

Testimony in Support of HB 4156 Patient Cost-Sharing for Prescription Medications

House Committee on Health Care – February 7, 2018
Oregon State Legislature

The Leukemia & Lymphoma Society (LLS) strongly supports House Bill 4156, which seeks to improve access to prescription medications, and urges the committee to advance this critical legislation.

Increasingly, insurers are requiring consumers to pay a percentage of the total cost of their medications, a type of cost-sharing known as coinsurance. In Oregon, the average coinsurance in silver plans is 49%, which can translate to thousands of dollars in out-of-pocket costs. What's more, because coinsurance is displayed as a percentage, consumers often do not know what their actual costs will be for any given drug until they arrive at the pharmacy counter, thus limiting a patient's ability to plan financially for his or her care.

Making this problem even worse is the growing prevalence of high deductibles: in Oregon, the average combined deductible in 2017 silver plans was \$2,822.

Taken together, these benefit designs require patients to pay high upfront costs in order to access the treatments prescribed to them. When cost-sharing becomes a barrier to access, patients do not use their medications appropriately, skipping doses in order to save money or abandoning a treatment altogether.

LLS believes that HB 4156, if enacted, can help reduce these barriers and do so in a manner that's fair and balanced. Briefly described, HB 4156 will:

- ***Ensure that the out-of-pocket cost for any one prescription is manageable***
This bill will require a health insurance carrier to ensure that at least 25% of its plans utilize a "copay-only" cost-sharing structure for the plan's entire prescription drug benefit. This will guarantee that patients have access to at least some health plans that do not involve the financial barriers associated with coinsurance.
- ***Eliminate the shock of a high, upfront deductible***
HB 4156 requires that the copays mentioned above be exempt from any deductibles. This ensures that patients are able to access their medications without having to first pay a sum of money that's so high as to prohibit them from accessing any care whatsoever.
- ***Guarantee that patients can plan financially for the medications they will need***
Because HB 4156 requires a portion of plans to have a copay-only drug benefit, consumers will know exactly what their medications will cost from the very moment they select their health plan for the upcoming year. This allows consumers to plan financially for their care.

At LLS, our mission is to find cures for leukemia, lymphoma, Hodgkin's disease, and myeloma, and to ensure that



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blood cancer patients have sustainable access to quality, affordable, coordinated healthcare. We urge the committee to help advance that mission by supporting HB 4156.

Thank you again for conducting today's hearing on this important issue. LLS values your time and consideration and hopes that if you have questions or concerns, you will not hesitate to be in touch.

With questions or concerns, please contact:

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Enclosed: Please see a fact sheet detailing the high out-of-pocket costs in Oregon

Plan data cited above is from Avalere PlanScape®, a proprietary analysis of exchange plan features, April 2017