

March 3, 2017

Chair Greenlick, Members
House Health Care Committee
900 NE Court Street, NE
Salem, OR 97301

For the record my name is BJ Cavnor, and I am Executive Director of One in Four Chronic Health, we are a nonprofit organization that advocates on behalf of patients with chronic health conditions.

I am here today to speak in opposition of HB 2387. It was an honor to be asked to serve on the workgroup that led to this bill, and to have the chance to create lasting, meaningful change to health care in Oregon. Unfortunately, the result is not something that our organization, nor the patients we serve can support.

This bill does not represent many of the contributions made during the workgroup, including those requested of insurance companies for transparency in the cost they acquire drugs for, or how they make tiering decisions.

It is our belief that HB 2387 will not lead to the desired savings in prescription costs, health insurance premiums, or lowered deductibles many of us are facing. We wanted to hear what other Oregonians were facing, so we started a petition on Change.org, and as I write this, more than 1,800 people across the state have signed it. We have submitted the comments as a PDF file for the record.

We learned that the national confusion about the future direction of the Affordable Care Act, and the ability for people with pre-existing conditions to maintain affordable coverage is a palatable fear here in Oregon.

Much of the concern about the cost of health care comes from the high deductible amounts of plans and the increase in the out of pocket costs to patients. Patients are angry and frustrated with being denied insurance coverage for the treatments their providers prescribe.

The lack of transparency around the actual cost of a drug to insurers, how they make formulary tiering decisions, and the amount of profit they make frustrates patients who are asked to bear an ever-increasing share of cost. For patients who depend on "specialty drugs" to maintain health, and life, this concern is grave.

There is frustration and mistrust of health insurance companies. Patients and advocates remember the time when insurers could deny coverage to people with pre-existing conditions and fear the same type of potential discrimination in HB 2387. In the past two years, we have seen seethe insurer reaction to covering lifesaving drugs for Hepatitis C, adverse tiering by an insurer on HIV medication, another plan tried to force end stage renal dialysis patients to go on to Medicare, the fines this week against Kaiser F, Pioneer Educators Health Trust, Regence BlueCross BlueShield and United Healthcare, and the fines against insurers for not honoring their agreement with the families of autism.

We are extremely concerned that the \$10,000 threshold in the bill seemingly targets drugs necessary to the health of people with chronic health conditions, including HIV, viral hepatitis C, auto other immune conditions. We are pleased to see that the Ryan White AIDS Drug Assistance Program was excluded from the bill, however we have concern about other patients who require similar specialty drugs to maintain their health.

What happens if there is a situation where a manufacturer is not able to meet the litmus test proposed by insurers? Would that treatment still be covered? Is there an exemption process?

For all intent and purpose, this bill seems a great gif to Oregon insurance plans, a kickback scheme requiring the creation of a new department within DCBS and negotiating at the point of a sword.

Transparency will only work when everyone is transparent.

Regards,

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