie's life became defined by stress once again.

"Over the years, my MS treatments have made an incredible impact on slowing disease progression. But I now have to make the choice to either change treatment options or to drastically change my life even more."

"I am now a single person trying to manage a mortgage and other expenses of daily living. In addition, the cost of MS medications and treatments continues to increase. All of that

while I now find that my out-of-pocket costs have multiplied exponentially, and Medicare Part D is just not helping enough."

Near the end of the year, Julie pays nearly \$400 for her MS medication every 5 weeks. She also takes medication for incontinence that ballooned from \$47 a month in September 2021 to \$210 by December.



Discontinuing life-changing medications is not a choice for Julie. "I can go off the medications and then my life is not good. My quality of life would be severely impacted. Stress triggers not just the MS, but the trigeminal neuralgia, so then I'm in a world of hurt again. It'd pretty much mean me just staying home."

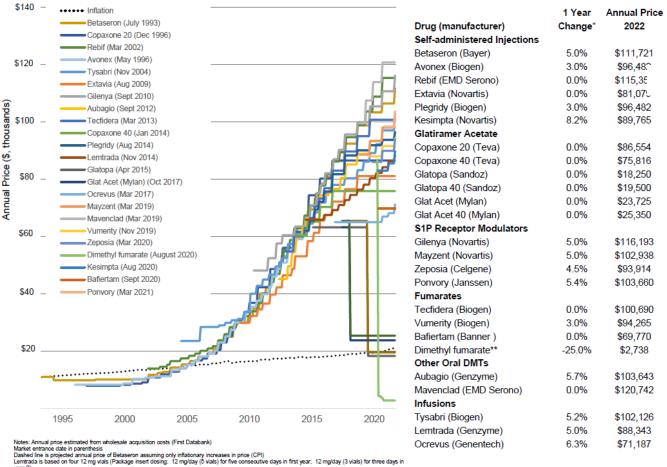
Congress must act now to cap Medicare out-of-pocket expenses and spread costs throughout the year to accommodate for the realities of the rising cost of medications in today's world.

"If there were a cap on medication expenses, I wouldn't have to watch every penny that I spend so that I have money to afford medications. It would just be a huge relief," she says.

"Put yourself in the shoes of someone living with a chronic disease - and then add on these additional financial problems. I am being forced to put expenses on credit cards and to make choices about what to pay first."

<sup>&</sup>quot;B. Bebo et al. A Comprehensive Assessment of the total economic burden of multiple sclerosis in the United States. ECTRIMS 2021. 15, October, 2021. <a href="https://ectrims2021.abstractserver.com/program/#/details/presentations/557">https://ectrims2021.abstractserver.com/program/#/details/presentations/557</a>."

## Trends in annual price for disease-modifying therapies for multiple sclerosis; 1997 to 2022



year 2);
"2021 to 2022 (January); "Ilowest price dimethyl fumarate reported Updated 2.15.2022 (Data through January 2022)

