



MomsRising.org

Dear Lawmaker,

Prescription drug prices are continuing to rise and many families are struggling to afford life-saving medications. On the following pages, you will find stories from families across the country that demonstrate the need to lower prescription drug prices.

In a recent survey by the Kaiser Family Foundation, about a quarter of Americans said they've had trouble paying for a prescription.¹ A QUARTER! It doesn't have to be this way. MomsRising members like Mary from Kentucky are in need of relief from the skyrocketing prices of prescription drugs:

"I am 72 with 3 chronic genetic diseases. My Rx costs are beyond what I can afford and I have postponed getting refills and doing without due to lack of funds. There are millions of us out here. Parents of handicapped children, diabetics, others with chronic illnesses. We need your help. I cannot afford Medicare D. And the donut hole aspect is too scary to contemplate. Please work with pharma businesses to stop gouging the sick and the poor."

And Jessica from Connecticut:

"I have a 13 year old daughter who has Type 1 Diabetes; she was diagnosed when she was 7 years old. I am a single mother living in Connecticut, so given my financial situation at the time my daughter was able to go on Husky (State Insurance). Husky does pay for almost all of the cost of my daughter's diabetes supplies. I have currently gotten a better job offer that comes with benefits such as health insurance, dental, 401 K etc. I am able to afford to put my daughter on the work insurance, or so I thought. Even though she has a chronic condition the insurance will not cover even half of the cost of her insulin. She gets 3 vials every 2 months and the cost is \$951.36 just for the insulin. I'm not going to get into the cost of her lancets and strips, oh and the insurance won't cover her diabetes pump which is thousands of dollars. Now just for the insulin my co-pay will be \$457.25 every 2 months. How am I going to feed my child, pay bills, keep a car etc.? I am now fighting with the state to keep her on Husky but I will pay the state for the Husky plan. My insurance plan with the cost of her co-pays every month or so goes over what I make. The point is why is a vial of insulin costing someone \$317.12 a vial?? This is a medicine type 1 diabetics need or they will die. This is outrageous."

Lives are at stake. Prescription drug prices are consistently higher in the United States than in other countries, with Americans paying at least three times more for prescription medications.²

As drug corporations continue to raise prices, insurers are shifting costs to consumers and families are being impacted most. Across the country, we have families at risk for poor health outcomes since drug prices are preventing them from maintaining their health.

Kaiser Family Foundation found that 3 in 10 people across the country skip doses or refrain from filling prescriptions altogether due to high costs. The repercussions are horrendous, leading to deteriorating conditions for family members as they try to treat diabetes, high blood pressure, cholesterol, and other chronic conditions. We cannot stand silent as this continues.

Sincerely,

Felicia Burnett, *National Director*
Felicia@MomsRising.org

Tasmiha Khan, *Campaign Director*
Tasmiha@MomsRising.org

1. KFF Health Tracking Poll – February 2019: Prescription Drugs, <https://www.kff.org/health-reform/poll-finding/kff-health-tracking-poll-february-2019-prescription-drugs/>

2. Community Catalyst, Addressing Out Of Control Prescription Drug Prices, <https://www.communitycatalyst.org/resources/publications/document/2018/CC-PrescripDrugPrices-Report-FINAL.pdf>

PERSONAL STORIES ABOUT THE NEED TO LOWER PRESCRIPTION DRUG PRICES

ALABAMA

It's hard enough living with finances being so low and needing a medicine and trying to figure out where your going to get the money. Will you not eat that month? Go without electricity? Don't pay your rent and chance being homeless? These are some of the obstacles we are up against. Then if your medicine is outrageous, costing a thousand or more, well you're just out of luck because all of the above is not enough.

– **Tina, Lillian, AL**

ALASKA

I was diagnosed with bipolar disorder when I was 37 years old and I'm now 56 years old. The only normalcy to my life is through pharmaceuticals. I have to be able to afford them to live normally and I don't know what I would do if I couldn't afford my medication! Between the highs and the lows, life can get pretty hectic. I have no idea how I raised a strong, responsible, successful young man. He made it through a whole upbringing with an unmedicated mother who was clearly mentally ill.

– **Diana, Holy Cross, AK**

ARIZONA

I have been in the pre-existing clauses. I have cancer history, twice. Our premiums after I had to quit my job were extremely high—about the amount of my monthly disability check. Eventually, I received disability medical along with everything else. Just recently I lost prescription coverage. My chemo pills cost \$275/month.

– **Debbie, Tucson, AZ**

I had cancer, which I fought for almost 13 years, and won. I had been paying for long term disability insurance since the day I started working. Without this insurance, we would have been bankrupt! We need this system for all employees. Illness usually is not predicted.

– **Jay, Chandler, AZ**

I am a retired National Park Ranger, trying to survive on a small pension and social security. I have bilateral peripheral neuropathy since 2002. For many years, I took Gabapentin,

which was affordable, but the efficacy of the drug dwindled over time until this year I was forced to switch to Lyrica, made by Pfizer. Now, a 15 day supply cost \$138.00, with insurance. That is price gouging at it's worse. This must be reined in. Drug companies should receive equitable compensation for developing, marketing, and supplying this drug, but this pricing is beyond reasonable.

– **Laura, Tucson, AZ**

It is time for Congress to actually work for the people who elected you. Drug prices are out of control.

– **Barbara, Phoenix, AZ**

ARKANSAS

As a retired healthcare provider, my awareness of patients without resources for medications extends over several decades. It has always been a significant issue, but is now a crisis—even for many in the middle-class. Patients are dying and others are at significant risk of complications because of the greed of Big Pharma.

– **Marcia, Hot Springs Village, AR**

CALIFORNIA

I suffer from Psoriatic Arthritis and severe migraine headaches, in addition to several other chronic medical conditions. Prescription medications are very expensive and Medicare copays can run as high as my monthly Social

Security Check (for just one medication alone). Now add additional copays for additional medications, that are also as equally expensive as my monthly check. I have no other source of income.

As you can imagine, prescription drugs expenses can and are cost prohibitive. My only saving grace, is the patient care foundations provided by three different Pharmaceutical Companies that are willing to provide my most expensive medications, free of charge to me. Now, add copays to see various specialty Physicians and additional medications, and it is easy to see how expensive healthcare can be.



Step therapy restrictions and Medicare's inability to negotiate prescription drug prices with the Big Pharmaceutical Companies, often makes it cost prohibitive for many seniors and disabled adults, to afford their medical expenses.

Receiving assistance through the pharmaceutical sponsored, patient care foundations, is based on strict income driven acceptance criteria. We therefore need an affordable healthcare system for all Americans.

– **Carol, Fremont, CA**

I am allergic to statins and have genetic high cholesterol. My husband suffers from dry eye. Both of us were prescribed biologics to treat our problems. My medication was over \$400 per month but then the makers of praulent bowed to consumer outrage and lowered the price to a more manageable \$100+ a month. The reason for the plus sign is the first month I paid \$149.00, but in the following months I paid \$129.

Neither my insurance company nor the drug company could explain the discrepancy. I am not in the donut hole, and if I were, the payment would have gone up not down. My husband's medication was also originally priced at over \$400 a month and when he complained Humana offered him a lower price, but when he ordered the prescription, they charged his credit card for \$400+.

No one can explain how or why the prices vary and the quoted price is not the price charged. We live in a limbo of fluctuating costs with no one accepting responsibility.

– **Angela, San Mateo, CA**

Everyone in the US deserves access to health care. They do not deserve to go through pain and suffering due to unaffordable medications and medical treatment. Please do all you can to make medical care accessible for all.

– **Vivienne, Santa Cruz, CA**

My mom didn't like to keep going back in to get her blood checked every month, so she switched to a newer blood thinner. However, it wasn't covered by her Medicare supplement insurance. After a few months, she went back to the cheaper medicine and monthly tests because it was so expensive that she couldn't afford dog food and treats, her own food, and the many other medicines she needs.

My sister and I send her what we can every month, but it isn't enough to cover all her costs. She will soon pay off her single-wide mobile home (manufactured home) and then, maybe, she can get the blood thinner that doesn't make her go in every month to see if someone can get blood from a vein without it rolling, causing pain and bruises.

– **Catherine, Alameda, CA**

A recent GoodRx report found
**DRUG PRICES SURGING
FASTER THAN ANY
OTHER MEDICAL
SERVICE
OR GOODS**

**INCREASING
33% SINCE 2014**

SOURCE: <https://www.goodrx.com/blog/prescription-drugs-rise-faster-than-medical-goods-or-services/>



I live on \$1,400 a month after Medicare is taken out. My medicine costs over \$100 with my insurance. It leaves very little to buy food and personal needs.

– **Gloria, Stockton, CA**

Medicine needs to be accessible and affordable to those who require it— this is a fundamental right and basic support our country should be proving to all our communities. Please support this!

– **Liliana, San Francisco, CA**

I take a pain medication levorphanol. I have been on this for at least 15-18 years. The total cost of the drug was \$400. Even if it was compounded. It is an older medication. The drug was sold to another company and the cost went up to \$8000/month. it has gone down to \$7000. I don't think they are using it for research, so why the big increase? I was able to sign up for a patient assistance program, which pays for the medication, but I only found out about it by chance as I am a nurse. I have to reapply every year and worry that I won't be accepted.

– **Jane, Los Altos, CA**

I belong to an HMO which has a drug plan. Recently I needed some antibiotics which my dentist prescribed. I wasn't feeling well and decided to go to my neighborhood drug store to get my prescription. When I got there they told me that the drug was \$200. I didn't buy it and instead waited and went the next day to my HMO. My drug there cost \$7.00.

