

Oregon All Copays Count Coalition

February 26, 2024

Representative Rob Nosse
Chair, House Committee on Behavioral Health and Health Care
900 Court St. H-472
Salem, OR 97301



RE: HB 4113 Letter of Support – Oregon All Copays Count Coalition

Dear Chair Nosse and members of the Oregon House Committee on Behavioral Health and Health Care,

The undersigned organizations write to you in support of HB 4113, which would require insurer and health care service contractors to count all payments made on behalf of patients toward deductibles and out-of-pocket maximums.

The Oregon All Copays Count Coalition represents Oregonians living with cancer, chronic and rare conditions who rely on high-cost specialty drugs. In recent years, health insurers have begun implementing new programs that prevent any patient assistance funds from counting toward patients' deductibles and out-of-pocket maximums.

- **What is the impact of prescription financial assistance?**
Two patients with the same disease and prescription can pay totally different prices if they have different insurance. The amount a patient pays for their medicine is determined by their health insurance company and its pharmacy benefit managers (PBMs), who negotiate and set the prices.
- **Why is prescription financial assistance in jeopardy?**
Some insurance companies are changing their policies to no longer allow this kind of financial assistance to count toward a patient's out-of-pocket costs. This means patients could pay thousands of dollars more at the pharmacy or risk going without life-saving medicine because they can no longer afford it. Our healthcare system has many flaws that need to be fixed, but the reality is insurance companies are taking away a cost-sharing tool patients have come to rely on.
- **What will happen to patients if prescription financial assistance is no longer available?**
Patients risk their health and treatment outcomes when they are no longer able to afford medications or ration their prescriptions to stretch dollars. Especially when a patient is not initially aware financial assistance options are no longer accepted by their insurer or counted toward their deductible, it can cause a major disruption to a person's livelihood mid-year.

HB 4113 will help Oregonians continue to access the life-saving treatments they need by requiring that all payments made by or on behalf of a patient count toward their cost sharing obligations.

In a recent study, more than half of respondents with private coverage (55%) report they or their loved one has a high deductible health plan. Out-of-pocket health care costs is the biggest problem affecting these patients and their families.¹ Nearly half of respondents (46%) say they or someone in their immediate household has not been able to afford their out-of-pocket costs.² And, 6 in 10 patients and caregivers say they would have extreme difficulty affording their treatments and medications without copay assistance programs being applied to their out-of-pocket costs.³ In a similar survey conducted in 2020 by the National Psoriasis Foundation, 71% of people with psoriatic disease with incomes between \$50,000 and \$99,999 reported that they would be unable to afford their treatment without copay assistance.⁴

^{1,2} April 29, 2021 study conducted by National Hemophilia Foundation, American Kidney Fund, American Autoimmune Related Diseases Association, Inc, Arthritis Foundation - <https://www.hemophilia.org/sites/default/files/document/files/NHF%20-%20National%20Patients%20and%20Caregivers%20Survey%20on%20Copay%20Assistance%20%28Key%20Findings%29.pdf>

³ April 29, 2021 study conducted by National Hemophilia Foundation, American Kidney Fund, American Autoimmune Related Diseases Association, Inc, Arthritis Foundation - <https://www.hemophilia.org/sites/default/files/document/files/NHF%20-%20National%20Patients%20and%20Caregivers%20Survey%20on%20Copay%20Assistance%20%28Key%20Findings%29.pdf>

⁴ 2020 National Psoriasis Foundation Survey – internal survey may be available upon request

For people with arthritis, cancer, HIV, multiple sclerosis, psoriasis, hemophilia and other chronic conditions, specialty medications are often the only effective treatment options available. The high-cost specialty medications required to manage these complex conditions are consistently placed on the highest cost-sharing tier of health plan formularies.

When facing high out-of-pocket costs, patients do not use their medications appropriately, skipping doses to save money or abandoning treatment altogether. **Studies have shown that patients are far more likely to abandon their treatment when out-of-pocket costs exceed \$100.**⁵ Unfortunately, patients who stop using their medications due to high costs end up having more emergency room visits and negative health outcomes, which increases overall health care costs.

Insurance carriers have said that by implementing programs that prevent the use of copay assistance programs counting to out of pocket costs helps reduce health care spending by encouraging patients to try cheaper alternatives; however, when patients do not have access to the medications they rely on, health care spending increases. **Possibly even more importantly, a vast majority of copay assistance is used for treatments that do not have a generic alternative.** A study of claims data by IQVIA found that 99.6% of copay cards are used for branded drugs that do not have a generic alternative.⁶

To date, nineteen (19) other states, the District of Columbia and Puerto Rico have passed similar legislation to ensure all copays count toward insurance deductibles and out-of-pocket maximums. **We respectfully request that you make Oregon the next state to protect patients from unmanageable out-of-pocket costs through HB 4113.**

Respectfully submitted,

Aimed Alliance

AiArthritis

Alliance for Patient Access

ALS Association

American Cancer Society Cancer Action Network

American Diabetes Association

Arthritis Foundation

Association for Clinical Oncology

Biomarker Collaborative

Caring Ambassadors Program

Cascade AIDS Project

Chronic Disease Coalition

Coalition of State Rheumatology Organizations

Community Oncology Alliance

Disability Rights Oregon

Exon20 Group

Global Healthy Living Foundation

Hemophilia Federation of America

HIV Alliance

HIV+Hepatitis Policy Institute

Immune Deficiency Foundation

Infusion Access Foundation

ICAN, International Cancer Network

Looms for Lupus

Lupus and Allied Diseases Association, Inc.

Lupus Foundation of America

MET Crusaders

National Bleeding Disorders Foundation

National Eczema Association

National Infusion Center Association

National Multiple Sclerosis Society

National Psoriasis Foundation

Oregon State Pharmacy Association

Pacific Northwest Bleeding Disorders

PD-L1 Amplifieds

Susan G. Komen

The AIDS Institute

The EveryLife Foundation for Rare Diseases

⁵Gleason PP, Starner CI, Gunderson BW, Schafer JA, Sarran HS. Association of prescription abandonment with cost. <https://pubmed.ncbi.nlm.nih.gov/19803554/>

⁶IQVIA. An Evaluation of Co-Pay Card Utilization in Brands after Generic Competitor Launch.

<https://www.iqvia.com/locations/united-states/library/fact-sheets/evaluation-of-co-pay-card-utilization>