

03/08/2021

Representative Scott Lipps
Chair, House Health Committee
77 S. High St, 13th Floor
Columbus, OH, 43215

Dear Chairman Lipps and Members of the Health Committee,

I am writing in support of House Bill 135. My name is Rev. David Hoffman, and I live in Marion County, Ohio. I serve on the Ohio Cystic Fibrosis Legislative Taskforce and as a member of the Parent Advisory Committee of the Children with Medical Handicaps Program of the Ohio Department of Health. My wife, Melissa, and I are proud parents of twin daughters, Alyson and Andrea, living with cystic fibrosis (CF). While we are covered by robust private insurance, our employer provides coverage through a High Deductible Healthcare Plan (HDHCP). CF is a costly disease affecting over 1500 Ohioans who require multiple specialty medications and constant adherence to a treatment plan which includes frequent visits to specialty care with their pulmonologist and care team. A majority of those living with CF are covered primarily through private health insurance. As you can imagine, we meet our health insurance deductible within the first weeks of the new year. This situation can be financially devastating to families like ours.

Drug manufacturers' assistance programs, co-pay cards, discount medication assistance, and third-party organizations can help families make ends meet during those first weeks of a new coverage year. Providing medications at little to no expense to the family. However, that co-pay assistance does not count towards the family's deductible or out-of-pocket maximums. While this assistance helps the family in the short term, long term, the family is still responsible for meeting their deductible and out-of-pocket maximums.

Fortunately, our family's HDHCP is capped at \$7,000.00 and pays 100% after the deductible is met. Our pharmacy plan deductible is also embedded in our HDHCP. This level of coverage, however, is not the case with most plans. Typical plans have separate deductibles for pharmacy, and some even have additional deductibles for specialty pharmacy medications. Also, keep in mind most private insurance plans require co-pays of 10% to 20% after the initial deductible is met. According to the Kaiser Family Foundation, the average coinsurance rates are 18% for primary care and 19% for specialty care.ⁱ These charges can easily cost the family thousands of dollars annually. This change in legislation can help families meet their deductibles by acknowledging the costs paid on their behalf. For example, if a covered individual receives a coupon for a drug which stipulates that the manufacturer of the drug will pay the copayment for the drug, then, under the bill, such a payment would have to be counted toward any cost-sharing requirement the covered individual's health benefit plan might impose.ⁱⁱ

Many of the specialty medications required to treat the symptoms of CF do not have generic equivalents. This change in legislation does not apply to cost-sharing for a brand prescription drug for which there is a medically appropriate generic equivalent unless the prescriber determines that the brand prescription drug is medically necessary.

HB 135 will assist many Ohioans living with diseases and conditions requiring high-cost specialty medications to make ends meet and live longer and healthier lives.

Thank you for this ability to offer my testimony.

Rev. David Hoffman
344 Durfee Drive
Marion, OH 43302
dhoffman@epworthumc.org

ⁱ <http://files.kff.org/attachment/Report-Employer-Health-Benefits-Annual-Survey-2019>

ⁱⁱ Ohio Legislative Service Committee Bill Analysis, 02/25/2021