I then realized how difficult it must be for poor people who are not on a plan to afford life saving drugs in America. That is just wrong.

– June, Woodland Hills, CA

When will you, the Congress, get it through your heads that drug prices in the US are out of control. I ask you again to do something to bring costs in line with other industrialized nations. Thank you.

– Darrell, Galt, CA

Yes, I have had to fight to find medication covered by my insurance, and I have had to forgo medication because there is just no way that I could pay \$100 a week - A WEEK - to afford what was prescribed. These prices are sometimes astronomical and they are not sustainable. Our health should NOT be financially out of reach for the average family, this is unconscionable.

– Karyn, Monterey Park, CA

My friend has been seriously ill for over a year. The physician just prescribed one antibiotic that turns out to cost 53 HUNDRED dollars for a one month supply. When she informed him of the cost, he prescribed another one. It turned out to cost 53 THOUSAND dollars for a one month supply. Needless to say, she will not be taking either of them.

– Kathleen, Anaheim, CA

On Medicare, when I hit the donut hole the price of my insulin increases a lot. Sometimes I have to use less. Then....I don't feel as well.

– Linda, Mission Viejo, CA

I'm fine; but, my husband is fighting glaucoma. After many surgeries to help lower pressures, he still needs to medicate several times a day with three different drops. One tiny bottle retails at \$500! Even with good insurance, we're spending a whole lot out of pocket.

– Nancy, Capitola, CA

I suffer from a variety of medical conditions which require me to take many medications. The safest and most effective ones are also the most expensive ones. I could never afford to get them without my very expensive private healthcare insurance plan. It is so unfair and immoral that the drug and insurance companies are raking in enormous profits while I am greatly struggling to pay their fees!

– Philip, Pasadena, CA

I have lots of medical horror stories. We will stick to one. One day I could not breathe, I felt like coughing up a lung. I went to the doctor and he said inhalers, so I go to the drug store and asked how much?

The girl said \$1000. I thought I was hearing things, so I asked again and I heard right. One thousand dollars for one inhaler! I walked out.

– R., Oceanside, CA

COLORADO

I'm on disability which is fixed income. I have insurance through United Healthcare. I have many health issues but I am currently having issues with getting Enbrel to treat my Rheumatoid Arthritis. It was finally approved, but United Healthcare is requiring a co-pay of close to \$1400 for the first prescription.

I tried to get help from Amgen but United Healthcare denied the help indicating I wouldn't need it when the co-pay was paid. I cannot pay \$1400 co-pay! I have been on Enbrel for several years now and it is working well, but I had different insurance. I will now have to change to a different product that I can afford.

– Cheryl, Highlands Ranch, CO

I'm a physician. I can't even begin to tell you how painful it is when my patients end up in the emergency room because they can't afford their insulin. Or those who have complications like foot ulcers or nerve damage because they can't afford to buy the amount of insulin they need. Insulin has been available for many many years. There is no excuse for the pharmaceutical companies charging what they do.



– Evelyn, Denver, CO

Even though my father is on Medicare, and has a supplemental plan through AARP, he still can't afford the high cost of some of his medications. So, to make these medications stretch, he only takes them 1x/day, instead of 2x/day as prescribed.

– Tina, Englewood, CO

I have a drug that is so expensive that once my coupon from the manufacturer expired I could not afford it so had

to tell my Dr I would no longer be taking it. I am on another drug that went from \$11 per 30 days to over \$1500 per 30 days at the start of the new plan year. This is the cost from the manufacturer. I have a condition that requires both of these drugs and can only afford one, because I have a manufacturer coupon. This one will also expire and then I will have to make decisions about it too.

– **Victoria, Arvada, CO**

CONNECTICUT

I am disabled and am using Medicaid's life saving benefits. Without them, I would be unable to pay for my prescriptions, or visit my doctors. (I have Epilepsy.) In addition, after a seizure a few years ago I fell and broke my hip and crushed my pelvis, and now walk with a crutch.

– **Marilyn, Norwich, CT**

I have a 13 year old daughter who has Type 1 Diabetes; she was diagnosed when she was 7 years old. I am a single mother living in Connecticut, so given my financial situation at the time, my daughter was able to go on Husky (State Insurance). Husky does pay for almost all of the cost of my daughters diabetes supplies. I have currently gotten a better job offer that comes with benefits such as health insurance, dental, 401 K etc.

I am able to afford to put my daughter on the work insurance, or so I thought. Even though she has a chronic condition the insurance will not cover even half of the cost of her insulin. She gets 3 vials every 2 months and the cost is \$951.36 just for the insulin. I'm not going to get into the cost of her lancets and strips, oh and the insurance won't cover her diabetes pump which is thousands of dollars. Now just for the insulin, my copay will be \$457.25 every 2 months. How am I going to feed my child, pay bills, keep a car etc.?

I am now fighting with the state to keep her on Husky but I will pay the state for the Husky plan. My insurance plan with cost of her copays every month or so goes over what I make. The point is why is a vial of insulin costing someone \$317.12 a vial?? This is a medicine type 1 diabetics need or they will die. This is outrageous.

– **Jessica, Burlington, CT**

I have had a few times as an adult (and am currently 56 yo) where a prescription that I was provided, first for migraine headaches, resulting from an auto accident that I did not cause, was no longer an option because of the cost (when changing jobs-which changed insurance companies). For example...the insurance company would not cover Maxalt which had always immed given me relied.

Instead I was told by my prescribing physician to take (2)

Alleve and (1) Imitrex, because that combination was like -Trexamet- I believe is the drug. When I asked why I can't just be prescribed (1) pill...I was told the insurance co. won't cover that more expensive one!

Recently, after having a bad chest cold with Bronchitis, I was prescribed a once-a-day inhaler medication, because I learned that I don't need to use more than that, as I'm only bothered by chemical irritants and cat dander. I waited and no Rx was at the pharmacy. I was advised that it was not allowed under my plan because of the cost. The 2nd inhaler Rx was going to be about \$400+ (an inhaler!!!) So naturally I couldn't afford that.

Fortunately, my life does not depend on it...but, it would be greatly made more comfortable if I didn't have this chest tightness and a dry cough all the time. The prescribing pulmonary Dr. leaves me messages about a follow-up visit to see how medication works, yet I don't bother because I never got the chance to use it...solely because of the cost of what I needed!

I feel most badly for those who truly are ill without their necessary medications, which unaffordable to them or the insurance companies claim they are unaffordable to the same companies who are making record profits!!!

Something must be done by the US government... since no one will do the right things for other human beings!!

– **Sallie, Watertown, CT**

FLORIDA

I have an 81 year old friend who was diagnosed with diabetes 2 1/2 years ago and has struggled ever since to afford insulin. I am 70 years old, recently my doctor prescribed Cyclobenzaprine which was approved for medical use in the United States in 1977. It is available as a generic medication. In the United States, the wholesale cost per dose is less than US \$0.05 as of 2018.

In 2016, it was the 46th most prescribed medication in the United States, with more than 16 million prescriptions. When I got to the drug store, my co-pay with WellCare-Medicare Advantage Plan was \$75.00 and I can not afford that so I refused the prescription. A markup of over 1,665% is beyond greed, it's a sickness.

– **Donia, Anthony, FL**

I am cancer free – after spending \$60,000 over the past 10 years for my medication. That money ate up a huge chunk of my retirement money. I am grateful the medicine saved my life, and feel very insecure now that I have run out of my retirement savings, especially at a time when Trump threatens to defund Social Security. He wants us all to die, doesn't he?

– **Joan, Venice, FL**

I have struggled for years trying to pay for medication I need and the cost just seems to get higher. I currently can not afford the inhaler the doctor prescribed for my COPD due to the ridiculous high cost.

– **Karin, Gainesville, FL**

I use Original Medicare and an AARP supplement plan from United Health. This year, I needed to change to a Part D plan from Florida Blue because mymedicare.gov showed that plan to 1) carry Vesicare, a drug required by my urologist's treatment plan and 2) Soolantra, a drug which aided my rosacea. This drug plan carried a monthly charge of \$168 but the mymedicare.gov's calculation showed it to be the least expensive plan for my 13 drugs.

As of December, 2019 the drug formulary showed both drugs would be covered at the top tier pricing. In January, after my first month on the Florida Blue plan, they sent me letters telling me they no longer covered those drugs, but gave me a temporary 30 day supply of the generic. The generic Soolantra caused my face to break out. The generic Versicare doesn't respond as needed by the treatment plan I am on. I am currently getting my two drugs through Canada at cheaper prices without the generics being forced on me. I am very lucky to know about this option and have the cooperation of my doctors to give me prescriptions.

– **Lynda, Gulfport, FL**

I'm 81 years old and widowed, and have paid for private insurance for decades. Now that I need many medications, I have seen some prices doubled and tripled. I'm worried that I will run out of money if I live to be 90, as my mother did.

– **Molly, Boca Raton, FL**

My husband and I both have Diabetes Type II, although only I am Insulin dependent. We are currently covered by a Medicare advantage plan which covers almost all of our medical and prescription expenses. However, some of my medications, especially the insulins, have very high copays.

If Congress makes cuts to Medicare, we, along with millions of other senior citizens, will be affected with reduced medical/prescription coverage and/or higher premiums and/or copays on our fixed incomes (mostly Social Security checks). Affordable, quality healthcare and prescription coverage must be provided for every American. This means people with pre-existing conditions, pregnant and nursing mothers and babies, children, families, seniors, EVERYONE.

– **Ofelia, Miami, FL**

I was prescribed Prolia (osteoporosis). The dosage is by injection, 2x a year. I took two dosages. The copay was \$700 (with health insurance!) per dosage, so I had to discontinue

the drug, even though it would have helped rebuild my bone density and avoid potential fractures.

