

**Statement of Robert Fowler**

*before the*

**U.S. House of Representatives Subcommittee on Health  
of the**

**House Committee on Energy and Commerce**

*for a hearing on*

**“Making Prescription Drugs More Affordable: Legislation to Negotiate a Better Deal For  
Americans”**

**September 25, 2019**

Chairwoman Eshoo, Ranking Member Burgess, and Members of the Committee, I am honored to be here today. Thank you for the opportunity to share my story.

***Section I. Background and Introduction***

My name is Robert Fowler.

I am here today as an Ohioan, a religious studies professor, a husband, a father, and a cancer patient.

Most importantly for today, I am here as one of the countless people across the nation who is desperate for relief from skyrocketing drug prices.

In 2006, I was diagnosed with an incurable blood cancer called multiple myeloma. Three years later, after a stem cell transplant, I was prescribed Celgene’s chemotherapy medication, Revlimid.

There is no generic alternative. A year’s worth of the drug costs \$240 to produce. And the list price is \$196,510 per year.

I have taken Revlimid for more than 10 years to manage my multiple myeloma. Although the out-of-pocket costs were affordable to me, I estimate my employer’s medical insurance plan paid approximately \$1.4 million to cover the drug on my behalf.

I recently retired and went on Medicare. Due to this transition, I will now have to pay roughly \$12,500 a year out of pocket for Revlimid.

***Section II. It’s Not About Innovation***

Under current law, Medicare is prohibited from negotiating directly with drug companies on behalf of taxpayers and Medicare beneficiaries like me. As a result, Americans pay twice as much or more for prescription drugs than patients in other nations. The biggest reason is that the U.S. government grants monopolies to drug companies but fails to address the prices these corporations charge taxpayers.

Drug companies will tell you they need this freedom to fuel wide profit margins that fund innovation. The undercurrent of that message is one of fear. What they are really saying is, “Pay us, or you will die.”

It’s simply not true. I reject their scare tactics.

This is why:

- The profit margins of drug corporations are almost three times the average of the S&P 500.
- Nine out of 10 big pharmaceutical companies spend more on marketing than research.
- The money U.S. based drug companies made in 2015 by charging Americans high prices was nearly *double* (176%) what was needed to fund their global R&D.

The point is, there is plenty of money to lower drug prices and fuel the innovation I need to stay alive. That’s why the government must negotiate.

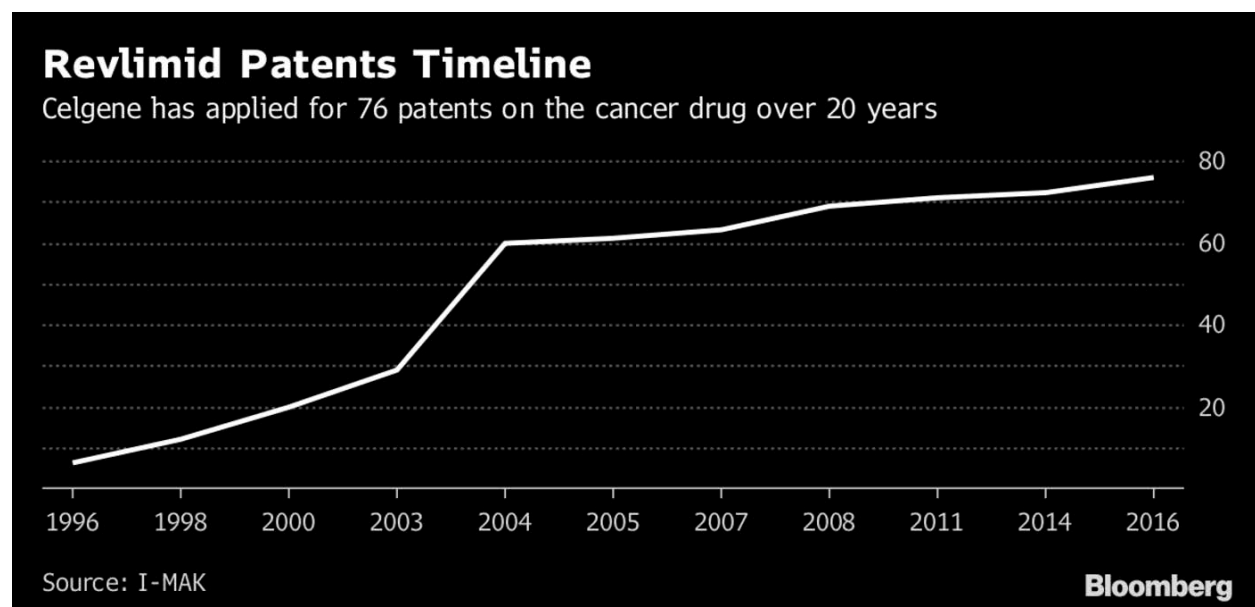
### My drug

I’d like to tell you more about Celgene’s top-selling cancer drug, Revlimid. It is a derivative of Thalomid, the brand name for the decades-old drug Thalidomide, the infamous drug that in the 1960s caused birth defects in thousands of babies.

