



Proponent Testimony – House Bill 482

Lisa Raterman, Chair

Ohio Bleeding Disorders Council

House Health Committee

November 10th, 2020

Chairman Lipps, Ranking Member Boyd, and members of the House Health Committee, thank you for the opportunity to submit testimony in support of House Bill 482 sponsored by Representatives Randi Clites and Susan Manchester. My name is Lisa Raterman and I am the Chair of the Ohio Bleeding Disorders Council.

The providers, parents, and patients who make up the Ohio Bleeding Disorders Council (OBDC) strongly support HB 482 as it would protect Ohioans who receive life-saving medications through the federal 340b program.

Bleeding disorders are characterized by the inability of the patient to form a proper blood clot. These patients will often experience extended bleeding after injury, surgery, trauma or other health issue. Sometimes the bleeding is spontaneous, without a known or identifiable cause.

The two main types of bleeding disorders are Hemophilia and von Willebrand Disease. In one-third of cases, there is no family history of hemophilia. In Ohio, there are more than 1,200 individuals living with hemophilia and 1,500 living with von Willebrand Disease. This is one of the largest populations nationwide.

Since its establishment nearly 30 years ago, the 340b Drug Pricing Program has had an extraordinarily positive impact. Under the program, pharmaceutical manufacturers must sell outpatient drugs at a discounted price to certain providers and facilities. Those facilities can then utilize the savings from the 340b program for patient care, outreach, or other health promotion activities.

Across Ohio, hemophilia treatment centers and hospitals utilize the 340b program for the benefit of Ohioans living with a bleeding disorder. Unfortunately, we have

seen a growing trend of health plans attempting to require providers to forfeit 340b savings as part of their contract requirements to be enrolled under the plan's coverage. HB 482 would prohibit this practice and ensure that 340b providers can continue to receive the benefits that they are entitled to.

It is important to note that the ultimately beneficiaries of 340b are patients who receive drugs and treatment from these providers. Without the protections that HB 482 affords, I worry that the effectiveness of the 340b program will continue to be challenged to the ultimate detriment of patients living with a bleeding disorder.

I hope that the committee will move quickly on HB 482. Thank you for your time and consideration.