

May 3, 2021

The Honorable Rachel Prusak
Chair, House Committee on Health Care
900 Court St. NE, H-489
Salem, OR 97301

RE: Support for SB 560

Dear Chair Prusak, Vice Chairs Hayden and Salinas, and members of the Oregon House Committee on Health Care,

On behalf of the American Kidney Fund, and all of the patients we serve in Oregon, we are writing to respectfully ask for your support of SB 560, which would require any carrier issuing a health plan to count any payments made by a person or on a person's behalf when calculating the enrollee's overall contribution to any out-of-pocket maximum or any cost-sharing requirement under the carrier's health plan.

The American Kidney Fund (AKF) is the nation's leading nonprofit organizations working on behalf of the 37 million Americans living with kidney disease, and the millions more at risk, with an unmatched scope of programs that support people wherever they are in their fight against kidney disease, from prevention through transplant. With programs that address early detection, disease management, financial assistance, clinical research, innovation and advocacy, no kidney organization impacts more lives than AKF. We are also one of the nation's top rated nonprofits, investing 97 cents of every donated dollar in programs, AKF has also received the highest 4-Star rating from Charity Navigator for 19 consecutive years, as well as the Platinum Seal of Transparency from Guidestar.

Due to high cost-sharing requirements and the expensive cost of prescription medications, many patients with chronic and rare diseases depend on financial assistance for their specialty medications. Recently, health plans have been instituting a practice where copayment assistance is no longer counted towards their out-of-pocket cost limits. Known as accumulator programs, this practice coupled with the rise of high deductible health plans makes it difficult, if not impossible, for patients to adhere to their treatment plan.

Many of these plan changes have also been implemented with little to no notification to the member. Patients may not be aware of the change in their plan until they arrive at the pharmacy to pick up their prescription and find out that they must pay for the full cost of the drug. Often times, patients walk away without their needed medication because they simply cannot afford to pay. For those patients that do receive notification, the language can be difficult to understand, even for the most seasoned of healthcare experts. Further, some notifications mislead patients into believing that they will be protected when in fact they are not.

Eight states have so far successfully passed legislation that bans accumulator policies—Virginia, West Virginia, Illinois, Arizona, Georgia, Kentucky, Oklahoma, and most recently, Arkansas—to help protect patients from high out-of-pocket costs. Help Oregon join these states as well as others across the nation in protecting chronic patients everywhere and stopping the use of these dangerous programs.

This bill seeks to address the issues above and would provide essential protections to ensure patients can both afford and stay stable on their medications. We ask for your support on SB 560.

Thank you in advance for your time and for your consideration of this important issue. If you have any questions or would like any additional information people do not hesitate to contact me directly at lgill@kidneyfund.org.

Sincerely,



Lindsay Gill

Associate Director of State Policy and Advocacy

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