Celgene brought Revlimid to market in 2005.

Generic competitors were supposed to lower the price of my medication by now.

But Celgene will stop at nothing to extend its monopoly on Revlimid for as long as possible: from hiding behind a federal safety program and refusing to sell samples to generic companies eager to bring a competitor, to suffocating its product in a pile of patents — applying for 76 patents between 1996 and 2016.



In 2019, on the same day Bristol-Myers Squibb announced its plans to acquire Celgene, Celgene again raised the price of one 10 mg dose of Revlimid by 3.5 percent, to \$719.82. The same dose cost \$247.28 at the end of 2007.

I bring up this history and these abusive business practices to make the case that we as taxpayers, as patients, must have a mechanism to push back.

Revlimid was the costliest drug in the Medicare Part D prescription drug program, draining \$3.3 billion from taxpayers' bank accounts in 2017 alone.

Celgene's monopolistic practices will likely block generic entry until 2025 or later, and Revlimid could cost taxpayers an estimated \$45 billion through 2028.

I shouldn't have to pay \$12,500 a year for my drug. Americans shouldn't have to pay two to three times more than other nations for the same drugs.

We're being ripped off.

### **Taxpayer investment**

Pharmaceutical corporations often fail to mention that American taxpayers foot the bill for much of the research done to invent new drugs.

According to a survey of PhRMA's member companies, one out of every three research dollars comes from American taxpayers.

From 2010-2016, all 210 drugs approved by the FDA were based on science funded by taxpayers through the NIH.

Here's one example:

U.S. taxpayers invested more than \$200 million into the science behind CAR-T, a breakthrough treatment that may one day cure my cancer.

NIH Director Francis Collins said in a blog post that CAR-T "is grounded in initial basic research supported by NIH."

After taxpayers paid for the foundational science and taxpayers supported the seminal research paper, Novartis bought the patents and priced its breakthrough CAR-T drug at \$475,000 for a one-time infusion.

An analysis in *Health Affairs* demonstrated that Novartis overpriced the drug by at least \$315,000 per treatment.

Taxpayers should not have to pay exorbitant amounts for drugs we've already invested billions of dollars in.

Under a new system, instead of paying unnecessarily high prices to drug corporations, savings from Medicare negotiations can be invested into the world-class research being done at the National Institutes of Health, Centers for Disease Control, and to American scientists and innovators who are driving the most exciting research.

### ***Section III. A Legislative Solution***

The thing patients like me need most is real change to the system. We need immediate Congressional action to bring down drug prices.

I want to start with a bit of history.

It's no accident that Medicare doesn't negotiate. It's law because Big Pharma lobbied for it. This ban does not exist in other areas of government.

We don't call it price controls when the Secretary of Defense negotiates with Lockheed Martin on jets.

Negotiation driven by competition and price concession is a cornerstone of capitalism. We need to let Medicare to negotiate.

According to the Kaiser Family Foundation, majorities of Democrats, Republicans, and Independents support allowing Medicare to negotiate for lower prescription drug prices (86 percent of all Americans).

As this committee crafts legislation to fix our broken drug pricing system, I'd urge you to take three concrete actions that would help patients like me.

First, repeal the ban on Medicare negotiating directly with the drug companies to lower prescription drug prices.

Second, ensure that Americans — regardless of insurance type — have access to lower-priced drugs. Drug companies like Celgene should have to offer a better deal to people like me, on a government health insurance plan, as well as Americans who use private insurance.

Finally, cap seniors' out-of-pocket costs for prescription drugs. Paying \$12,500 per year out of pocket isn't sustainable for seniors.

### ***Section IV. Conclusion***

It is not easy to live with an incurable disease, but I have no choice. The physical and mental toll of living with cancer, the countless appointments I have to endure, the loss of time and energy to savor all the things I would like to do now in my remaining years — those things come with the territory.

But what I should not have to do is live in fear not of the disease itself, but of the cost. No person should have to worry about depleting one's financial resources in order to stay alive. At times, the needless, excessive cost of this drug almost feels more inhumane than the cancer itself.

You do not have the power to take away my cancer, nor do you have the power to make my daily struggles with the disease and its treatment easier. But you do have the power to pave the way to making prescription drugs more affordable for me and for all Americans.

I want to live many more happy years in spite of my blood cancer. To have a shot at that, I need two things: life-saving drugs at an affordable price. We can have both.

Thank you for your time.

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