

Thursday March 21, 2013

Chair Monnes Anderson, Vice-Chair Kruse, Senator Steiner Hayward, Senator Shields, and Senator Knopp,

My name is Megan Helzerman, I am 40 years old and live in SE Portland. Last week, I visited the Providence Arthritis Center and spent approximately two hours connected to an IV. The IV delivers a biologic medication, called Actemra, into my veins to treat Rheumatoid Arthritis. The treatment costs \$4,267 and is repeated every 4 weeks. In addition, there are monthly lab tests and doctor visits every 3-4 months.

On Actemra, I have no arthritis symptoms. I am an active person - a cyclist, skier, volunteer, gardener, home remodeler, and public employee. I have a more than full-time job managing federal education grants that support Career and Technical Education in high schools and community colleges.

Without it, I have severe pain and swelling all over my body. I feel like I have the flu at all times. I am stiff and rigid from early evening to mid-morning. It takes me two hours to get ready to leave the house. Something as simple as putting on socks or buttoning buttons brings me tears. I can barely make it through a workday and I am convinced that if my arthritis was left untreated, I would be on disability by now.

With this medication, I have a life...without it, I don't.

I have a commercial health insurance plan through the Oregon Educators Benefits Board. In the last three years, my out-of-pocket cost for Actemra has changed dramatically.

- In the first year, the entire treatment was covered by insurance. I paid no out of pocket expenses.
- In the second year, 80% of the treatment was covered by insurance. I paid \$600 per month. Thankfully, my coverage included an "out-of-pocket maximum" of \$1,200. I reached it in less than two months.
- In the third and current year, my insurance continues to cover 80% of the treatment. I continue to pay \$600 per month, but my "out-of-pocket maximum" doubled to \$2,400. I reached it in four months.

Despite this increase, I consider myself lucky. I have a treatment that is working, I have insurance and I have resources available to help me manage costs so far. However, ballooning out-of-pocket expenses force many individuals and families to choose paying their mortgage or putting food on the table over accessing life altering treatment. And the rate at which out-of-pocket costs are increasing will place the treatment out of my reach within a couple years.

I encourage you to support Senate Bill 165 for two main reasons:

1) It requires commercial insurers to limit and apply a consistent out-of-pocket maximum, which allows access to life-altering treatments for more Oregonians.

2) It allows subscribers to spread the out-of-pocket maximum over a 12 month period. My employer offers a Section 125 cafeteria plan, which in effect, allows me to spread my out-of-pocket costs over a 10 month period. The cafeteria plan makes a huge difference to me. If I did not have this plan available to me, I would have no choice but to charge my healthcare costs to my credit card in the first several months of the plan year, and make payments against it for the balance of the year.

These changes make significant improvements to many Oregonians to make healthcare costs more predictable, manageable, and accessible.

Thank you.

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MEASURE: SB 165  
EXHIBIT: 17  
S. HEALTHCARE & HUMAN SERVICES  
DATE: 3/21/13 PAGES: 1  
SUBMITTED BY: Megan Helzerman