

Chief Executive Officer

Paul Lumley

February 7, 2024

**Board of Directors** 

Delivered verbally

President Miguel Villarreal Kaiser Permanente

Chair Nosse, Vice-Chairs Goodwin & Nelson, and committee members:

Vice President Kris Young

Nike

For the record, my name is Jonathan Frochtzwajg; I'm the Public-Policy Manager for

Secretary William E. Spigner

Cascade AIDS Project, or CAP. Founded in 1983 as a grassroots response to the emerging AIDS crisis, CAP is now the oldest and largest provider of services for people affected by HIV in Oregon.

Treasurer Edwin Kietzman Community Member

I am testifying today in support of House Bill 4113. There are not enough generic HIV treatment medications, so most people living with HIV rely on overpriced brand-At Large Daniel Borgen name drugs. For some, the only way they can afford their meds is by using co-pay New Seasons Market assistance to reach their annual deductible. When insurance companies don't count co-pay assistance toward consumers' deductibles, even for drugs with no generic equivalent, it puts people living with HIV at risk of falling out of treatment,

and undercuts public-health efforts to end the HIV epidemic.

At Large Kaydie Satein PeaceHealth of SW Washington

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Christopher Friend Swire Coca-Cola

Eric Garcia Multnomah County

C.I Grub

Daniel Guilfoyle Native American Youth & Family Center (NAYA)

Craig A. Kolins, PhD Trauma Intervention Program (TIP) Northwest

Sarah Morris Ernst & Young, LLP

John R. Ogden Kaiser Permanente

Insurance companies say they need co-pay assistance limits to prevent consumers from choosing brand-name and other costly drugs over generic, less costly ones. However, HB 4113 only prohibits co-pay assistance limits when a consumer is using the assistance for a medication that has no generic equivalent, or a medication for which the consumer has demonstrated medical need. In other words, if this bill passes, insurers will still be able to limit co-pay assistance for drugs with a generic equivalent, and insurers will still be able to use priorauthorization requirements and other utilization-management techniques to keep consumers on lower-cost drugs.

CAP supports policies that fairly address inflated prescription-drug prices, including establishing upper payment limits. Co-pay assistance limits, or co-pay accumulators, are not fair. Created by insurance companies, not public policymakers, they place the burden of addressing high drug prices on healthcare consumers who have chronic conditions and no good choices. A growing number of public-interest advocates support this bill; in addition to the ones you've heard from here today, these include SEIU, the Oregon Academy of Family Physicians, and the ACLU of Oregon. We hope that you will join us—thank you.

Jeffrey W. Woodcox

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capnw.org