



May 18, 2015

Senate Health Care Committee

Re: HB 3343 A-Engrossed

We wish to communicate our opposition to HB 3343 as written. HB 3343 would require health plans to pay up front for the dispensing of 12-month supplies of prescription contraceptives. We support increasing access to prescription birth control but believe this is excessive and sets a costly and potentially dangerous precedent.

Cost is the main driver of a small businesses ability to provide health insurance for their employees. A comprehensive 2014 study by the National Small Business Association found the average monthly per-employee cost of health insurance premiums for a small firm is \$1,121. When asked in 2009 for the estimated monthly cost of their health benefits package, per employee, small firms reported \$590 per month. Beyond health insurance premiums, employers report additional health-care related spending to the tune of \$458 per month, per employee. Furthermore, a whopping 91 percent reported increases in their health plan at their most recent renewal, and the majority expect to continue seeing cost increases in the coming year.

Providing a 12 month supply of any prescription will be a health insurance cost driver for the following reasons:

- If a patient loses or discontinues use of the prescription drug, insurance would also have to pay for the replacement or new method.
- HB 3343 forces companies to pay for drugs for months for which they haven't collected a premium – if the patient switches plans, the insurer will never recoup the premium cost.
- According to claims data from Regence BlueCross BlueShield, only about half of birth control users stay on the same product for a year, and about 16% of regular users switch birth control methods at least one time in the course of a year.
- Many generic drugs are approved each year by the FDA, usually resulting in substantial savings to consumers. If 12-month supplies are required, we should expect drug manufacturers to heavily promote long refills just ahead of generic competition, which would add unnecessary cost to health care.
- Prescription drugs are not harmless, and they are not always effective for a particular person. When refills are infrequent, then there is less opportunity for a pharmacist clinically to monitor and review for adverse side effects.
- A 12-month refill after 90 prior days of use would, without specific authorization from a prescriber, exceed the legally valid length of all prescriptions, which are valid for just one year; this is a national standard.

**We recommend adoption of the -3 amendments. The -3 amendments would increase access to birth control without adding cost risk.**

- HB 3343 -3 amendments would allow a pharmacist to dispense a 6-month supply of contraceptives at one time, after the patient has been on the same drug for six months at the normal dispensing intervals.
- The -3s would double the supply a patient could get from 90 days to 6 months, and reduce the number of trips to the pharmacy to two per year for patients picking up contraceptives – substantially increasing the likelihood of continual use of the contraceptive.
- 6-month dispensing would increase access to birth control and mitigate most cost risks associated with extended dispensing.

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