



Proponent Testimony – House Bill 469

Lisa Raterman, Chair

Ohio Bleeding Disorders Council

House Health Committee

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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 469, sponsored by Representatives Susan Manchester and Thomas West. My name is Lisa Raterman and I am the Chair of the Ohio Bleeding Disorders Council.

As you know, HB 469 would protect patients by limiting the use of copay accumulator adjuster programs. The providers, parents, and patients who make up the Ohio Bleeding Disorders Council (OBDC) strongly support HB 469 as it would provide much needed relief to Ohioans living with a bleeding disorder.

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.

For patients living with a bleeding disorder, clotting factor is an essential prescription drug that can cost several thousand dollars a month depending on the severity of the patient's condition. To assist with the cost of necessary drugs, pharmaceutical manufacturers and non-profits often provide copay assistance to patients. For patients receiving copay assistance, it is often the difference between having or not having an adequate supply of life sustaining medications - in short, it is essential.

In recent years, health plans have begun implementing accumulator adjuster programs that diminish the benefits of copay assistance. Under these programs, copay assistance is still permitted to be used to satisfy the patient's copay when they pick up their prescription. However, the amount spent using a copay assistance card is not applied to the patient's deductible or maximum out-of-pocket expense. As a result, patients must still pay several thousand dollars after exhausting their copay assistance before they reach their deductible.

Most patients living with a bleeding disorder will exhaust their deductible in the first month or two of a plan year. This means the copay assistance a patient receives often saves them thousands of dollars. By not applying copay assistance to a patient's deductible, health plans are increasing the amount they collect through copays before a deductible is met. The end result is a significant increase in cost for the patient. It is important to note that no generic drugs exist for clotting factor and other hemophilia medications, meaning patients often have only one or two choices for a prescription.

With prescription drug costs continuing to increase, copay assistance programs are extremely important to Ohioans living with a bleeding disorder. Many patients who are impacted by a copay accumulator adjuster program often are unaware until they have to start paying out-of-pocket after they exhaust their copay assistance. This is due to the fact that health plans typically use confusing language in plan disclosures to describe the new policy. Patients with a preexisting condition like hemophilia often have few choices for coverage and therefore have no options but to find a way to cover the additional expense.

Living with hemophilia is a daily challenge for patients and parents and the costs are significant. These families need the protection afforded by HB 469, especially given the current COVID-19 pandemic and economic struggles our society is facing.

In closing, I want to commend the bill sponsors and cosponsors for introducing this important legislation. Thank you for your attention and consideration of HB 469.