– **Sandra, Tampa, FL**

GEORGIA

I suffer from migraines, but I have insurance so the cost of the new miracle drug that has almost totally eliminated my daily headaches is ONLY \$85 a shot every month. I have a friend who does not have insurance so the cost to her would be \$700 a month. So she must suffer because she can't afford this medicine!

– **Bette, Dawsonville, GA**

I have a rare form of glaucoma and common low cost options are ineffective. I have skipped doses and done without because I cannot afford \$500 eyedrops. Seems it would be more cost effective to prevent blindness than have me be indigent and relying on govt support when I totally lose vision. Also, no insurance covers this. It's considered preexisting and non-life threatening so every \$300 visual field and office visit is not covered. I make \$12 an hour and all my retirement savings are gone now due to this.

– **Kathleen, Atlanta, GA**

HAWAII

I gave up on regular medicine after watching my Parents disintegrate from the effects (they aren't side effects) of multiple drugs. By the time Mom got off 9 of the 12, it was too late, as they had already done their damage. I believe it was a pharmaceutical that caused Dad's fatal stroke. I see a Naturopathic Physician and believe NDs should be recognized by the medical community. The problem is pharmaceutical corporations fund medical training, so we get what they want.

– **Dave, Pahoa, HI**

IDAHO

I am 68 years old and have a number of chronic ailments. The gross cost of my prescriptions per month is approximately \$11,000. Without Medicare, I do not know how I would manage.

– **Karen, Moscow, ID**

My husband of 17 yrs went to the U.K. to visit his family in May of 2001. The day before he was due home, he sent me an email, which began, "Dear Mary, the thought of having to get on that plane tomorrow and come home to you and all of your health issues, is too much to bear. I just can't do

it..." That's the last I heard from him. I lost my house, health insurance through his employer, etc. Due to my chronic pain and mental health issues, in 2009, I had to leave my 25+ year career as a chef and rely solely on SSDI.

My (now, late) mom purchased a double wide mobile home for me after losing the house, but my lot rent is \$290/month and there's still the necessities, such as homeowners insurance, car insurance, gas, electricity, etc. And, of course, numerous prescriptions every month. \$675 sure doesn't go very far.

Grateful that I live in North Idaho, where the cost of living is not outrageous. There ARE months when I am forced to choose between the essentials OR having my Rx's filled. Needless to say, having my Rx filled always comes in first. This isn't ok! Big Pharma has become way too greedy. Americans should not have to choose between the essentials or having our much needed, oftentimes lifesaving, Rx's filled every month.

– **Mary, Moscow, ID**



ILLINOIS

When my husband got laid off December 1, 2017, we ended up on COBRA. \$2100/month for our family of four. Went from that to GoFundMe and then to Medicaid. I was re-diagnosed with Stage 4 metastasized breast cancer in April 2018. I found out then that chemo drugs are between 20-30 thousand dollars. Per dose. That's obscene.

– **Debra, Chicago, IL**

I became disabled in 2016. I lost my job (Certified Medical Assistant) because I was unable to return to work. When I lost my job, benefits went with it. I filed for SSI disability but as of today I'm still fighting for it after being denied 8 times. I had to file for SSI early retirement until I get my disability. I have had 8 procedures on my liver and 1 on my back. The medications I have to take is very expensive, sometimes I have to go without it. Medicaid said I have to meet my spend down (\$330) a month before I can get help with my medical expenses because I get too much money from SSI. I have worked since age 16. To have to live like this is so disgusting. I'm seeing a psychiatrist because I feel like I will lose my mind. Also I applied for long term disability but that was also denied, I paid into it, so I don't understand why I was denied. The funds I get is not enough to sustain me, I'm so disgusted by everything, losing my mind might be a welcome escape.

– **Gwen, Edwardsville, IL**

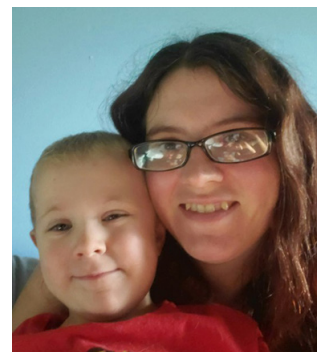
Even with Medicare and a supplementary Medicare advantage plan I still get hit with an over \$800 hospital bill and a prescription that costs over \$200 a month. Healthcare that is unaffordable is not healthcare, it is a sick joke.

– **Jeffrey, Chicago, IL**

One of my prescription drugs has gone up by \$300. Since last year, my Part D doesn't cover it any more and the substitute doesn't work nearly as well. I can't afford the original prescription so I am having trouble breathing. Please lower the price on Prescription Drugs!

– **Donna, Springfield, IL**

My son was diagnosed with a rare condition called Idiopathic thrombocytopenic purpura (ITP). An ordinary virus set off his immune system and now he struggles to make platelets on his own. He was initially treated with steroids, which is a hard treatment on a three year old boy. While it did wonders at high dosages, he stopped responding once the attempt to wean him off went into place.



His hematologist suggested an experimental drug option called promacta, available only through a specialty pharmacy. We had to go for it for the sake of our son. His insurance approved it, thank goodness. However, his insurance had to change on July 1st and when it came time to get his refill, they refused to cover the prescription. This medication costs \$10,000 a month.

We fought tooth and nail with the insurance company. Our precious little boy couldn't afford to go without the medication we can't afford. His platelet counts kept dropping. Because his diagnosis was only six months old, it wasn't good enough for acceptance. They wouldn't cover it until he had been in other treatments for a year. They didn't want to try to help my son see if he could beat this condition sooner. They were okay with letting a three year old remain on ineffective steroids for a year.

Fortunately, his doctor won the insurance battle for us and his prescription is approved for a year. The back and forth took nearly a month, all of which he hadn't been medicated. His progress had been lost, and then some, putting him at risk of serious hemorrhaging or a brain bleed if even the slightest bump occurred. His numbers increased significantly in just one week of being back on the medication, putting us all at ease.

No one should ever have to worry if they can afford to be

A new study shows that **TAXPAYERS HAVE BEEN FOOTING THE BILL FOR EVERY NEW DRUG APPROVED BETWEEN 2009 AND 2019**

<https://www.ineteconomics.org/perspectives/blog/us-tax-dollars-funded-every-new-pharmaceutical-in-the-last-decade>



healthy. No parent should ever have the burden of worrying if they can afford to keep their child alive. We are all lucky to be alive, but that doesn't mean it's a privilege or luxury. Proper healthcare and prescription coverage should be a right afforded to everyone.

– **Katrina, Roscoe, IL**

I take twelve medications a day. I worked since I was thirteen; I have been in my current position for over twenty eight years now and considering retirement. With all the medications I must have its impossible to think of with the cost of my medication. I have been a taxpayer all my life where do I go from here?

– **Leroy, Oak Lawn, IL**

I am a senior citizen almost 70 years young. Until recently, I was still working because the real state of the economy does not allow me to live on social security alone. I recently had a health crisis I believe caused by job related stress. I now have a prescription that cost \$200 after insurance, and I am unable to return to work in my current occupation due to the physical requirements demanded. I am not hopeful that at my age my prospects are realistic in finding meaningful employment. Therefore, shortly it will be a choice between my mediations or remaining in my home, which has been paid off.

– **Linda, Chicago, IL**

I am a widowed mom of a 14-year old with a number of chronic illnesses. Our monthly prescription costs are over

\$150.00. I'm terrified that I won't be able to afford his care and/or medications that are crucial for him. As I get older and have health issues, the real possibility of skyrocketing healthcare scares me to the point where I can't sleep at night.

– **Mary, Evanston, IL**

Small business might be the backbone of America but there are no pensions for the ma & pa companies. Once we owners retire, the advancing prices of drugs is making it difficult to manage health, home, and livelihood. Prices are eating up our savings. It isn't right that hard-working Americans, who save what they think is plenty of money for their retirement and took care of themselves physically, find it a tough choice to make between taking medicines or paying the rent, utilities, buying food, and making the car payment.

Why should pharmaceutical companies make a billion dollars off us when the rest of the world has negotiated low prices? Why isn't our government working FOR US??

– **P., Barrington, IL**

When I was expecting, I was prescribed iron pills. Due to the exorbitant costs, I ended up not filling my prescription. Instead, I had to get samples but that wasn't always enough. I tried to get discounts but my insurance did not cover the pills. I really hope we have proper legislation in place to remedy this situation as it is a story that happens too many times in our nation!

– **Tasmiha, Bridgeview, IL**

INDIANA

I make right about \$15 in gross income, or a rough estimate of \$1,719.48 a month net after all deductions. And I have, somewhat crappy, insurance through my job. Because of a number of factors, some of which I was born with, I have monthly prescriptions.

With my crappy insurance, a 30 day supply of my medications costs me \$76.52 co-pay a month, which even at \$15 an hour, there are some months when that's a pretty big bite. WITHOUT my crappy insurance, my 30 day supply of medications would cost me \$924.57, or roughly 53% of my net income. 53%

– **K., Bloomington, IN**

I'm nearly 82, have a pacemaker, and have to take a blood thinner drug. The "cheap" one caused over 1/3 of my hair to fall out, so I have to take Tier 3 blood thinner, the cost of which will put me in the "donut hole" before year-end. I'm on a fixed income - I may well have to go without my drugs

for nearly two months before I can start with them again. Please do something to make drug costs affordable to every American needing medication. I don't smoke, I don't drink, but I sure as hell want to continue to live as long as possible!

