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June 1, 2020

House Committee on Health  
1 Capitol Square  
Columbus, Ohio 43215

**Re: Support for HB 469**

The Coalition of State Rheumatology Organizations (CSRO) is a national organization composed of approximately 40 state and regional professional rheumatology societies, including our member society in Ohio. CSRO was formed by physicians to ensure excellence and access to the highest quality care for patients with rheumatologic, autoimmune, and musculoskeletal disease. It is with this in mind that we write to you in support of HB 469.

**As you consider HB 469, CSRO would like to voice its support.**

Rheumatologists are entrusted with the safe care of patients with rheumatoid arthritis and other autoimmune diseases that require the careful choice of safe and effective pharmaceutical and biological therapies. In many cases, this entails prescribing life changing, albeit expensive, breakthrough drug therapies. Despite this, rheumatologists are not unconcerned with the financial impact that these therapies have on patients. Indeed, the increasingly untenable financial burden borne by patients with musculoskeletal illnesses has had undeniable consequences for therapy adherence and ultimate patient outcomes.

**HB 469 prevents double dipping by health insurers, and avoids serious health consequences for patients.**

Insurers and pharmacy benefit managers are currently implementing alternative cost-sharing structures also known as “accumulator adjustment programs.” These programs prevent the value of co-pay assistance from being applied towards a patient’s deductible as an out-of-pocket expense. In the past, once the value of a patient’s co-pay assistance was depleted, a patients’ deductible had been met, ensuring they could afford otherwise financially inaccessible drugs. Under these programs **insurers will pocket the value of the co-pay card in addition to extracting the full deductible value from the patient.** Due to the move towards high deductible health plans, and the inherent costliness of the drugs used to treat complex chronic conditions, most patients will not be able to afford their medication once the co-pay card benefit is exhausted, and they are forced to start paying off their deductible. This will result in otherwise stable patients discontinuing their treatments, allowing for adverse effects.

It must be noted that physicians treating complex chronic conditions take great care in their treatment recommendations. Stabilizing a patient's musculoskeletal illness is a process that can take months or even years of trial and error. The resulting course of treatment arises from the attentive balancing of the patient's unique medical history, and the clinical characteristics of the drugs being used.

Rheumatologists do not prescribe expensive medications idly. Drug pricing in the United States is not value based, and expensive medications are prescribed because they are medically necessary. Although many drugs have less expensive alternatives that are in the same therapeutic class, in many cases these alternatives are not suitable due to unique characteristics of each patient's medical history and disease state. Where these alternatives are appropriate, physicians should be trusted to prescribe them. **In some cases even, patients are prescribed an innovator product that has no competing generic; accumulator adjustment programs leave them without recourse in properly treating their disease.**

CSRO recognizes that co-pay assistance programs are not an ideal substitute to care that is affordable in the first place. However, co-pay assistance remains the only option many patients with chronic conditions have to afford their medically necessary treatments.

We urge you to support this legislation, which prevents insurers from discriminatorily punishing patients with complex chronic conditions.

Respectfully,

A handwritten signature in black ink that reads "Madelaine Feldman". The signature is written in a cursive style with a large, stylized initial "M".

Madelaine Feldman, MD, FACR  
President, CSRO