



February 6, 2024

The Honorable Rob Nosse
Chair, House Committee on Behavioral Health and Health Care
900 Court St. NE, H-472
Salem, Oregon 97301

Dear Representative Nosse,

I am writing today on behalf of the National Association of Benefits and Insurance Professionals (NABIP) – a member organization representing licensed agents and brokers who are engaged in the sale and service of health insurance and other ancillary products and serving employers and consumers in all fifty states– to bring your attention to concerns regarding the dispensing fees being implemented in HB 4149.

NABIP recognizes the need for lowering drug costs for patients and that the intent behind HB 4149 is to increase accessibility of drugs and bring down costs, however, implementing dispensing fees will have the opposite effect. A dispensing fee on all prescription drugs not covered by the medical assistance program will cause pharmacy benefit managers to pass the cost of the dispensing fee on to employers and individuals, causing consumers to pay exponentially more per prescription refill. A \$10 fee may appear to be a low cost, but these costs add up for consumers who rely on several prescriptions, especially among consumers with health conditions including heart disease and diabetes, and low-income consumers. A drug that would normally be affordable without the imposition of a dispensing fee would become unaffordable very quickly, as individuals and employers would be forced to pay hundreds of dollars more per year in unnecessary fees for the drugs they rely on.

This cost increase is evident in other states where dispensing fees have been implemented. In 2023, Tennessee’s law implementing professional dispensing fees for “low volume pharmacies”, which are defined as a pharmacy that dispenses less than 65,000 prescriptions in a year, took effect. Since then, the average family is estimated to be paying an additional [\\$680 per year](#) on top of what they are already paying in medical expenses for the same level of care. In Tennessee, this has impacted residents in rural areas, who have fewer care options the most. Further, [studies](#) have found that a \$10 price increase on prescription drugs would result in a 33% increase in death among patients, particularly those with conditions such as diabetes, asthma, and hypertension, as a result of these patients cutting back on their previously affordable medication that have been made unaffordable.

On behalf of NABIP, I would like to thank you for your attention to this matter. While we all address the issue of drug affordability, it is critical to ensure that patients are not put in a position where they are forced to pay higher costs for drugs.

Sincerely,

Max Karlin

Director of State Affairs, NABIP