– Kay, Indianapolis, IN

I have struggled for many years to buy any prescriptions I am given. I am on disability and have very limited income. I never have anything left at the end of the month. I use an asthma inhaler (Proventil). When the govt banned aerosol propellants the drug companies took advantage of that and changed the formulation, and raised the price massively. It now costs 3 plus times the old price.

This has caused me to not use it like I am supposed to. I try hard to not use it unless I am in bad trouble breathing. I also choose to not refill the prescription for extended periods of time. The new formulation is not nearly as effective and requires me to use more for the same effect as before the change. I am appalled that our government allowed this to happen when it was not necessary at all.

The ban on aerosol propellants was for industry and not for prescription medications. Not one of our Senators nor Congress members have raised this as an issue. This has impacted hundreds of thousands of asthmatics in our country. This needs to be addressed for the health and financial well being of lower income asthmatics and their families.

– Susan, Dyer, IN

IOWA

I have worked in the pharmacy and now work for a doctor's office. The price of medication is preventing people from receiving the care and medication they need! You should not have to choose between food and medication. A medication should not cost what a car does. We need to control the drug prices and the drug companies.

– Melanie, Council Bluffs, IA

Our drug prices should not be vastly higher than other countries'.

– Barbara and Jim, Decorah, IA

KANSAS

I had a strain of corona virus 2 yrs ago, complete with health care professionals wearing hazardous outfits, and I had to stay quarantined for 2.5 months. So if the pharma groups become predatory and I should get it again, then I would die because now I can't afford it.

– Frostinkansas, Overland Park, KS

The price of prescriptions is outrageous! If I were to pay out of pocket prices, my monthly medications are nearly double my total monthly income. That just isn't right.

– Dawn, Bonner, KS

KENTUCKY

When I went to the pharmacy to pick up my prescription I was saddled with a \$300 bill. This was shocking and I have trouble buying food due to the need to pay for my prescription.

– Anthony, Bowling Green, KY

My disabled daughter has to have a med to digest her food which costs \$1600/mo but she gets a "scholarship" price of \$198/mo. Unable to afford & Medicaid does not cover.

– Carolyn, Louisville, KY

I am 72 with 3 chronic genetic diseases. My Rx costs are beyond what I can afford and I have postponed getting refills and doing without due to lack of funds. There are millions of us out here. Parents of handicapped children, diabetics, others with chronic illnesses.

We need your help. I cannot afford Medicare D. And the donut hole aspect is too scary to contemplate. Please work with pharma businesses to stop gouging the sick and the poor.

– Mary, Madisonville, KY

MAINE

I'm a disabled woman with a heart condition. I have relentless allergies that require 2 allergy medications and a nasal spray. The Nasonex I needed for years was not on any drug formulary, so I was unable to afford the \$278 it would have cost me to fill that prescription.

I went for nearly 7 years with sprays that did not work.

This was awful, causing me to struggle to hear because of clogged eustachian tubes and constant chronic sinusitis.

Big Pharma needs to be taken down, for the health of our nation's poor and middle class.

– Marie, South Portland, ME

Seven years ago, as a guardian for my disabled brother, his seizure medication went from \$87.00 a month to \$1100. a month. Reason why, one drug company stopped making the drug. This is just not right.

– Sarah, Bath, ME

MARYLAND

Well, to be honest, when the epipen's price became astronomical, I decided to take my chances with the bees and not bother to refill the annual Rx necessary to have one handy and so far, the batting average is 0 for the bees, but one never knows when they may strike and I may not make it to the nearest hospital in time.

– Judy, Bethesda, MD

I have epilepsy. The only medication that works for me is Felbatol (felbamate) and on several occasions, I was without insurance and could not afford my medicine.

I believe it is unethical that big pharmaceutical companies charge higher prices in the U.S. than in other countries in the world.

– Stephen, Woodbine, MD

MASSACHUSETTS

At 81 and a retired teacher who has several prescriptions, with the asthma medications the most expensive, I need assurance that the cost of medications will not get too high. Several of my friends, who are also in their 80s, are not able to meet these costs and are using credit cards to pay for prescriptions.

We all rely on getting our prescriptions by mail to keep done costs. In these uncertain times our ability to continue to afford these essential prescription medications becomes a major stress. It is hard to understand why the drugs designed to help the elderly are often the most expensive. We continue to need assurance our government will be there to keep down medical costs and provide needed support.

– Barbara, Marstons Mills, MA

My husband and I are both on numerous medications. As well, I am an individual with a very rare hereditary blood disorder, and the medications I use to live cost an astronomical amount of money.

– Dennis, New Bedford, MA

My daughter has been a type one diabetic since age 12. She is now 33. She needs insulin to stay alive. The price of insulin has gotten so high I hear people are rationing & dying. People need this or they die.

– Jill, Pittsfield, MA

Since January 2019, I have been seeking a medical diagnosis. After various diagnostic tests and three MRIs, I

have received a diagnosis of Multiple Sclerosis (MS), which I will have for the rest of my life. We haven't begun treatment yet, but I have already spent over \$3000 in out of pocket expenses.

In speaking with my doctor on Friday, I learned that there are a variety of treatments for MS, but doctors usually prescribe based on what is covered by your insurance, rather than what might be best for the patient. This is because the various medications all cost between \$80,000 - \$120,000 per year.

The prescription medication to treat my disease costs more than my annual salary! My doctor ended up prescribing a medication that is covered by my insurance but I will have a \$225 copay for each month's supply of medicine.

– Mary, Groton, MA

I am a working mother with multiple sclerosis and I take a specialty medication to keep my disease manageable. The cost of prescriptions has continued to grow and often people cannot afford to take their medication.

– Melanie, Danvers, MA

I am a therapist and see clients with mental illness struggle with this issue all the time. They shouldn't have to choose between eating or paying rent and having access to their medications.

– Stephanie, Wayland, MA

MICHIGAN

I currently have 3 prescriptions sitting at the pharmacy unfilled because even with insurance I can't afford them. I have curtailed all outdoor activities because I can't afford my EpiPen for insect stings. The last time I was stung by a bee, my doctors said that my allergies were getting worse and I should make sure that I was within 5 to 10 minutes of an EpiPen. It takes the ambulance an average of 30 minutes to get to my home so that's not much help either.

I have 2 cardiac medications that I was prescribed after being hospitalized with Covid 19 in April. I was able to get them filled once when the \$1,200 stimulus check came in but the rest went to pay a little on the medical bills. I take one pill every 3 days and was able to stretch them out almost 3 months but now they're all gone.



BLACK AMERICANS ARE MORE LIKELY TO HAVE CHRONIC HEALTH CONDITIONS like diabetes and therefore are **DISPROPORTIONATELY IMPACTED** when prescription drugs like Humalog (a commonly used insulin) **INCREASES BY MORE THAN 1200%** since 1996.

<https://www.americanprogress.org/issues/healthcare/reports/2020/09/17/490140/next-administration-can-lower-drug-prices/>



I make less than \$600 per month after insurance premiums so it's not like I'm living the high life, I'm not even making poverty wages.

– **Billiruth, Cheboygan, MI**

I have very little income (social security) and I can't afford my prescriptions and many other things that I need. I actually feel desperate and I hope I don't have to end my life over poverty. I'd like to work from home.

– **Helen, Saint Michael, MN**

Health Care is a human right, all other leading industrialized nations have figured this out other than the US. Also “pre-existing” is merely a code word for leaving people out, rate hikes, and most importantly corporate control whereby our government for the people abandons “we the people”. Pre-existing implies the past and forgets the future – most of these are actually chronic illnesses meaning not only yesterday, but today and tomorrow – such as type 1 diabetes which I have.

I have spent in my lifetime thus far a total time of nearly a decade where I could not get insurance due to this and not because I did not have money. Presently I need help via medicaid due to low income status. It is simple, without insulin I die – it does not get much easier than that in understanding.

– **Briana, Dearborn Heights, MI**

My son worked as long as he could until health issues forced him to retire. He lost his health insurance and has either

gone without or scraped my meager savings account to get what he needs to stay alive. RX's are very expensive and it hasn't been getting any better. There are a lot of people in far worse situations than my son's. No one can begin to know what it is like to be squeezed until they have been there.

– **Barbara, Freeland, MI**

My daughter has had type 1 diabetes since she was 15 years old. She is now developing complications due to diabetes (the first signs of diabetic retinopathy and effects on her kidneys). She uses an insulin pump. The cost of insulin is exorbitant and for many people, like my daughter, the cost of her medicine is way too high, and yet she requires it in order to stay alive.

I believe that the pharmaceutical companies and the insurance companies are all about making huge profits for themselves, but they appear to have no regard for the health and needs of the American people.

– **Carolyn, Ypsilanti, MI**

MINNESOTA

We need to keep it affordable for lower income families to get their life saving medications and not have to choose between medications or food. I'm able to afford my medications so far but do not know what more extreme price increases will do to me.

– **Virginia, Saint Paul, MN**

MISSISSIPPI

I am an RN living in the poor state of Mississippi. I have seen many people benefit from the health care exchanges, including my own daughter and cousin. As a nurse, I am worried about the impact of losing protections for pre-existing conditions, especially those with chronic conditions. My husband is a diabetic. Insulin is around \$1000 for diabetics without insurance.

– **Lisa, Columbus, MS**

MISSOURI

I personally have left 3 different inhalers at 3 different pharmacies because I couldn't afford them. I have never smoked a cigarette in my life.

– **Bonita, Wasola, MO**

I am a pediatric emergency medicine physician. I recently cared for a patient in diabetic ketoacidosis, a life-threatening complication of poorly controlled diabetes.

This patient's diabetes was uncontrolled because her family could not afford the insulin she needs to treat her diabetes. This is only one example of the harm done by allowing pharmaceutical companies to shift prescription medication costs to patients, out of hundreds that my colleagues and I see every year. Please stand up for children and families by advocating for affordable prescription medications.

