



**National
Multiple Sclerosis
Society**

February 7, 2024

Oregon State Legislature
House Committee on Behavioral Health and Health Care

Re: SUPPORT HB 4113 all copays count towards out-of-pocket costs

Chair Noose, Vice Chairs Goodwin & Nelson, committee members,

I am writing today on behalf of the National Multiple Sclerosis Society (the Society) regarding House Bill (HB) 4113 which addresses copay accumulator programs that affect patients' access to health care.

Multiple sclerosis is an unpredictable disease of the central nervous system. Currently there is no cure. Symptoms vary from person to person and may include disabling fatigue, mobility challenges, cognitive changes and vision issues. An estimated 1 million people live with MS in the United States. Early diagnosis and treatment are critical to minimize disability. Significant progress is being made to achieve a world free of MS.

MS is an expensive disease to live with and treat, impacting the healthcare system, health plans and of course, families affected by MS. A person with MS spends three times as much out-of-pocket than the average person in employer plans. Disease modifying treatments (DMTs) are approximately 75% of the cost of treating MS. MS disease-modifying therapies (DMTs) are essential for many people with MS—but their prices have skyrocketed.

As of July 2023, the median brand price of MS DMTs was over \$103,000. Generic alternatives can also be costly, and people with MS do not get to choose which generic is used to fill their prescription. The generic dimethyl fumarate, for instance, ranged in price from \$3,650 to \$48,667. These generics are often placed on specialty tiers with high co-insurance rates, making them as financially out of reach as their brand alternatives. Time on the market also does not guarantee a reduction in cost as 5 out of 7 of the DMTs that have been on the market for at least 13 years are priced over \$100,000 annually and continue to see regular price increases.

Copay accumulators (or accumulator adjustment programs) began from the belief that drug manufacturers' patient assistance programs are discouraging patients and their doctors from choosing generics or less-costly prescription drug alternatives. These programs are used to prohibit prescription drug coupons or other forms of prescription drug manufacturer assistance from applying towards a patient's annual deductible or out-of-pocket maximum amounts.

In MS, copay accumulators make it more difficult for people to get the healthcare they need. As many as 70% of people living with MS rely on copay assistance programs to maintain access to their disease-modifying therapy. With the implementation of copay accumulator programs, people with MS are experiencing higher cost burdens as they struggle with unexpected expenses during their deductible period. It is well-known that people with chronic and high-cost conditions like MS face significant financial hardship each year until their deductible has been met and the full relief of their health insurance kicks in. This hardship is made worse by copay accumulator programs because preventing copay assistance from applying to a person's deductible means it takes them longer to reach the end of the deductible period. Because patients are responsible for 100% of their health care



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costs until the deductible is satisfied, prolonging the deductible period can put other medical needs—such as doctors' visits, rehab therapies, MRIs, or other medications—financially out-of-reach.

The National Multiple Sclerosis Society has called on all stakeholders in the prescription drug supply chain to come together and find real solutions to escalating price increases, barriers to care and a system too complex to navigate. It is reasonable to question the role of copay assistance programs and the potential role they inadvertently play in raising costs or impeding access—but this should not be the first change that happens. Until we find real solutions to the challenges in our healthcare system that prevent people from affordably accessing the care and treatments they need, we cannot rip away the band-aids people have come to rely on—like copay assistance programs. Mechanisms like copay accumulators primarily impact people who are seeking whatever avenue they can find to be able to take their needed medication.

The National MS Society supports solutions that help safeguard access for people who need life-changing medications, without getting them caught in the middle of struggles between other stakeholders. Please support HB 4113. Should you have any questions regarding our position please contact seth.greiner@nmss.org.

Sincerely,

A handwritten signature in blue ink, consisting of several overlapping loops and a long horizontal stroke at the bottom, characteristic of the name Seth Greiner.

Seth Greiner
Senior Manager, Advocacy
National Multiple Sclerosis Society