

Senate Democratic Policy Committee Hearing

“An Oversight Hearing on Providing Relief to Seniors Who Have Fallen into the Prescription Drug ‘Donut Hole’”

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Thank you Chairman Dorgan, for inviting us to testify at this hearing.

We feel that in order to give a complete account of our relationship with Medicare Part D, and the “donut hole” under discussion here, that we should first make it clear how we came to be enrolled in a drug program which we first believed to be in our best interest.

We read the brochures mailed to us from Medicare, which grabbed our interest immediately. We followed up by speaking with a representative from Rocky Mountain Health Care, my health insurer, who used simpler language to suggest that we enroll in Medicare part D, as it would drop the co-pays on our medications. We have always trusted our health insurer, and saw no reason to be skeptical of their advice. We believed that an additional slight premium to reduce co-pays sounded like an excellent idea. We did not understand, even vaguely, the risks and pitfalls involved in our signing up, as the program was brand new. We signed up, enthusiastically believing it was in our best interest.

Then I got cancer. After five months of repeated doctor visits, extensive testing, second and third opinions, and lost sleep, we finally received the diagnosis: inoperable pancreatic cancer, which had started to spread into my liver.

More rounds of doctor visits were necessary to decide which treatment plan would maximize my chances of going into remission, and extend my life with my family as long as possible.

We were told by a prominent cancer surgeon that my cancer was inoperable. However, he then told us of an experimental treatment plan available to us at one of the best facilities in the country, the University of Colorado’s Anschutz Cancer Pavilion. The doctor recommended to us, Dr. Kane, had had excellent results with this new treatment program in the last six months with two other men battling pancreatic cancer. After our visit with Dr. Kane, we both felt extremely confident that the new approach

was the one for me. The regimen would include a combination of intravenous chemotherapy three times a month, and a new daily pill form of chemotherapy called Tarceva. We had no idea what was in store, but we went forward with faith.

Little could we have guessed that the pill form of chemo would be so dramatically expensive. My 47 years as a union bricklayer affords us a total annual income of only \$34,000. We soon realized that the Tarceva prescription alone would cost us 18 to 20 percent of our entire household income, due to the gap in coverage, or “donut hole,” in our new drug program. We feel that there is something very wrong with the way Medicare part D is written, because we have worked hard all of our lives and feel as though we are being dropped out of the picture. The cost of Tarceva alone caused anxiety, but when paired with the cost of the intravenous chemo, CAT-scans, repeated co-pays for doctor visits, and the costs of attending to my wife's health, we realized how truly scary this situation is for us.

If this treatment was for a less aggressive form of cancer, we may have been less frightened, but the doctors told us to expect that I will need this grueling regimen for the rest of my life.

The expenditures of my Tarceva prescription will be calculated annually, so I will face this coverage gap year after year.

We decided to appeal to the manufacturer of Tarceva, Genentech, for any sort of financial assistance to help us afford this drug. We learned that financial assistance has dried up, and have since received no help whatsoever.

We have always had really good credit, but now it is already becoming questionable. We are going into debt, and fear the prospect of selling our car or cars, taking out a third mortgage, credit cards at their limit, possibly even bankruptcy.

I used to feel pride that I could afford to take my wife to dinner or a movie. Now we can only put all of our money into my treatment and hope it saves my life. We are here in front of this Committee because we believe it is the responsibility of those with the power to create and change this nation's laws to plug the “donut hole” for those of us who cannot afford such absurdly expensive drugs. We realize there are millions of seniors in the same scary situation as us, and find it gratifying to be a part of changing the current law. We are pleading with you to change the Medicare Part D drug program for all of us who feel like we are being left behind.

Thank you very much for listening.