



## **Testimony in Support of HB 2387**

Diane Solomon

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Chair Greenlick and Members of the Committee:

Thank you for the opportunity to present testimony in support of HB 2387. My name is Diane Solomon. I am a doctorally prepared nurse and member of ONA, representing registered nurses and nurse practitioners in health care settings across the state. I have been privileged to practice as a Psychiatric Nurse Practitioner and Certified Nurse-Midwife in rural, tribal, and urban Oregon for over 30 years. As a writer, I was also honored to author Senator Mark Hatfield's memoir with him. I am here today representing ONA. We are committed to ensuring Oregon addresses rapidly increasing prescription drug costs that impede delivery of successful, timely, and affordable patient care.

Prescription prices are one of the fastest growing cost drivers of health care today, more than doubling over the past several years. Oregon's patients cannot keep paying the price—either through pharmacy dollars or rising insurance premiums. Oregon employers cannot keep paying the price by slashing additional benefits. And the state budget cannot keep paying the price either. We require a sustainable solution.

In Oregon, we are proud and nationally championed for successfully retrenching health care via the Triple Aim: improved outcomes, improved patient-centered care, and decreased costs. As part of that goal, we aim to keep the public health care growth rate at 3.4% annually. But growing prescription drug costs threaten every public and private health care budget in the state. Unaffordable, unpredictable, skyrocketing prescription prices impact us all, including myself. My husband and I have four children, one on the autism spectrum. He, like most children with autism, struggles to sleep. Without medication, he is up at all hours, unable to learn or be socialized, miserably sleep deprived. Last year, we were forced to pay \$1200 for a simple, non-specialty, non-narcotic sleep medication that private insurance refused to pay.

Meanwhile, consumers in both private and OHP/CCO markets are forced to pay higher prescription co-pays, higher cost-shares and higher insurance premiums. I know one head-of-household of five who, last month alone, was billed over \$5000 in regular premiums, pharmacy costs, and routine medical care.

In my own practice, I specialize in Women's Mental Health. When mothers suffer depression, anxiety, or other mental health disorders, known and catastrophic downstream effects ensue. Children of these mothers suffer psychiatric diagnoses, impaired cognitive, social, and academic functioning, and lifelong sequelae—often including entry into our criminal justice system. Maternal mental health disorders are easily treated with generic or brand name medications, and children of treated mothers are set on the path toward a much more positive lifelong trajectory. Yet I must fight daily with insurance companies and Pharma to get even some generic prescriptions authorized. And when authorized, co-pays often still make treatment cost prohibitive for many women. We simply cannot afford astronomical downstream health consequences tomorrow, while we stand by today.

HB 2387 represents an important step toward addressing these challenges. This is a robust bill providing immediate and real protection to consumers from steep and sudden price increases, creating transparency in pricing, and offering payers predictability and sustainability without sacrificing outcomes or access. We need all three of these elements to truly bring down prescription costs.

Oregon patients and families cannot wait any longer. Our state requires a comprehensive approach to lowering out of pocket costs, increasing industry transparency, and reducing explosive price increases.

I urge your support for HB 2387. Thank you.

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