Good morning Chairman Lipps, Vice Chairman Manning, Ranking Member Boyd, and Members of the Committee. Thank you for the opportunity to testify in support of House Bill 469, legislation that will remove discriminatory policies that often negatively impact consumers trying to meet their mandated health insurance cost-sharing responsibilities. This legislation is overwhelmingly supported by numerous patient groups and professional health care organizations, which are listed on the second page of my testimony.

HB 469 is needed to assist our constituents who find themselves increasingly subjected to more out-of-pocket costs as part of their insurance coverage. In an effort to help these patients, co-pay assistance programs through third parties, (such as charities, foundations, churches and drug manufacturers), help patients with chronic, complex conditions by covering the additional costs they are required to pay for their prescription drugs. The assistance provided through these programs is designed to simply help patients meet their ever-increasing insurance deductible and coinsurance requirements. Patients have told me this assistance is crucial in allowing them to save thousands of dollars each month on their prescription coverage and to be able to meet their other medical and insurance plan costs. These cost-sharing programs are based on financial need and exist to help patients pay for innovative prescription drugs for which no generics currently exist.

In an effort to shift costs back onto the patient, health insurers have recently begun to institute policies that prevent these copay assistance programs from applying toward a patient's deductible and coinsurance. Patients are often told they can use the co-pay assistance but that the insurer will not apply the value of that assistance to their mandated out-of-pocket requirement. In addition, patients are often unaware of this practice until well into their coverage year. They then receive notice that the amounts the patient thought were previously fulfilled, have not been counted at all. Representative West and I were recently told by one patient group that their insurer sent them notice that only the enrollee (not even a spouse, parent or other family member) could submit payment and have that count to their out-of-pocket requirement due to this increasing practice.

I want to be clear about one crucial issue. The language contained in HB 469 does nothing to prevent the use of medically appropriate generic medications for patients through their health insurance coverage and application to out-of-pocket expenses.

The goal of House Bill 469 is to help patients reduce their out-of-pocket costs by allowing the payments from copay assistance programs or other financial assistance programs to
count toward a patient’s deductible and coinsurance. Similar legislation has already been passed in West Virginia, Virginia, Illinois, and Arizona, with legislation under consideration in North Carolina, Kentucky, and Indiana. This bill strives to protect patients who are being blindsided by unfair policies when learning they owe thousands of dollars because of unmet deductibles.

I am grateful to Representative West for his partnership on this important legislation and look forward to answering any questions you may have. Thank you.

The following organizations support efforts to stop discriminatory policies:

AIMED Alliance
American Autoimmune Related Diseases Association
American Cancer Society Cancer Action Network
American Diabetes Association
Arthritis Foundation
Association of Women in Rheumatology
BioOhio
Cancer Support Community Central Ohio
Chronic Disease Coalition
Coalition of State Rheumatology Organizations
Crohns & Colitis Foundation
Epilepsy Foundation
Equitas Health
Global Healthy Living Foundation
Immune Deficiency Foundation
Little Hercules Foundation
Mental Health & Addiction Advocacy Coalition
Mental Health America Franklin County
National Infusion Center Association
National Multiple Sclerosis Society
National Organization for Rare Disorders
National Organization of Rheumatology Managers

National Psoriasis Foundation
Ohio Academy of Nutrition and Dietetics
Ohio Association of Rheumatology
Ohio Bleeding Disorders Council
Ohio Chapter, American Academy of Pediatrics
Ohio Chapter of American College of Cardiology
Ohio Chapter of the National Association of Pediatric Nurse Practitioners
Ohio Dermatological Association
Ohio Foot and Ankle Medical Association
Ohio Hematology Oncology Society
Ohio Osteopathic Association
Ohio Pharmacists Association
Ohio Psychiatric Physicians Association
Ohio Psychological Association
Ohio Sickle Cell and Health Association
Ohio State Grange
Ohio State Medical Association
Pharmacists United in Truth & Transparency
The AIDS Institute
The Academy of Medicine of Cleveland and Northern Ohio