



NATIONAL
PSORIASIS
FOUNDATION®

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

February 6th, 2018

Chair Greenlick and Honorable Members of the House Committee on Health Care,

My name is Erin Faulhaber, I live with a chronic autoimmune condition known as psoriatic arthritis (PsA). I am an advocate of the National Psoriasis Foundation who represent 8.3 million persons with psoriasis; 30 percent of whom will develop psoriatic arthritis, like me. I encourage you to support HB 4156 and ensure patients have protections and transparency around prescription drug costs.

I take several prescriptions to control my chronic pain and joint damage. One of my current medications is an injection taken every 4 to 12 weeks. When I began taking the prescription I had a \$20-\$40-\$60 tiered copay for my pharmacy benefits on my insurance plan. The injection was in the \$40 tier. This was not my only prescription, so my monthly out-of-pocket expense for medicine was usually \$120 on the months that I took my injection, and \$80 on the months that I did not.

After a few months I went to the pharmacy to pick up my prescription refills and was hit with a \$200 co-pay total. When I asked why it was so high I was told that my cost was now \$120 for my injection. I was floored by this, as my highest copay tier was \$60 and this was double even that! The pharmacy tech did a little digging for me to find out why my bill was so much higher than it should be. My insurance carrier decided to reclassify my injection and charge me 3 co-pays (\$40 each) for one syringe. So I was required to pay the same amount for taking the prescription every 12 weeks as I would be charged if I was taking it every 4 weeks, but receiving 1/3 less medication.

I am on disability and have to budget my expenses wisely. Having to put off getting my medicine not only affected my bank account, but more significantly it affected my health. My pain level and inflammation rose abruptly. Not being able to take my medication on time causes flare ups in my condition that impacted every aspect of my life and my family. It cost me more than just the higher prescription cost, I had to have additional appointments with my doctor. Each of those additional appointments was another \$40 to budget for. The total cost of the unexpected change was nearly \$200 when all said and done.

I know my story is not unique. Patients need to be protected from these unpredictable changes to their health insurance and need stability, it could be life or death. I encourage you to support HB 4156.

Sincerely,

Erin Faulhaber
Portland resident

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