

National Multiple Sclerosis Society
Comments Regarding Ohio House Bill 63

Holly Pendell
Director, Advocacy & Activist Engagement

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The National Multiple Sclerosis Society is grateful for the opportunity to submit comments in support of House Bill 63. We thank Representatives Lipps and West for introducing legislation that if passed, will increase transparency at the pharmacy and potentially lower the cost of medication for people living with multiple sclerosis (MS).

Multiple sclerosis is an unpredictable, often disabling disease of the central nervous system that disrupts the flow of information within the brain, and between the brain and body. Symptoms range from numbness and tingling to blindness and paralysis. The progress, severity and specific symptoms of MS in any one person cannot yet be predicted, but advances in research and treatment are leading to better understanding and moving us closer to a world free of MS. MS affects more one in every 300 people.

Research shows that early and ongoing treatment with a disease-modifying therapy is the best way to modify the course of relapsing forms of MS, prevent the accumulation of disability, and protect the brain from damage. Yet, many people living with MS cannot access the medications they need to live their best lives. Continually escalating prices are creating significant barriers to treatment, including higher costs, increased stress, and a greater burden for those who already live with a chronic, life-altering condition. This is in addition to confusing and inconsistent formularies and complex approval processes. These challenges led to the National MS Society releasing comprehensive recommendations about how to make medications more affordable and the process for getting them more simple and transparent. These recommendations can be accessed at www.nationalmssociety.org/MakeMedsAccessible.

There are currently over a dozen disease-modifying therapies on the market to treat MS. In 2018, the median price of these therapies is \$80,442 a year. The three generics are for the same brand product and cost between \$63,000 and \$65,000 per year. Of the eight products that cost more than the median price, more than half have been on the market for eight years or longer, some as long as 25 years. Despite longevity on the market, since 2012, annual price increases for MS disease-modifying therapies have ranged from 3.5% to 27%. While people living with MS typically do not pay the full amount, there are many cases of people who stop treatment because of high out of pocket costs and even more cases of non-adherence. People with MS also take a number of symptom management medications that are impacted by PBM practices, and every bit of savings helps when living with a complex, lifelong and expensive condition like MS.

Drug pricing is complex and there is dire need for increased transparency across the system. In recent years it has been uncovered that consumers may be paying more than the actual cost of their medication (the price negotiated by the Pharmacy Benefit Manager) at the pharmacy. This can happen if the consumer has not yet met their deductible and pays the co-pay or co-insurance required by their insurer, even though their copay or coinsurance is more than the actual cost of the drug or the Pharmacy Benefit Manager (PBM)s negotiated price. Compounding this issue is the fact that many PBMs have a non-disclosure or “gag clause” in the PBM/pharmacy contract which prohibits pharmacists from informing

the consumer that they could save money by paying for their medication outright. Pharmacists who violate the contract may be penalized with fees or be pulled from the network.

House Bill 63 will prohibit a health plan or PBM from directing a pharmacy to charge a patient an amount greater than the pharmacy's cash price or the net reimbursement to the pharmacy. This ensures that regardless of any copay gimmicks, the patient will pay the lowest possible amount at the pharmacy counter. There is increased pressure on all health care consumers to make good choices. Yet, people have very little information about price and cost to make informed decisions. One way to ensure that information is provided fairly and consistently is to protect pharmacies and pharmacists who tell their customers that they could be paying less for their medication. House Bill 63 will prohibit a health plan or PBM from forcing a pharmacist to remain silent about price options for the customer.

The Ohio Department of Insurance is to be applauded for taking a first step towards addressing the role of Pharmacy Benefit Managers in prescription drug pricing, still legislative action is needed. Medications must be affordable, and the process for getting them simple and transparent. House Bill 63 offers two common-sense provisions that will lower costs for patients and allow pharmacists to be transparent with customers about critical pricing information. Ohio lawmakers have an opportunity to address soaring drug prices by passing House Bill 63. Thank you for considering this legislation, please let us know if we can be of assistance to you and your work in the future.

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