



**February 7, 2024**

**To:** The House Committee on Behavioral Health and Health Care

**Fr:** Matt Swanson, SEIU Oregon State Council

**Re:** Support for House Bill 4113

Chair Nosse, Co-Chairs Nelson and Goodwin and Members of the Committee:

Co-pay assistance limits, also called "co-pay accumulators," are policies within private health-insurance plans that prohibit enrollees from using co-pay assistance provided by a pharmaceutical manufacturer to meet their annual deductible. These arrangements can be quite problematic for Oregonians in marketplace or high deductible plans that expose them to a large cost for their care.

Without co-pay assistance limits, enrollees can use co-pay assistance to cover their co-pay until they meet their deductible; after that point, the insurer covers the full cost of the drug. With co-pay assistance limits, enrollees can still use co-pay assistance to cover their co-pay, but it doesn't count toward their deductible. After the assistance runs out, the enrollee has to cover their co-pay themselves, and in many cases doesn't reach their deductible.

However, people who rely on high-cost drugs including people living with ongoing chronic conditions or diseases may not have a lower-cost choice leaving them without options that meet their health needs without putting an undue burden on their finances. For many of these consumers, co-pay assistance is the only way that they can afford their medication.

HB 4113 would prohibit insurers from limiting co-pay assistance when an enrollee is using the assistance for: a drug that has no generic equivalent, or a drug for which the enrollee has gotten prior authorization (i.e., demonstrated medical need). We understand that OEBC and PEBC may need to have more conversation about how this would apply to SEIU members covered by these plans. We look forward to working with the bill sponsor on this concept.