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March 9, 2017

Chair Monnes-Anderson and Members,  
Senate Committee on Health Care  
900 Court Street NE  
Salem, OR 97301

To: Senator Monnes Anderson, Chair, and Members of the Senate Committee on Health Care  
From: BJ Cavnor, Executive Director, One in Four Chronic Health

**One in Four Chronic Health Testimony on SB 792 and SB 793: Prescription drug prices.**

One in Four Chronic Health opposes SB 792 and 793. One in Four was created by, and to advocate, for people living with chronic health conditions. The issues of increasing health care access and affordability are critically important to the people we serve, and to all Oregonians.

The cost of prescription drugs is a great concern to our members, but so is the out of pocket cost, percentage, co-pay or share-of-cost that they must pay to receive prescription drugs through health insurance coverage. The lack of uniform transparency in health insurance plan materials, and cost information in formularies are also unnecessary barriers to patients being able to utilize information in making the informed decisions for their individual care needs.

We believe that transparency in health care costs will only be effective when all parties are held to the same level of accountability. We believe that until the hidden costs to consumers, (including acquisition and contracted rates between Pharmacy Benefit Managers (PBM's), drug wholesalers and health insurance plans), are held to the same level of scrutiny that SB 792 and SB 793 would hold pharmaceutical manufacturers to are in place, we will not have an effective solution.

**Our primary concern is the lack of language in either SB 792 or SB 793 to ensure continued access to medications for patients should a manufacturer fail to meet the criteria established in the bills.**

Specifically, the patients who depend on specialty medications to treat conditions and maintain health. Approximately 14.2% of Oregon prescriptions are for specialty drugs. According to the 2016 Express Scripts Drug Trend Report, they included drugs to treat:

- Inflammatory conditions (Enbrel, Stelara, Humira)
- Multiple sclerosis (Tecfidera, Gilenya, Copaxone)
- Hepatitis C (Harvoni)
- HIV (Truvada)
- Cancer (Rivimed)

With all sincerity, we respectfully ask the sponsors, Sen. Steiner Hayward and Rep. Nosse; what would potentially happen to the access to these medications for patients if manufacturers are not able to meet the requirements outlined in the bills?

We are unable to find the answer to this question, and for this reason we oppose these pieces of legislation.

As a former member of the Drug Cost Workgroup tasked with finding solutions to this issue, I personally remain committed to working with the sponsors, and any legislator, to identify ways to ensure continued access to necessary medication and lower all health care costs.

As a patient, I ask you to work with me, make sure that the drugs I need to control HIV in my body and stave off the collapse of my immune system and my death remain available to me in Oregon.

Thank you for opportunity to share this testimony with you.

Sincerely,

A handwritten signature in blue ink, appearing to read "BJ Cavnor", with a stylized flourish at the end.

BJ Cavnor,  
Executive Director

a voice for patients  
1-in-4.org