



MEMORANDUM

To: Rep. Mitch Greenlick, Chair, House Committee on Health Care
Rep. Cedric Hayden, Vice-Chair, House Committee on Health Care
Rep. Rob Nosse, Vice-Chair, House Committee on Health Care

From: Courtni Dresser, OMA Government Relations
Trevor Beltz, OMA Government Relations

Date: February 7, 2018

Re: Support for HB 4156

Thank you for the opportunity to submit written testimony in support for HB 4156. This legislation keeps the focus on patient care by prohibiting health plan carriers from making certain changes to prescription drug coverage during the plan year, which supports better outcomes for patients. When a provider sets a treatment plan that includes prescribing medication, the decision is based on many factors, including affordability and accessibility of the medication. Assuring the affordability and accessibility of prescribed medications is vital to patient compliance and intended outcomes.

Treatment plans are jeopardized when prescription drug prices are adjusted mid-therapy or removed. Although this may happen as a result of a new plan year, it should be avoided during the plan year mid-cycle. These disruptions create unnecessary drain on the health care system through additional appointments to develop new treatment plans, responding to escalating health issues resulting from patients failing to comply due to a lack of affordability or accessibility of medications, and the increased demand on provider time.

This legislation supports consumer choice by providing transparency. Consumers are able to confidently make plan enrollment decisions that best support their health needs without fear that medications will be priced out of their affordability mid-year. Without these protections, consumers may be stuck in a plan that no longer meets their health needs.

Additionally, requiring plans to limit cost-sharing requirements to a flat dollar co-payment further supports treatment plan implementation and patient compliance and provides consumers the ability to make fully informed health care decisions. Limiting cost-sharing requirements increases the choices available to consumers when making health care decisions and, in many cases, increases their treatment options.

Thank you for your consideration.

The Oregon Medical Association serves and supports over 8,000 physicians, physician assistants and student members in their efforts to improve the health of all Oregonians. Additional information can be found at www.theOMA.org.