

**Proponent Testimony on House Bill 177**  
**House Public Health Policy Committee**  
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Chairman Lipps, Vice Chairman Stewart, Ranking Member Liston and members of the committee, my name is Dana Zager, and I am a Clinical Social Worker for the Zangmeister Cancer Center in Columbus, Ohio. On behalf of the physicians, myself (I am the only social worker), patient financial counselors, and patients at the Zangmeister Cancer Center, I appreciate the opportunity to submit testimony in strong support of House Bill 177.

I would like to share with you what our patients experience with a copay accumulator. As a clinical social worker, I work directly with patients. Copay accumulator policies prevent my patients, most of whom need financial assistance, from meeting their out-of-pocket maximums. Insurance design has created such extraordinary out-of-pocket costs for patients that we increasingly watch them find the cost of cancer care prohibitive leaving them forced to limit and even walk away from their treatments. The financial bridge offered by foundations and manufacturer copay card programs makes it possible for patients to stay on treatment but is subsequently taken away when insurers implement copay accumulators.

The unnecessary financial harm by insurers and pharmacy benefit managers on patient care through copay accumulator policies has a devastating effect on a patient's prognosis and potentially their survival. And these patients **want** to survive. Today, I serve patients who have given up everything, wiped out their savings, declared bankruptcy and are living in their cars and homeless shelters – just for a chance to live.

Every bit of financial assistance my patients receive is critical because surviving cancer is not just about having the right medication. There is constant testing, treatments, hospitalizations, illness, infections, nutritional needs, check-ups, home care, physical therapy, mental health challenges, housing, and even transportation issues to name just a few of the hurdles they face – all of which have exorbitant out-of-pocket costs. All of these necessary aspects of daily living become barriers to care when a patient is left to choose between paying for care or maintaining their life, family, and quality of living.

And from my own experience, copay accumulators impact all patients with chronic and life-threatening diseases. My son uses medication that has a nationwide shortage. For weeks I had to challenge our insurer, because of bad insurance design, to gain access to his medication without having to pay \$500 rather than my \$10 copay, and this was for a generic version of the drug. I know how insurance works and how to navigate the red tape. But it still took me almost a month to access my son's medication. A cancer patient who is struggling physically and mentally and has little or no understanding or experience with their health insurance, **DOES NOT** stand a chance of navigating the insurance system.

Many drug manufacturers, charities, and foundations offer copay assistance to commercially insured patients to help them afford their prescription medications. Almost half of all cancer patients are commercially insured (not on Medicare or Medicaid) and may qualify to use this assistance to help pay insurance deductibles, copays, and/or coinsurance to reduce out-of-pocket drug costs. Under copay accumulator policies, which deny the value of the third-party assistance from applying to the patient's out-of-pocket maximums, this shifts the costs of cancer treatment back to our patients who we are trying desperately to help.

Patients who rely upon assistance programs for expensive therapies are the most vulnerable. Patients are often working full-time to afford the out-of-pocket costs associated with their illness, and for many, copay accumulator programs make out-of-pocket costs unsustainable. We see the devastating impact on their mental health when the humiliation of not being able to afford their treatments hits them. Some refuse to put the burden of their treatment on their family and simply walk away.

Insurers and PBMs selfishly utilize copay accumulator programs and double dip to their benefit, not to help patients in need. I work with patients who simply cannot afford to pick up their prescriptions. They need financial assistance from copay cards and foundations to be applied to their deductible. Patients are choosing between such life sustaining things as feeding their family and paying utility bills versus their cancer medications. When assistance is available to them, they are forced by their insurer to pay additional money unfairly. This surprise billing is very misleading and confusing.

Zangmeister providers believe strongly in using the lowest-cost, highest quality treatments for their patients. Our physicians carefully determine with the patient what is their best treatment – those are decisions which should not be made by the insurer. As you may have heard before, almost all patient assistance programs are for drugs with no generic or biosimilar alternatives. There are often no lower-cost alternatives or generic drugs available to treat these diseases. Cancer patients are fighting cancer today, they do not have the luxury to wait for tomorrow. To delay treatment until a less-expensive generic version of their medication becomes available in the future could greatly impact the outcome of their treatment and ultimately their lives.

Over the past ten years, as cancer treatments have advanced greatly and survival has increased, treatment decisions have changed from sole care-based decisions to financial decisions. As more and more patients are forced into high-deductible health plans, this concern is exacerbated. I vehemently oppose the use of copay accumulator programs for all financially vulnerable patients and strongly urge you to pass HB 177.