



Our Mission: To drive efforts to cure psoriatic disease and improve the lives of those affected.

February 6th, 2018

Representative Mitch Greenlick
Chair, House Committee on Health Care
900 Court St. NE
Salem Oregon, 97301

RE: Support HB 4156- Prohibits carriers offering health benefit plans from making specified changes to prescription drug coverage during plan year.

Dear Chair Greenlick:

The National Psoriasis Foundation (NPF) is a non-profit, voluntary health agency dedicated to curing psoriatic disease and improving the lives of those affected. The Psoriasis Foundation is the leading patient advocacy group for the 8.3 million Americans and 143,255 Oregon residents living with psoriasis and psoriatic arthritis. I encourage you to support HB4156 to empower patients by increasing prescription coverage transparency and helping ensure the pharmacy benefits they choose will be what they receive throughout the plan year.

A 2015 analysis of consumer shopping experience in health insurance exchanges revealed that drug formularies are very or moderately accessible to only 52 percent of plans while 38 percent of plans had no drug formulary data available at all.¹ People with substantial prescription drug needs – especially those living with chronic conditions such as psoriasis – must have access to both health plan and prescription drug coverage information. Providing consumers with drug formulary transparency will enable them to compare costs and benefits as they shop for health care coverage and ultimately choose a plan that best meets their needs.

Due to the heterogeneity of psoriatic diseases, a patient's access to coverage with predictability and certainty when choosing a plan is vital. Patients currently stable on a treatment should be able to remain on the prescribed treatment and should not be forced to change treatments for any non-medical reasons. While plans may add coverage for new therapies that come to market during the plan year, plans should not remove a therapy from their formulary mid-year, move a therapy from one drug tier to another, add a restrictive utilization management tool, or raise the cost-sharing obligation or out of pocket costs of a covered therapy. Forced switching of stable patients is both unethical and violates the standard of care. All treatment decisions should remain between the patient and prescribing provider.

When considering HB 4156 we ask that you report this measure favorably. Patients deserve transparency and assurance when selecting a plan that works for them.

Sincerely,

A handwritten signature in blue ink, appearing to read "Randy Beranek".

Randy Beranek, President and CEO

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¹ Pearson, Caroline. "[Avalere Analysis: Exchange Consumer Experience](#)." *Avalere* April 2014. Web 11 November 2015.