– Kim, Kansas City, MO

I have to get my inhalers from India as I can't afford them here.

– Donna, Kirkwood, MO



My son, now an adult, was diagnosed with asthma at the age of two. Since then, he has been on a variety of prescription drugs to treat actual attacks and to reduce the frequency of attacks. By the time he was college age, his maintenance inhaler cost over \$100 per month with insurance coverage and he also carried a rescue inhaler at all times.

He did not find full time employment immediately after graduation, so his father and I paid for his individual health insurance and his maintenance inhaler until he was able to afford them on his own. Until recently, his health insurance was subsidized through his state.

When he married last autumn, he was suddenly without insurance because his wife's income disqualified him from the state plan. For six months he had only had catastrophic health insurance and was paying the market rate for his inhalers. He is finally fully insured again. Asthma is an ugly, tricky disease that can become life-threatening in an instant, particularly if maintenance drugs are discontinued. Labeling people with conditions like asthma, rheumatoid arthritis, and diabetes as "high risk because of pre-existing conditions" is unjust and needs to stop.

– Louisa, Ballwin, MO

MONTANA

I take Anoro Ellipta which is \$400/month; this is far beyond my ability to buy, so I go without it.

– Bartley, Darby, MT

My son has ulcerative colitis. The typical treatment of steroid bursts and diet changes did not work to reduce his symptoms. After three years of trying various treatments, his GI doctor recommended he start taking IV infusions of an immunosuppressant. To keep his disease under control,

he must receive infusions every 8 weeks for the rest of his life. The drug for each infusion costs \$10,000.00. In essence, he will have to pay \$60,000.00 a year for the rest of his life. He's on our insurance at the moment, but he is worried about the time in the near future when our insurance will no longer cover him because he will turn 26. He wonders how he'll be able to afford an insurance plan that will cover him with this pre-existing condition as well as how he will be able to afford the medication. He is currently studying in Germany. As a student, he has medical insurance through his university. The same immunosuppressant IV medication that costs \$10,000.00 in the U.S. costs \$2500.00 in Germany, a \$7,500.00 difference. It's unbelievable. He desperately needs the medication, but how can he possibly afford it?

– Katy, Bozeman, MT

As a health professional, it is extremely distressing when my patients cannot afford the prescriptions that would provide them the best care.

– Robin, Hardin, MT

NEVADA

My household is among those that will skip doses or not fill prescriptions due to cost, and we're not among the poorest Americans either. I cannot imagine what it would be like if we had to live on \$10 an hour or less.

– J., Sparks, NV

My adult daughter was diagnosed with Type I Diabetes since age 10 and sadly, she is insulin-dependent her whole life. Her pancreas does not produce insulin at all. She is now on the insulin pump, which is very costly and requires other supplies other than test strips and a glucose monitor. She is employed full-time and has health insurance but her insurance only covers so much; everything else is paid out of pocket; therefore, she has to make monthly payment arrangements to pay for her supplies.

She makes very little income and struggles to pay childcare, rent and bills, and still needs to put food on the table. She supports 2 young children and basically lives paycheck to paycheck and does not qualify for food stamps even though she is at poverty level. Being that she does not have very much money left after she's paid, myself and my husband have to help pay for her insulin and supplies she needs.

On top of all this, she also has to pay to see her Dr. to get insulin refills. Without health insurance, she would not be able to afford insulin and necessary supplies. This is her lifeline, without it, she will not be able to live a normal life or not live at all. Just so sad to even think of this happening. She did not ask to be Diabetic, she was born this way.

– Lorna, Las Vegas, NV

NEW HAMPSHIRE

I've had a chronic condition for over 20 years. When I was first diagnosed I was an hourly wage worker who was at the 'working poor' income level, juggling 2-3 jobs. I didn't move above this level until about 10 years after my diagnosis. During this entire time, I was able to afford basic insurance and my co-pays.

The creation of co-insurance paralleled the rise in medication cost for me. After going to school I was able to earn about \$42,000 a year starting in 2004. At that time insurance costs also started to increase for me but I could handle it. In 2005 I was finally able to work one job to survive. In 2014, I got my best job to date working for the federal government. I barely earned enough to cover monthly insurance and ended up taking out a six year loan to pay for my healthcare costs. I have credit card debt from years of having to charge medical expenses because I couldn't pay a bill and buy groceries.

Today I work in the non-profit sector and earn a good living and am reliant on injectable medication so I am able to function. About 6% of my net income goes to medication costs. I'm fortunate and am able to cover daily living expenses however I'm still working on paying off my medication debt and have to go on a payment plan every year so I don't have my credit ruined by being unable to pay my portion of my medication cost when the hospital needs it. I have family members who need medical care and they have to ration their care and one doesn't go to see a provider because it's too expensive. She needs medication and goes without because of cost.

The cost of medication is a large barrier to care - there are many studies and life stories that demonstrate this. Many of the medications people use in the U.S have been developed with the assistance of government funding; our tax dollars. The transnational pharmaceutical companies controlling the vast majority of medications will still thrive if costs for medications decreased significantly.

People would live better and longer which only strengthens our communities and nations. It is unethical and immoral to make the cost of care too high for people to access it. A smart nation, a caring nation's government takes care of the people because it works for the people not profit. This situation is unsustainable and must change. Everyone deserves quality healthcare and affordable medication is an essential piece of that. It's time to change this situation - pharmaceuticals must be affordable and available to all.

- Kristina, Hanover, NH

NEW JERSEY

I personally take a prescription for blood thinners that are extremely expensive. It shouldn't be this way. People depend on prescription drugs to keep them alive.

Pharmaceutical companies are taking advantage of this situation to pad their pockets. It's called GREED.

- Arlene, Haskell, NJ

I am a woman with MANY chronic physical and mental health conditions. Mercifully I have good health insurance at the moment which makes my medications affordable, but paying \$1000 for a 3-month supply of 1 crucial mental health medication, on top of so many more I can't even count them, it was not so affordable. Now, since I'm on a new migraine medication, my insurance is denying me Botox treatments. With the insurance covering it, a round of Botox every 3 months for migraine prevention costs me \$100. However, with no coverage for that treatment, the cost is more like *\$1000* per session. It's been a month and a half since I last got Botox, and I'm lucky to be migraine-free for more than a few hours. There is no reason why this treatment needs to be so expensive; it's been on the market for quite some time.

- Heidi, Highland Park, NJ

I have been on Amour Thyroid for 20 years. Big Pharma wants everyone on Synthroid. I had to change my Doctor, in order to stay on it. The price has also quadrupled.

- Patricia, Belford, NJ

I'm a mom in New Jersey.

My son, Jayden, was diagnosed with Type 1 Juvenile Diabetes when he was 10 years old in 2013. You can't imagine what the cost of diabetic supplies on a monthly basis costs just to keep him alive! A three months supply of insets and reservoirs (the tubing in the pump that you put the insulin in) is \$300 per month and \$60 per month for his life-saving insulin. Additional supplies like test strips and prickers are another \$30 a month. Altogether, that's almost \$400 a month—and this is with insurance!



I don't understand why these drug companies are allowed to charge me an unbelievable monthly cost to keep my son alive. A parent should not have to pay these astronomical prices for life-sustaining medicines and supplies. The struggle of affording the supplies and medicines has been an incredible stress on my family, especially my son. We need to stop this! Here is my voice and I am screaming at the top of my lungs: Make life-saving medicines free!

- MaryJane, Adams, NJ

NEW MEXICO

My MS medicine Copay with Medicare Part D is \$2000 per month. That is more than my monthly income.

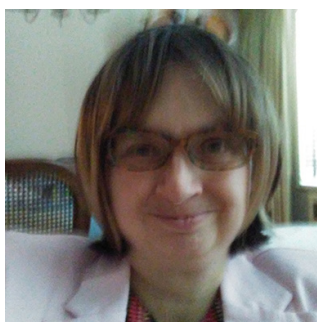
– Stacie, La Plata, NM

Although I have Medicare I still have to pay for my medications out of pocket. Big pharma has loaded the formulary with only those drugs that make them money. It is between me and my provider what works for me. The drug manufacturers have no business making health care decisions for me.

– Theresa, Placitas, NM

NEW YORK

Until I straightened out my financial situation to control the cost of medications, I appealed to my pharmacy, my doctors and reviewed what my insurance covered. My union insurance reps assisted me a whole lot. I found one of the problems I had



was drugs that were prescribed to me were too expensive for me to stay on because I could not afford them.

I switched from Myrbetriq to treat my overactive bladder to another brand which was cheaper. I have in the past been forced to pay out of pocket over \$600 in medication. Things are better for me. In reviewing advertised drugs, I find many brand names are way too expensive for middle class, working consumers. It would be ideal if Congress and government officials could work with pharmaceutical companies to lower prices of drugs.

– Astrid, Douglaston, NY

I have been a nurse for 46 years and have seen first hand the suffering caused by the inability to afford necessary medications. It is completely unacceptable that the pharmaceutical companies are allowed to charge such astronomical prices for their medicine- access to medication is a national health issue - should not be greedy over the top profit making issue.

– Keogan, Saugerties, NY

I'm being impacted by Big Pharma & my Medicare Advantage Plan. I currently take Lyrica for fibromyalgia. The med has exceeded its patent yet they continue to prevent it from being available in a generic form. In fact, no one can

provide a valid explanation as to why the patent didn't end years ago.

