

- Chair Prusak, distinguished members of the Committee on Health Care.
- Good afternoon, my name is Madonna McGuire Smith. I am from Corvallis, OR. I am the executive director of Pacific Northwest Bleeding Disorders, a nonprofit serving all families with bleeding disorders in Oregon and SW Washington.
- I am grateful for the opportunity to speak to you today about SB 560 on behalf of the Oregon All Copays Count Coalition.
- Through the testimony portal you will see a letter signed by nearly 50 organizations who are part of the Oregon All Copays Count Coalition.
- Included in the list of signers are some of the most respected and influential patient rights groups and physician associations in Oregon – these organizations represent many disease groups including ALS, diabetes, multiple sclerosis, bleeding disorders, psoriasis and cancer.
- When you look at this list of signers you see groups that represent real people with real medical problems. They **represent patients** and **not the interests of anyone else**. These groups are in support of SB 560 because it will help the people we represent – those living with complex, chronic conditions. This legislation will help patients afford treatments that keep them healthy and in the workforce.
- SB 560 is not going to fix drug pricing or health care reform overall. What it will do is give patients much needed relief in the meantime by ensuring that all copays count.
- I want to explain what a copay assistance program is and what it isn't. While sometimes called a "coupon", copay assistance is real money. Coupons are used for much lower cost drugs. The statistics quoted for manufacturer coupons are inflated because those statistics aren't referring to copay assistance program alone. Copay assistance programs are financial support provided by nonprofits and manufacturers to help patients with chronic conditions afford their out-of-pocket costs for their medicines. This is very different from a \$5 coupon to keep someone on a generic.
- Copay assistance is a lifeline for **MANY** patients who will be faced with out-of-pocket costs up to the ACA annual max allowable, (\$8,550 / \$17,100), at the beginning of every year, year after year.
- A copay accumulator adjustment program is when insurance companies and PBMs stop allowing copay assistance dollars from counting towards a patients': 1) deductible and 2) out of pocket maximum.
- When copay accumulators are implemented, health insurance plans and PBMs **continue to allow the patient to use copay assistance. HOWEVER**, the insurance company and PBM **stop** the copay assistance dollars from counting toward the patient's deductible or out-of-pocket maximum.
- Once the annual limit for available copay assistance is used up, many patients must then pay the entire OOP costs all over again – basically double dipping and putting the extra burden on the patients.

- A recent study shows that as many as 1/3 of patients with chronic conditions are regularly forced to decide between rent, groceries, or their medicines. That same study shows that 7 out of 10 people who live with a chronic disease live on an income of \$40,000 or less.
- Another study shows that patients who have to pay more than \$250 in unexpected drug costs may simply quit taking the drug.
- Without treatment, patients get sicker, they go to the emergency department more, they face irreversible disease progression, ultimately creating a greater health care cost for everyone, including payers.
- 5 of 6 insurers on Oregon's individual marketplace have implemented copay accumulator adjustment programs in 2021.
- We urge you, on behalf of the more than 2 million Oregonians impacted by a chronic condition to please support SB 560 to ensure all copays count.