VOTE "NO" ON SB 237
Interferes with Affordable Insurance Coverage, Protects Drug Companies from Consumer Price Pressure

Already rejected by House High-Cost Drug Workgroup:

The House Health Committee's workgroup on prescription drug costs heard extensive testimony on this and similar proposals during its public meetings during the interim. This was not included in the comprehensive proposal that became HB2387, currently pending.

SB237's requirements are impractical and vague:

- The bill requires that 25 percent of the Individual market plans to be copay-only benefit designs for prescription drugs (or if only one plan is offered, that it be a copay-only Rx design), in flat dollar amounts and without any deductibles or coinsurance requirements. It further requires that copays for different cost tiers be "reasonably graduated" and "proportional," vague requirements ripe for conflict in interpretation.
- It may not be possible to design benefits within the existing "metal tiers" with copay-only designs and remain within current metal tier actuarial value requirements.
- Copay-only plans would be much more expensive than other benefit designs, which attempt to balance all benefits to keep premiums as low as possible. SB237's requirements would force reductions in other important benefits, or cause large premium increases due to risk selection issues associated with such a design, or both.

SB237 would protect pharmaceutical manufacturers by hiding the true cost of drugs.

- Flat copays protect pharmaceutical manufacturers from exposure of their direct costs to consumers – this is why manufacturers sponsor ubiquitous copay coupons without regard to patient financial need -- and if mandated would make well-documented drug pricing issues even worse.