When I hit my coverage gap (usually by February of each year), my cost for Lyrica goes from approximately \$40 to \$240/mo. This is for only one med. I'm currently on 12-15 meds. Last year (2019), my Advantage Plan re-tiered another of my meds...generic sumatriptan (injectors). In Jan 2018, I believe my copay was \$10. This Feb 2019, I was told the script cost \$100/mo (again, before the coverage gap).

When I looked into the matter, I was informed that meds are often re-tiered when the pharmaceutical company increases their price. I asked the insurance rep to check. They confirmed there had been NO PRICE INCREASE by Big Pharma. Therefore, my Advantage Plan had increased my copay by \$90 from \$10 to \$100/mo on their own. Once I hit the coverage gap, I can only assume that my cost will be approximately \$250/mo. I have to check my records, but I believe it cost almost \$150/mo last year, so I'm adding an additional \$90+.

I realize these are not exact figures, but I believe I'm making my point. This is only info on two of my 12-15 meds. Exactly how am I supposed to live? I'm not eligible for additional support.

– Lauren, Bronx, NY

No one should have to skip medicine to feed their children or themselves! We can afford to make medicine affordable or free! Drug Companies need to stop exploiting the sick and destitute! They can afford to help those that desperately need it!

– Betsy, NY

I have an 85 year old mother and could not afford to get one of her medications she needed. It cost over \$400.00 for one months supply.



– Chris, Pawling, NY

I have several health issues & spend almost half my meager income on co-pays. The medicines keep getting more expensive by leaps & bounds, while my income goes up less than \$10.00/mo every year – some years not at all.

– Mary, Plattsburgh, NY

My entire monthly income is \$865/mo, after the paltry January "raise" in Social Security benefits. Almost half of that goes to co-pays for medicines & doctors' visits. I'd be on the streets if not for a landlord I can pay in kind, with child care & housework. I scrimp on food, don't go out, can't

afford TV hook-up. But how long can I keep this up?

– **Mary-Alice, Plattsburgh, NY**

Quit Keppra, an anticonvulsant, because it was over \$4,000 for a three months supply, even though I have increased seizures as a result.

– **Monica, Beacon, NY**

My husband is diabetic. My husband & I are both retired. We had both been covered under my insurance for years, Now, the same companies who used to provide us with our prescription medicine, are now saying some of the medicine is not covered with no regard to the fact that this our lives are literally on the line with them!

– **Iga, New York, NY**

NORTH CAROLINA

I'm a 62-year old physical therapist assistant and am currently receiving unemployment due to loss of work during this pandemic. Not only have I lost work, but I've also lost my medical insurance.

I have 3 more years to go before I'm eligible for Medicare, and at my age (and with my cancer history) I can't afford an individual medical insurance policy. I take several maintenance meds and have had to scrounge around to find an online pharmacy to meet my needs, with questions about the quality of the generic meds I'm now taking.

As an aside, I've also had to eliminate my periodic screenings to keep an eye on the possible recurrence of my bladder cancer, and as a result, am panicked every time I develop a UTI, both because that's an indicator of recurrence, and because of the antibiotics needed to treat.

I also happen to be struggling through Chapter 13 bankruptcy due to high medical bills incurred during my cancer treatment.

– **Carla, Greensboro, NC**

Health care has failed me for at least the last decade. I lost both of my parents. My mother died in November 2010 due to inflammatory breast cancer. Then I lost health care from 2010 to 2018 since I was 20 at the time and under my mom's plan.

The jobs I could find didn't offer health care because they



pushed employees to be part-time. In 2018, right before I finally got health care my father was diagnosed with ALS. They didn't know he had it when it was treatable; in under a year, he passed away.

When I got my health care through a new employer on January 1st of 2018, I found out I was a diabetic. It was manageable but I was partially homeless at the time and my deductible was \$750. Later, my deductibles went up. My medications cost nearly \$2000.

About two weeks ago I had bloodwork done and it showed that my levels had doubled because I wasn't able to afford my medicine. That led to mild kidney problems and I now have to take an insulin shot or pill daily. It's \$750 but there's a coupon that makes it \$10 which I need to reapply for every time.

So right now I'm a 30-year old diabetic with high-blood pressure and sleep apnea, with good health insurance but I have to reach that unattainable deductible. My medicine costs \$250 monthly. I also got married in July because I thought I'd be able to get better health insurance through my wife, who is a teacher, but that hasn't been the case so I've stayed on my insurance.

– **Dontay, Raleigh, NC**

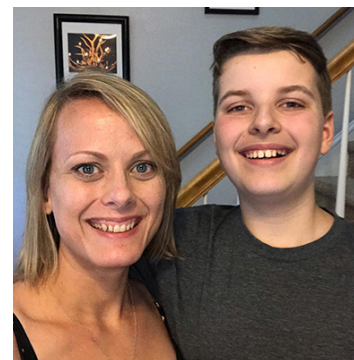
My older sister is on a very limited income and her diabetes medication was putting her behind again and again. We looked into Good RX and some other programs and it was all taking a long time.

Finally, I convinced her to talk to her doctor... who changed the medication. But now she is quite scared that the new medication won't be as good as she needs and so is a little upset about the change.

– **Sally, Durham, NC**

I sometimes get horrible bouts of gouty arthritis due to having chronic kidney disease. Before I got the great insurance I have now through my employer, during one particularly bad flair up, I went to the doctor and she prescribed Uloric after the other medications available to treat my condition weren't working to decrease my symptoms.

By that time, I was using crutches and a walking cast just to get around because both of my feet were too painful to put weight on. When I went to the pharmacy to pick up my



prescription, they said it would be well over \$300 for a one month supply—far out of my family’s ability to pay at that time. I left without my medication, in tears, with no plan to regain my mobility. My doctors were able to cobble together a few samples for me, and eventually I got better insurance that covered this critical medication, but I’ll never forget the frustration and humiliation I felt that day.

– **Felicia, Raleigh, NC**

I am a mom to two children (12 and 4) with one on the way, due in March. In 2017, I was diagnosed with gestational diabetes and then the diabetes continued after my second child was born.

My doctor prescribed Metformin, but I wasn’t able to afford the monthly cost, even with insurance and it also made me feel ill when I took them. Then they prescribed Januvia and gave me samples, which worked to help with my diabetes. However, when the samples ran out and I went to pick up my prescription, it was \$208 for a 25 day supply—well out of what I am able to afford.

– **Kyeatta, Ham, NC**



OHIO

My wife was prescribed a med that is \$1200 a month - We can NOT afford that! I went for a upgrade on a script. The 5 mg was 123 dollars but the 10 mg is 600 dollars - countries greed is becoming unreal!

– **Bill, Cumberland, OH**

I have struggled with bipolar disorder and anxiety all my life but was unable to get medications and counseling due to lack of insurance. I also couldn’t afford follow-up care and physical therapy after dislocating my knee, and have problems with it still today, even after multiple surgeries that I wasn’t able to get until my SSI case was approved. Nobody, in America especially, should have to go without medical attention!

– **Carmen, Cleveland, OH**

My parents have had to use much of their life savings on medications that they desperately need. Please make medications affordable for all people.

– **RuthBoes, Toledo, OH**

Pharma has 2 LOBBYISTS for every member of Congress



<https://www.lowerdrugpricesnow.org/press/report-how-big-pharma-corporations-are-profitteering-from-the-global-covid-pandemic-without-a-vaccine/>

I am a 43, year old female, I was diagnosed at 20 with type 1 diabetes, I am on an insulin pump, the supplies are very expensive, I was diagnosed with hypothyroidism and need medication to keep it under control, I was diagnosed with gastroparesis, hernias, ulcers, and GERD, I have to take 4 different medications for my stomach, and was hospitalized 10 - 15 times in one year before I got it all diagnosed.

I have a heart problem diagnosed last year and take 3 different medications for that including nitroglycerin. I have retinal bleeds in my eyes due to diabetes and have to endure getting shots in my eyes every six weeks. I have bipolar, anxiety, depression, and ADD, I take over six different medications for this. I also have at least 10 different doctors, and usually have four to five appointments a month. If I couldn’t get Medicaid I would have been dead a long time ago. I need insurance to stay alive!

– **Sheryl, Dayton, OH**

OKLAHOMA

This is a life and death matter. My brother, who is retired and receives Social Security and a pension, is diabetic. The cost of his insulin has increased too much. He has told his Dr. he can’t afford to increase the amount of insulin even though his blood sugar numbers are on the high side.

– **Gayle, Edmond, OK**

I am disabled by autoimmune illnesses that affect my heart, joints and internal Rana, such as my spleen being calcified and we lol undergo surgery dis a pacemaker March 31, 3020 then knee replacements due to Chondromalasia.

– **Leslie, Coweta, OK**

My husband has Parkinson's, and a new medicine on the market may be extremely helpful. However, the price of one set of 30 would cost *half of my pension*

– **Lonney, Oklahoma City, OK**

OREGON

A person should never have to choose between filling a prescription and paying for other necessities of life—for themselves or for other members of their family. And it's shameful that Medicare is STILL not allowed to negotiate drug prices.

– **Ron, Eugene, OR**

I have had to order RX drugs from Canada in order to be able to afford them - even with my health insurance! Why should my prescribed antibiotic cost \$2,000 in the US and \$200 in Canada?

My father had a good pension, Blue Cross and Medicare, yet lost his savings and home due to his medical costs late in life. It makes no sense to have seniors on Medicaid due to outrageous costs of pharmaceutical companies can profit!

– **Robin, Eugene, OR**

PENNSYLVANIA

My son takes life saving medications that cost well over \$2,000 per month!

– **Dennis, Morrisville, PA**

Without the proper medication, I will go blind from Glaucoma.

