



February 22, 2021

Senator Deb Patterson
Chair, Senate Committee on Health Care
Oregon State Legislature
Salem, OR 97301

Honorable Chair Patterson and Members of the Senate Committee,

The Oregon Society for Medical Oncology (OSMO) and the Association for Clinical Oncology (ASCO) are pleased to **support SB 560: Requires insurer and health care service contractor to count payments made on behalf of enrollee for costs of care toward enrollee's out-of-pocket maximum or cost-sharing.**

OSMO's goal is to promote the highest professional standards of oncology in the state of Oregon and to study, research and exchange information, experiences and ideas leading to improvement in the field. ASCO is the world's leading professional society representing physicians who care for people with cancer. With nearly 45,000 members, our core mission is to ensure that cancer patients have meaningful access to high quality cancer care.

OSMO and ASCO are committed to supporting policies that reduce cost while preserving quality of cancer care; however, **it is critical that such policies be developed and implemented in a way that does not undermine patient access.** Copay accumulator programs target specialty drugs for which manufacturers often provide copay assistance. With a co-pay accumulator program in place, a manufacturer's assistance no longer applies toward a patient's co-pay or out-of-pocket maximum. This means that patients will experience increased out of pocket costs and take longer to reach required deductibles. **By prohibiting these funds from counting toward patient premiums and deductibles, co-pay accumulators negate the intended benefit of patient assistance programs and remove a safety net for patients who need expensive specialty medications but cannot afford them.**

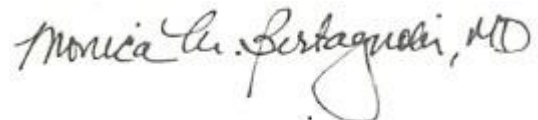
While co-pay accumulator programs are described as a benefit for patients, these programs in effect prevent patients from reaching their deductibles sooner while increasing cost-sharing for patients. These programs lack transparency and are often implemented without a patient's knowledge or full understanding of their new "benefit." Increases in out of pocket costs for the patient can result in significant adverse impacts on patient finances, which contributes to medical bankruptcies and disproportionately affects low-income populations. In this manner **co-pay accumulator programs could jeopardize outcomes, as patients may decide to forego or discontinue treatment or seek different treatment for non-medical reasons.** If a patient does forego care, this could lead to poorer health outcomes and potentially higher costs to the health care system.

OSMO and ASCO are encouraged by the steps that SB 560 takes toward eliminating co-pay accumulator programs in Oregon and we therefore urge the committee to pass the measure. For a more detailed understanding of our policy recommendations on this issue, we invite you to read the [ASCO Position Statement on Co-Pay Accumulators](#) by our affiliate, the American Society of Clinical Oncology. Please contact Allison Rollins at ASCO at allison.rollins@asco.org or Dr. David Hufnagel from OSO at david.hufnagel@usoncology.com if you have any questions or if we can be of assistance.

Sincerely,

A handwritten signature in black ink, appearing to read 'DH', enclosed within a faint rectangular border.

David Hufnagel, DO
President
Oregon Society of Medical Oncology

A handwritten signature in black ink, appearing to read 'Monica L. Bertagnoli, MD', enclosed within a faint rectangular border.

Monica Bertagnoli, MD, FACS, FASCO
President
Association for Clinical Oncology