House Health Committee

HB 135 Testimony

March 9, 2021

Good morning, Chairman Lipps, Vice Chair Holmes, Ranking Minority Member Russo, and the members of the House Health Committee. My name is Aaron Clark and I am the Chief Healthcare Operations Officer at Equitas Health and a pharmacist by trade. Thank you for the opportunity to talk about the importance of implementing protections for patients who are experiencing a cost shift *away* from insurance companies onto them, while also having to shoulder the rising costs of medications, including high priced specialty drugs.

Equitas Health is a nonprofit, community-based health care organization that serves patients throughout Ohio and in neighboring states through a diverse set of services, including primary and specialized medical care, behavioral health care, dental care, pharmacy, HIV/STI prevention, advocacy, and case management. We are a Federally Qualified Health Center and the largest Ryan White Program provider in the state. We operate four health centers and pharmacies in Columbus, Dayton, and Cincinnati. Our mission is to be the gateway to good health for those at risk of or affected by HIV/AIDS, for the LGBTQ+ community, and for those seeking a welcoming health care home.

As the person at Equitas Health responsible for overseeing operations of our medical centers and pharmacies, I strive to ensure that every patient who walks in our doors receives the medications and pharmacy care they need. For our patients, many of whom live with HIV and other chronic physical and behavioral health conditions, this quite literally is a matter of life or death.

Just last year I had the opportunity to speak to this committee regarding co-pay accumulator legislation. During my testimony, I shared with you the moment I discovered that some of our patients were reporting that their insurance companies were not counting amounts paid by

manufacturer copay cards or other assistance sources toward their deductible. I would like to retell a story that I shared in my testimony last year.

In 2019, Jason was a 36-year-old male living with HIV for 7 years. Over the past several years, he had changed HIV regimens a couple times, as his physician wanted him to be on the simplest, most effective medication with the fewest side effects. For five years Jason remained virally suppressed, meaning that he *could not* sexually transmit HIV and should be able to live a normal life. He was diligent at ensuring that he took his medication, and never missed a dose.

Jason had a full-time job with decent insurance coverage. Jason preferred using a local pharmacy, but his insurance plan required him to use a specific mail-order pharmacy. Though it was not his preference, he used the mandated pharmacy. His new plan year started in January 2019, and he filled his HIV medication in January and February with no out-of-pocket cost. When he filled his prescription in March though, the mail-order pharmacy told him that his copay would be almost $2000.00. Jason was stunned. He told the pharmacy representative that he should not have a copay, as he had insurance through his employer, as well as a copay assistance card to pay for the remaining copay. To Jason's surprise, the pharmacy representative stated that the amount owed was for his deductible, because his insurance no longer allowed his copay assistance card to be applied toward his deductible.

Jason was devastated. He was unexpectedly being asked to pay $2000.00 for a life-saving medication, and he could not afford to pay. Luckily for Jason, he reached out to my team at Equitas Health and we refused to let him go without his medication or have to shoulder this surprise exorbitant price. We spent hours calling Jason's insurance company and employer to get special approval to circumvent the policy.

What Jason experienced is what insurance companies refer to as copay accumulators – a mechanism by which insurance plans preclude external assistance programs from counting toward patient deductibles and out-of-pocket maximums. Copay accumulators are a public health issue that affect the patient, and may also affect the overall community, as this case demonstrates. If patients like Jason are able to continue taking their HIV medications, they can remain virally

suppressed, and not be able to transmit HIV to others. Alternatively, if they are unable to take their medications because they cannot afford them, their health will likely deteriorate, they won't be able to remain virally suppressed, and ultimately they risk transmitting HIV to others.

A prevalent argument in opposition to this bill is that insurance companies should not have to absorb the high cost of medications. My response – as someone whose every day job requires understanding the minutiae of drug pricing and advocating on a patient-by-patient basis for coverage of life-saving medications – is that the health care and drug pricing systems are undoubtedly broken and in need of repair. However, the system should not shift costs onto the backs of vulnerable patients instead of or while working on long-term solutions.

Additionally, I want to dispel the notion that this state law change is unnecessary because the Trump Administration finalized a regulation permitting insurance companies to implement copay accumulators. Quite to the contrary. By enacting HB 135, you will provide needed protections to vulnerable Ohioans.

For patients living with life-altering conditions that often require specialty or other expensive brand name medications, we should strive to ensure that barriers are removed, patients have access to the medications they need, and high costs of care are not shifted to those least able to shoulder the cost burden. Copay accumulators are one of those barriers that we must remove, and that is why this bill is so important. I urge you to support HB 135. Thank you.

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