I recently went to pick up a prescription for a new glaucoma eyedrops. The cost, even with my insurance, was over \$300. Not getting my eyedrops is not an option if I don't want to lose my vision. I can't even imagine someone without insurance trying to get these eyedrops. Something must be done about the high cost of drugs.

– **Maryann, Lititz, PA**

I am an insulin dependent diabetic and to stay healthy I need to stay on insulin along with supplies including test strips, insulin pump and more. Each year, the health insurance that my family pays for on its own continues to rise (about \$20,000 for our family of four) and the copays continue to go up. Last week, I was told that my 3 month supply of syn thyroid would double in price! My copay for 3 months of insulin is now \$800!

– **Pat, Philadelphia, PA**

“A person should never have to choose between filling a prescription and paying for other necessities of life – for themselves or for other members of their family.”

– **Ron, Eugene, OR**

I don't have insurance and can't afford to buy my Asthma medicine Advair (over \$300 for 30 days) or even the generic which just came out recently, which is \$177.00 a month.

I am literally struggling to breathe especially at night when I need to be sleeping. I'm 63 and don't qualify for Medicare yet. I can only imagine all the other folks out there in the same situation as I am in.

– **Janice, Etters, PA**

My son was prescribed an ointment for a horrible skin rash. The ointment cost was \$350.00. My prescription discount card would not cover the prescription. And I didn't have the money to buy it. The result my son had to suffer unnecessary pain and discomfort.

– **Jewel, Montgomery, PA**

RHODE ISLAND

As a brain tumor survivor who lost her home that I raised my 2 children in who loved our home...I am doctor ordered to get an MRI of my head yearly. I have not had an MRI in 3 years. I cannot afford the co-pay. I have a disease which my doctor ordered a cream for and my co-pay was \$200 for a small tube which I cannot afford so my disease is getting worse.

– **Nancy, Warwick, RI**

SOUTH CAROLINA

I have RA & OA in every joint including my neck and jaw. For almost 4 years I could only get meds for the pain and not for

the joint protection because it cost \$1000.00 a week, and now I'm on a special program/ research that pays the bill. I don't know how long, fingers crossed for a very long time.

– Jean, Florence, SC

My mother is in a nursing home, and at 93, takes a lot of medicines. While her Medicare Advantage Plan does pay some, it doesn't pay a lot, and it doesn't cover many of her drugs.

I can't shop around for a pharmacy because all of her medications must come from the hospital pharmacy. We are luckier than some, in that we can still afford the cost of her care, but I have had to scramble in order to do so.

– Parker, Summerville, SC

The medication I need costs \$500 for three months! That is ridiculous!

– Patricia, Johns Island, SC

Because I'm a Senior on Social Security Disability, I can't get many medications prescribed for me because Medicare & Medicaid won't pay for them. The mental & physical issues I suffer from are numerous.

I am a college graduate with additional schooling & want to work. I'm homeless & renting from a childhood friend for now. Public housing has long waiting lists. I get \$10/month in food stamps. Money is extremely tight. I live below the poverty level.

– Terri, Clemson, SC

TENNESSEE

Tradjenta is SO expensive. I have to put it on my credit card, which doesn't get paid off in 90 days before I need it again. It's ABSURD!!

– Janice, Big Sandy, TN

I've had IBS my entire adult life. No medication I've tried does away with it entirely. There have been periods where I've been so miserable I thought that I couldn't do it anymore. Now there's a new drug, Viberzi. My doctor gave me samples. Not only were there no side effects—always a bugaboo for me—but the week I took it was a good week.

So I was given a prescription only to find out it's \$1,200 a month. My insurance won't cover it. The company won't offer help. Who can afford \$1,200 a month? So, between Big Pharma and Big Insurance, I am screwed. And, what's worse, I know I'm not alone, nor am I the worst case scenario.

– Corey, Memphis, TN

My own medication costs \$1200 per month, an unconscionable amount of money that sells for \$35 in Sweden. Why the discrepancy? Greed-pure unadulterated Greed.

– Karen, Butler, TN

I have hashimotos thyroid disease. I'm a single mom with 3 kids and my money is extremely tight. I pay \$90 a month for my prescription for nature thyroid because my insurance won't pay for the natural meds. Synthroid doesn't work for me.

– Melinda, Fairview, TN

TEXAS

I'm one of the "lucky ones" in that I have Medicare Part D and a family that's stepped in for my co-pays on occasion, so I *haven't* faced the most dire possibilities.

HOWEVER, that did not save me from spending an hour and having to talk with three different Aetna reps to get an explanation for "why did my divalproex go from preferred all the way up to Tier 4?" (The answer: "the generic rights got sold, the price promptly got jacked up, but it doesn't actually pertain to you because SSDI + seasonal tax prep means your income's still so low you qualify for LIS/low-income subsidy with a different set of co-pays and rules. YOUR co-pay is going to be about \$9, not the \$200 Tier 4 would have been".)

I've also had to do a prior authorization for topical lidocaine (ended up paying out of pocket and then getting reimbursed quite a while afterwards.) In between "no real street value, it only costs about \$250 which seems cheap when you've been on Latuda which is about \$3K/month retail, actually *works* for me most of the time with minimal unwanted interaction potential, and CDC protocol for chronic pain patients is START with topicals because it isn't just me who's got less chance of a side effect/interaction issue with them, I was pretty annoyed. In other words, while I haven't been in danger in the ways all too many people have had, I definitely didn't need to deal with (in my opinion at least) all that paperwork nonsense. I'm popping 20+ pills a day if you count the OTCs and I honestly cannot remember what my "how many specialists am I seeing at the moment?" number is, and even with that I'm living with significant disability issues.

– Elizabeth, San Antonio, TX

I, too, have trouble paying for prescriptions—even with insurance. I am a retired teacher with disabilities. I have become quite good at juggling, even though my health pays for it. If I pay a hospital bill, I can not see a doctor. If I see my specialist, I am late on a bill. Most often, I run short with only about \$100 left for groceries.

– Janet, Ennis, TX

As a Type 1 diabetic my life depends on insulin injections. I take 5 shots per day, two different types of insulin. I can no longer afford my house payment, or food, due to cost of insulin!

– **Sherry, Waco, TX**

I am an opiate addict in recovery. I have five years clean. I became addicted to opiates secondary to chronic pain management. I have a history of stomach ulcers, so I cannot take oral NSAIDs. I rely primarily on acetaminophen, which, due to the risk of liver toxicity, must be kept to as low a dose as infrequently as possible. I still take it daily. My doctor recently prescribed transdermal NSAID patches for me to try. They are not covered by my insurer. They cost over \$300. I cannot afford that.



Opiate addiction is a major health crisis in the United States, yet a viable alternative to opiates for pain management is prohibitively priced. If we are serious about quashing the opiate epidemic in this country, alternative pain management prescription medications must not price patients out of the market. It's just one more example of pharmaceutical corporations putting profit over people.

– **Tasia, Dallas, TX**

My 85 year old dad takes a pill that costs over \$1000 - for a months supply. How can he afford these meds, and that's only one of his prescriptions. Help all generations of people with their prescriptions to improve their health. Don't take them down to a level of whether to choose meds over food and housing.

– **Lale, Sugar Land, TX**

The high cost of medications puts a strain on most people, even those making a decent salary. I work as a nurse but I am single and even medications costing \$30- 40 a month strain my budget. Make medications affordable and universal healthcare for everyone.

– **Mae, Houston, TX**

This past fall, when I was planning to get a flu shot, I also considered adding the pneumonia vaccine. Even with a GoodRx discount, the pneumonia vaccine was nearly \$200. No way I could afford that, so I decided to do without.

– **Sharon, Houston, TX**

I not only can't afford any prescribed medication but I haven't seen a primary care doctor in over four years due to no insurance. These huge pharmaceutical companies only have dollar signs in their eyes. They could care less if 1500 people die of this disease.

– **Stephanie, San Antonio, TX**

I am on medication that was developed years ago. The R and D costs have already been paid. I cannot afford to make the copays and skyrocketing cost of Medicare Part D. I should not be forced to move in with my children over drug copays. Cancer patients are going broke and so are their families. They must get some relief. We pay more than any developed nation and get poorer results.

Do we want big pharma to have the lion's share of the economy? Psychiatric drugs that are very old seem to be taking a larger hit. Generics that once had a 0 copay now have as much as an \$80. I take 10 medications daily. I just cannot afford these escalating costs.

– **Sylvia, San Antonio, TX**

I'm Teresa, a mom of two, one of which has special needs and hairstylist in San Antonio, Texas. In October of 2015 I was administered an immunotherapy injection by my General Practitioner for allergies that were resulting in serious and chronic sinus and upper respiratory infections.



As a result and with the first full injection, I went into Anaphylaxis. I was administered a life saving EpiPen injection while awaiting an ambulance to take me to the hospital. Had I not had the injection I would have suffocated as my sinus cavity, tongue and eyes were rapidly swelling shut.

At the time, my treatment for everything was covered by my husband's insurance policy with reasonable deductibles that he carried with his employer. I am since divorced and as a hairstylist, there are few places outside of major corporations that offer any kind of benefits. I currently pay for my insurance privately on a very limited income.

I should still be carrying EpiPens with me, but because of the astronomical cost often ranging in the \$600-700 price point without insurance, the ones I carry as a precautionary

“My husband spends more than a full working day every month just trying to find coupons to enable us to afford his insulin. I will have to continue working, without retirement, until he dies in order to provide for all his needs.”

– Emily, Salt Lake City, UT

measure are now expired. I have no idea what using an expired EpiPen injection would do, but surely it's better than not having one at all when in need.

I see my friends in other countries who simply can't believe that any of this would cost a patient anything out of pocket. They are happy to pay a little more in taxes to have comprehensive healthcare that is not based on the whether or not you can afford it, but rather based on your medical needs as it should be. EpiPens can cost as much as nine times more in America than they do in other wealthy countries.

