Testimony in Support of Proposed S.B. No. 442 – An Act Prohibiting Predatory Pricing of Pharmaceuticals

Eamon Duffy, Medical Student at Yale University

To the Public Health Committee,

Good morning. My name is Eamon Duffy and I am a medical student at the Yale School of Medicine and a business student at the Yale School of Management. I am speaking here today as a representative of Doctors for America, a national coalition of over 20,000 healthcare professionals across the country, and #ProtectOurPatients, a national coalition of medical students. I am also a native of New Haven.

I saw first-hand the ease with which the some of the most expensive drugs in the world were prescribed while working at the APT Foundation substance abuse treatment clinic in New Haven. Each day countless patients came to clinic that had spent years using heroine, many of whom had unknowingly contracted Hepatitis C along the way. The goal for those patients was simple: treat their Hepatitis C with Harvoni or Sovaldi.

When I think about prescribing Harvoni and Sovaldi I think about two groups of people. First, I think about the patients. In almost every case it is someone who was currently addicted to drugs or had been in the recent past. They were on the road to recovery but at the very start of a long journey toward regaining a meaningful life. Most had no jobs, some had no homes, no family and no support system. And we had just prescribed them a medication that cost $84,500. I can vividly remember one of my favorite patients – we can call him Jonathan – a drummer who had recently visited the APT foundation to get help with his heroine addiction. I can remember our conversation in which I informed him that he had Hepatitis C. "I heard from some friends that there's a cure – can I afford it?" I assured him that it would be covered by his insurance and not to worry. There was really no point in telling him that each pill cost $1000.

Second, I think about the pharmaceutical reps. At first I didn't think anything of the two men standing in the clinic hallway. They had nice suits and friendly smiles. I asked my supervising doctor, "Who are those people?" She laughed at my ignorance. "They're drug reps from Gilead. They're here to make sure we're prescribing Harvoni and Sovaldi." And were they ever. Each new patient I saw brought the same question from the drug reps: "Are they a candidate?" If they received a

positive answer there was a whirl of paperwork and within minutes the patient was "cured," but the price of that cure was never mentioned.

I contrast patients like Jonathan with the pharmaceutical reps that flock to clinics across the state to demonstrate the power of pharmaceutical companies in our country and the "market" that they prey upon. At first glance this appears like a fine system – Jonathan is cured and Gilead makes a huge profit, funding further research for years to come. To this I will say two things. First, Gilead earns a profit far, far beyond what is needed to fund its research and development efforts. In fact, most of that money goes to sales and marketing – to pay those drug reps. In 2015, only 11 out of 100 pharmaceutical companies spent more on research than on marketing.[1] Second, every dollar we spend in Connecticut on pharmaceutical drugs is a dollar not spent on all the other services Jonathan needs to get healthy and stay healthy – doctors visits and care but also social work, housing, and education. The impact of predatory pricing is not only felt in hospitals and clinics, it reverberates throughout our state's entire economy, taking dollars from all of our daily needs. Gilead and pharmaceutical companies like it may charge "what the market can bear," but it is no longer what our state of Connecticut can bear.

Thank you for your time and consideration of my testimony in support of S.B. No. 442.

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[1] [16]The Institute for Health & Socio-Economic Policy. *The R&D Smokescreen: The Prioritization of*