



PHARMACEUTICAL CARE MANAGEMENT ASSOCIATION

February 25, 2015

The Honorable Laurie Monnes Anderson
Senate Health Care Committee
Oregon State Capitol
900 Court Street NE
Salem, OR 97301

Re: Opposition to Senate Bill 93

Dear Chair Monnes Anderson:

The Pharmaceutical Care Management Association (PCMA) is writing the following letter to express our opposition to S.B. 93 because the legislation does not take into account current dispensing practices, has the potential to create medication waste, and ultimately may increase costs for consumers. PCMA is the national association representing America's pharmacy benefit managers (PBMs), which administer prescription drug plans for more than 216 million Americans with health coverage provided through Fortune 500 employers, health insurance plans, labor unions, and Medicare Part D.

Chronic conditions, including diabetes, hypertension and high blood pressure, affect approximately 133 million Americans – over 40% of the population of the United States. This number is expected to grow to 157 million people, with 81 million having multiple conditions by 2020.¹ Currently, such conditions account for over 75% of national health care spending. One study found that seven chronic disease states cost the economy \$1.3 trillion annually. By the year 2023, this cost is projected to increase to \$4.2 trillion.² Broader use of prescription drugs for chronic conditions could help reduce these costs by avoiding expensive emergency room visits, costly complications, and hospitalizations.

S.B. 93 would mandate that a health plan provide reimbursement for up to a 60-day supply of a prescription drug dispensed by a pharmacy if the drug is covered by the plan and is prescribed for a chronic condition. This legislation is problematic for several technical reasons. Often, patients don't start with a 60-day supply of medications for chronic conditions because they may fail on their first therapy. The requirement in this legislation would result in wasted medications and unnecessary higher costs for patients. S.B. 93 also does not take into account that the diagnosis is not generally included on the prescription – so how would a health plan know if the medication was prescribed for a chronic condition for reimbursement purposes? Further, many drugs are also prescribed for off-label reasons that might not have anything to do with a chronic condition and the diagnosis may not be indicated on the prescription. The implementation of this legislation would be extremely difficult because it does not take into account current prescribing practices.

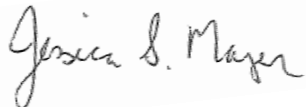
S.B. 93 also requires the Board of Pharmacy (BOP) to create a list of chronic conditions for which a 60-day supply of prescription drugs must be reimbursed. Such a mandate goes outside the scope of practice for pharmacists and usurps physician authority. Determining what is or isn't a chronic condition is a medical decision to be made by a patient's physician.

¹ National Health Council, "About Chronic Diseases," revised July 29, 2014, available at: <http://www.nationalhealthcouncil.org/sites/default/files/AboutChronicDisease.pdf>

² *Ibid.*

For the above reasons, PCMA opposes S.B. 93. Please let us know if we can provide any additional information. Thank you for your consideration.

Sincerely,

A handwritten signature in black ink that reads "Jessica S. Mazer". The signature is written in a cursive style with a light grey rectangular background behind it.

Jessica S. Mazer, Esq.
Assistant Vice President, State Affairs

c: Member of the Senate Health Care Committee