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### Opinion: Oregon's Proposed 'Drug Reform' Creates More Problems Than It Solves

David Mixner, Contributor

*Civil rights activist, author and performer*

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As a person with HIV, I have worked for over three decades fighting this horrible epidemic. In that time, I have lost over 300 friends, my partner of twelve years and given over 90 eulogies at funerals for young men all under the age of forty. It was the worst of times, but in this tragedy members of the HIV/AIDS community have learned to become incredible healthcare advocates and careful examiners of proposed legislation. In many ways, the HIV/AIDS community has become a role model for other groups in effectively changing policies.

Reviewing Oregon's HB 2387, a bill pending in the state legislature, I unfortunately have the experience to understand the consequences of this thoughtful yet dangerous attempt to push 'drug reform.'

Over the last six years, I have had eleven surgeries and seven stays in intensive care. In at least two of those cases, my doctors were sure I wouldn't leave the hospital. In each case, besides my good country boy background, it was the miracle of a specific drug that saved my life. Because of the labyrinth of state regulations and national healthcare policy, neither of those drugs had the time to appear on 'the list' that tells you what is covered and what you must pay out of your own pocket. I spent hours on the phone with regulators to no avail even though the system had already spent over a million - if not millions - on my healthcare costs. It made no sense whatsoever.

Oregon is attempting to tighten already-burdensome regulations while ignoring the national climate on healthcare. It means more people will face the exact same nightmare that my fellow patients and I faced. The answer isn't in each state creating separate rules, but a uniform national healthcare policy that includes the outrageous costs running rampant in our hospitals. My brothers and sisters in Oregon should be taking the battle to Washington, D.C. so everyone in America can thrive and be healthy.

The bill directly runs counter to common sense, adds to the ever-increasing rules and regulations at both state and federal level, and seriously cuts up promising drug therapies for a wide range of people. It creates arbitrary price controls and essentially allows insurance companies to pocket money from drug companies without passing any savings or guaranteed benefit on to patients. While HB 2387 makes a point to reference that HIV/AIDS medications wouldn't be part of the final law, this does not relieve the HIV/AIDS community of its moral obligation to fight for good health care for all.

First, in an era of rising premiums and deductibles, this legislation disregards the needs of the individual patient. In the case of HIV/AIDS, there isn't a silver bullet treatment or care regimen for most patients. Just the opposite, insurers need to be doing more to cover those who need access to the latest innovative medicines that help prevent and manage the disease.

Second, there's been discussion that this could be a landmark approach that other states might replicate. There's simply no way to sugarcoat it: if price controls become commonplace without reforming the entire healthcare system, drug manufacturers at the forefront of medical discovery will face unnecessary barriers to developing the next wave of breakthroughs.

Third, and perhaps most importantly, the HIV/AIDS community has fought for decades to be a part of the health care conversation. Today, individuals with the disease are not only able to lead full lives because of new drug developments and innovative therapies – they're central to the broader dialogue about what's in the best interests of patients. As a society, we have made tremendous progress and continue to take steps each day to ensure that more lives can be saved, but we must focus our attention on streamlining our national healthcare system.

The sponsors and supporters of HB 2387 are well-meaning, but take it from someone who has worked on this issue for nearly four decades and who has been critically ill off and on for the last six years: this bill offers little value for our patients and will burden all of us. The bill should be and must be defeated.

*Once named by Newsweek as the most powerful gay man in America, David Mixner has been a highly regarded leader in American politics and international human rights for over 50 years. He's a civil rights activist, HIV/AIDS advocate and author. Most recently, David was one of the co-chairs of the Sanders for President Campaign.*