I am asking you to make life-saving medicines like Epinephrine free, or at the very least affordable. Don't let price gouging pharmaceutical companies determine whether or not I can afford to simply live.

– Teresa, Marez, TX

UTAH

My boyfriend is type 1 diabetic. And his meds, insulin needles and anything else that keeps alive and healthy as possible, shouldn't be so expensive. Without some meds, it's LIFE AND DEATH for tons of people! I'm sure they don't want to be taking them anyway but if they are happy with life, etc it's important for them to be able to get their meds and keep on living good their lives.

– Ally, Layton, UT

My husband spends more than a full working day every month just trying to find coupons to enable us to afford his insulin. I will have to continue working, without retirement, until he dies in order to provide for all his needs.

– Emily, Salt Lake City, UT

Right now: I have COPD and I am not ordering my inhaler prescriptions as just one inhaler even though I have “insurance,” & have paid my deductible for 3 months: a whopping \$462.24. I'm 77 and living on a limited income, so this is cost prohibitive. I will substitute for something cheaper & only use when I absolutely have to instead of doing “preventive” doses. This is just a small story with a big impact on just one little persons' life considering I also have two different kinds of breast cancer in one breast and microscopic colitis which I am using natural care items as any Big Pharma solutions are just all too expensive. They are literally killing people with their greed.

– Leela, West Valley City, UT

VIRGINIA

As retired people, my husband and I face exorbitant drug costs, especially his insulin. It is absurd to hear what US drug prices are copared with those in other developed nations.

– Carol, Reston, VA

Twice in 2019 my husband was unable to complete prescribed preventive treatments because of the high cost of drugs. A dermatologist prescribed the common generic flouraracil. The doctor wrote the prescription for 25 g for face (2 weeks) and arms (3 weeks). After the face, I was able to get 4 more days for arms. The doctor ordered a refill, but the insurance company limited the amount to 40 g annually, so we could not get the second tube at a cost of over \$150.

A similar thing happened with a prescription for Chantix. My husband was prescribed the drug to help him stop smoking in late 2019. Because we had met our \$6900 deductible on skin cancer surgery, the first two months of Chantix were free. The third month, January, would have been 430 something dollars.

He was unable to continue with the drug, but is managing with over-the-counter nicotine replacements. In an ideal world he could take the drugs prescribed to prevent more serious conditions and treatments later.

– Chris, Charlottesville, VA

I had shingles in my eyes – excruciatingly painful and damaging. I needed prescription eye drops (for the rest of my life) to minimize the damage and along with anti-virals

to ensure that I didn't get shingles again.

The eye drops (.5ml. a miniscule amount) were at first \$40. I didn't have insurance, but I could manage. Then they went up to \$70. Then \$90.

Some years pass. Currently, I have insurance, and even with insurance these damn eye drops cost over \$600! It's not on their schedule of covered drugs.

So, I had to skimp on them. So, I got shingles again. Now, I dare not skip or skimp, and my sight in that eye is ruined. But to avoid the horror of having shingle again, I need them. EVERY DAY. FOR THE REST OF MY LIFE.

I am sure that the price is not going down. Soon I'm not going to be able to afford them at all, and I'll lose that eye. I can only hope it doesn't happen to the other one.

– **Dayle, Concord, VA**

I have had several experiences where my insurance would not pay for the drug prescribed because it was considered too expensive and there were "cheaper" drugs available. One such drug was for the treatment of gout; the med knocked out the symptoms almost immediately. It seems to me that the most effective drug, usually the newest, is the one that should be prescribed!

I have had the same experience most recently with eye drops for the treatment of glaucoma – two such medications were dropped in spite of the fact that they improved the pressure condition and brought it down within the "normal range". It is absurd when insurance companies second guess doctors' expertise because of the expense of the medication.

– **Thomas, Arlington, VA**

WASHINGTON

While living in Hawai'i I contracted a toenail fungus. Very small bottle of medicine was \$10. I believe it is called Kerytid, or something like that. The same bottle now costs over \$2,000. Of course I can't afford it and my insurance company won't pay for it.

– **Edwynna, Mount Vernon, WA**

I want affordable medication because many of my friends are rationing their meds because they can't always afford them. This is wrong and inhumane and ends up being eugenics through poverty!

– **Felicia, Tulalip, WA**

As an individual with Lupus, Rheumatoid Arthritis, and Sjogren's Syndrome, I have, in the past, reduced my medication because of its cost. I expanded the length of

time between shots of Enbrel until my pain became unbearable or I could not function. At the time, the cost of the medicine equaled a new car payment each month. I did not tell my family I was doing this.

No longer able to take the biologic agent as a cancer survivor, I hesitate trying other drugs outside of our income. I compensate by living smaller. It can be noted that I have ""good insurance"" that pays a great portion of prescriptions. There are eye treatments I am unable to access, and I resort to wearing safety goggles as the \$1,500 cost is not covered by insurance. I pay for blood serum eye drops out of pocket as I would not have sight without them. They, too, are not covered by insurance.

Because of cost, I am unable to visit the Mayo Clinic where I might receive comprehensive care, the latest treatments, and prescriptions. I live in darkened rooms during extensive lupus flares. In my life, I experience greater pain and isolation because of pharmaceutical greed. It is a challenge to find compassion for drug reps when we pass in doctor offices. I reach for gratitude for life in the midst of this reality.

– **Lorie, Bonney Lake, WA**

Just this morning, my husband had to forego a more expensive asthma medication (almost \$200 a month out of pocket) for the less expensive option (still \$40 a month). I also take a different blood thinner than the original one prescribed for me because of cost and I still pay \$80 out of pocket a month. We also are fortunate to have a good health plan to supplement medicare and can afford this, but it's not easy.

I don't know how others afford it and I know many go without their meds. It's unconscionable to continue allowing the drug companies to profit in this way. I have more examples in my extended family. All total, we pay about \$900 a month for insurance and prescriptions.

– **Karen, Fox Island, WA**

I used to pay \$1 to \$1.50 for probably a month or 2 of Synthroid. I now pay, price lowered due to my insurance I pay for monthly (in order to pay for this 1 drug only - not saying I won't need the insurance for possible other items, but it's mostly due to this one drug that I need insurance at all) – I now pay \$55 per 90 days and would be a lot higher without insurance.

This is wrong, wrong, wrong – how many times can this happen to people before they have to claim bankruptcy?



This drug was worth the dollar or 2, with insurance, in 1990, but a patent was slapped on it, now it's worth 18.25X more. Do you think we're all morons out here and don't know the drug companies are making record out-of-sight profits?

– **Nancy, Kenmore, WA**

WASHINGTON, D.C.

My daughter Claire has a rare chromosomal abnormality. She is a happy girl who loves to swim and laugh, but she requires a number of medications to not just survive but to remain healthy enough to be able to attend school, go to the playground with her siblings, and live a full life. These include medications to control her seizures, asthma medications to help her breathe, daily antibiotics to help compensate for her weakened immune system, and several others.

Recently, we were informed that Claire's very good health insurance will start significantly limiting the amount of medications they will cover for Claire. In one case, insurance will now only cover 1/4 of the amount her doctor believes she needs to stay healthy. This news came at the height of flu season and among heightened warnings about the possibility of a Coronavirus pandemic that could severely impact people like Claire who have respiratory issues and are immunocompromised.

Out of pocket, these medications cost thousands of dollars per month. Even for a stable middle-class family like mine this is unaffordable and unsustainable.

– **Jamie, Washington, DC**

WEST VIRGINIA

The costs are not only high but they are rising. I need these medications to live. I am 72 but have I have several health issues.

– **Susan, Huntington, WV**

WISCONSIN

It's not just Medicare folks/senior citizens who worry about rising Rx costs. In my late 40s with elementary age children, have insurance, & co-pay for my high blood pressure

**“We had to decide between
paying our mortgage or
buying my outrageously
expensive medications. No
one should have to make
that decision.”**

– **Zena, Twin Lakes, WI**

medication just quadrupled for 30-day supply for a generic. I could try to cut costs by going to a 90-day supply, but it still cuts into the family budget.

– **Leslie, Ashland, WI**

Before I had Medicaid, I went into a coma about once a month because I am on insulin. I have many complications as a result of going years without healthcare. Now I never go into comas. Insulin has gone up so much that if not for insurance, I would not be able to buy it. It's unethical to force people to suffer and die because they are not rich!

– **Lisa, Madison, WI**

I got very sick and lost my insurance and my job. My husband was laid off a few months later. Even with just his unemployment, we made mere dollars over the amount to get state aid. We had to decide between paying our mortgage or buying my outrageously expensive medications. No one should have to make that decision.

We must get control of big pharma and the medical industry and actually have comprehensive health care and affordable medications in this country. The ACA was a step in the right direction, but we must have lifetime care, from birth to grave in this country.

– **Zena, Twin Lakes, WI**

MomsRising.org is an online and on-the-ground grassroots organization of more than a million people who are working to achieve economic security for all families in the United States.

MomsRising is working for paid family leave, flexible work options, affordable childcare, and for an end to the wage and hiring discrimination which penalizes so many others. MomsRising also advocates for better childhood nutrition, health care for all, toxic-free environments, and breastfeeding rights so that all children can have a healthy start.

Established in 2006, MomsRising and its members are organizing and speaking out to improve public policy and to change the national dialogue on issues that are critically important to America's families. In 2013, Forbes.com named MomsRising's web site as one of the Top 100 Websites For Women for the fourth year in a row and Working Mother magazine included MomsRising on its "Best of the Net" list.