



Moderators, Prescription Drug Affordability Board members,

My name is Jayesh Palshikar, for the past 20 years I have worked as a bedside nurse in a community hospital that serves Washington County, and I am speaking today as a member of Oregon Nurses Association.

The Oregon Nurses Association is a nurses union and professional association representing over 16,000 health care workers and providers, including registered nurses, advanced practice nurses, and allied health workers. Our members work in urban and rural hospitals, clinics, school-based health centers, home health, and county health departments across Oregon.

While I specialize in inpatient care, I am always thinking about how to keep my patients healthy when they leave the hospital, and how to reduce the risk of readmission. Making sure patients have access to affordable prescription medications is a critical part of helping my patients stay healthy, live their best lives and importantly, helping them stay out of the hospital.

I would like to share several trends I have noticed about how the affordability of prescription medications have impacted peoples lives, and how short term decisions related to medication affordability have unnecessarily detracted from quality of life and have resulted in costly unnecessary visits to the ER and hospitalizations.

My first example is an amazing couple I cared for recently. They were so committed to supporting each other. My patient, the husband, was struggling with liver failure which caused a build up of ammonia in his blood causing highly altered behaviors and requiring hospitalization. We were able to help get the condition stabilized and he became himself again as he was treated. The problem was that the medication we were using, rifaximin, costs about two thousand dollars per month. The insurance company was willing to pay for another medication, lactulose, that would cost about thirty dollars a month, with the unfortunate side effect of diarrhea. This couple's quality of life was going to be dramatically impacted, because they had to plan their lives around the proximity to a toilet, all because they couldn't afford the best medication for this condition.

Another example is diabetes. When checking patients in to the hospital and reviewing medications, I ask the ones who use the "old school" insulins like "NPH" and "R" why they still use these. It is almost always due to affordability: the old school insulins can be purchased out of pocket, with costs as low as forty four dollars per bottle, which is about a third the cost of the newer insulins. While old school insulins are admittedly better than nothing, they have increased risks of complications like blood sugar dropping dangerously low, and that poor sugar



management leads to more complications from diabetes like infections, kidney failure, neuropathy, amputations, heart attacks and death.

Sometimes I see necessary medications are simply not taken because of affordability. One woman I cared for recently was brought to the hospital after having a seizure. She had epilepsy and was on medication but was “cutting back.” This was not because a neurologist suggested it, but because she couldn’t afford a full month of medications, and she wanted to make sure she had some for later in the month. Because she felt she had no access to affordable prescription medications, she put her life at risk.

The last group of patients I feel are so important to highlight are those who live with mental illness. It seems like whenever I work in the emergency room, someone will come in requesting a refill for psychiatric medications or will be brought in because they ran out of their meds and ended up in crisis.

In each case, medication affordability has direct impacts on quality of life, and in many instances there are impacts on general health, disability and length of life. Prescription medications can cost hundreds of dollars a month which can seem like a lot when a medication is not affordable, but the alternatives of repeated ER visits and hospitalizations cost much more to individuals and to the citizens of Oregon than making prescription medication affordable.

I would like to thank the members of the Prescription Drug Affordability Board for considering the impacts of prescription drug prices. Oregon Nurses Association, as a member of the Oregon Coalition for Affordable Prescriptions continues to work on this issue as well, and we are grateful for the work of this board.

Thank you.

Jayesh Palshikar, RN BS