

June 1, 2015

Chair Monnes Anderson  
Senate Committee on Health Care  
Re: Support of HB 2638 -1 Amendment

Senator Monnes Anderson and Members of the Committee:

We are writing in support of the dash-1 (dash one) amendment to HB 2638. In the interests of the people we provide services to, we feel that this amendment is better option to ensure continued access to medications for Oregonians who rely on the Oregon Health Authority (OHA) and Coordinated Care Organizations (CCO's) for medication.

After reviewing the latest amendment, the dash-4, we still have concerns about the potential impact on patients who will benefit from newly approved drugs entering the market. These patients include people who are experiencing treatment failure (a drug no longer provides efficacy) and those for whom new treatments are emerging.

While the dash -4 amendment appears to have been written to comply with Federal statues on new drug availability under U.S. Food and Drug Administration (FDA) and Centers for Medicare & Medicaid (CMS) rules, the ability of OHA patients to access to drugs only after a six month waiting period is not in keeping with the letter of spirit of the Patient Protection and Affordable Care Act (ACA).

Many patients living with acute and chronic health conditions have their medications "fail" or lose clinical efficacy over time. For these patients, new drugs, often those newly approved, offer a lifeline. For some these drugs allow maintenance of their current health, and for others these drugs prevent the advancement of disease and death. In placing an arbitrary six months moratorium on newly approved FDA drugs we risk rationing healthcare for some of our most vulnerable citizens.

In accordance with Section 1927 of the Social Security Act<sup>1</sup>, State Medicaid Agencies are required to cover the drugs of participating drug manufacturers who have entered into "a national rebate agreement with the Secretary of the Department of Health and Human Services (HHS) in exchange for state Medicaid coverage of most of the manufacturer's drugs. While States have the option to restrict access to drugs they are not able to completely bar access to them.

These laws include “prescriber prevails” language in ORS 414.325(4)(d):  
“After consultation with the authority or its agent, the prescriber, in  
the prescriber’s professional judgment, determines that the drug is  
medically appropriate....”

We do not believe that the changes in the dash -4 amendment will  
accomplish the goal of reducing the price of prescription drugs, but  
instead will serve as a barrier to access and care.

We are proud that we have been able to provide healthcare coverage to  
more than one million of our neighbors statewide through OHP and CCO’s.  
We also believe that a patient’s medical outcome should be determined by  
the care they receive, not by who pays for their insurance.

Sincerely,

BJ Cavnor,  
One in Four Chronic Health

Tyler TerMeer,  
Cascade AIDS Project

Lorren Sandt,  
Caring Ambassadors Program

Madonna McQuire-Smith  
Hemophilia Foundation of Oregon

Debbie McCabe,  
Molly’s Fund Fighting Lupus

Shelly Bailey,  
Central Drugs Pharmacy

Larry Lanier,  
National Patient Advocacy Foundation