

Ohio Senate – Health Committee
Proponent Testimony HB 177
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Thank you for the opportunity to share my story today. In October 2018, I received a bill for \$2,326.24 for a MRI. MRI's are a regular test for multiple sclerosis (MS) patients like me, and my mother, to help track the status and any progression of our disease. I thought the bill must have been a mistake. I had a statement from my health insurer showing I had already met my deductible for the year. I could not understand why I was being billed this large amount when I always meet my deductible with the cost of my monthly prescription medications.

My insurance company informed me that the financial assistance I had received from my drug company to help pay for my medication was no longer being counted toward my deductible. This new rule had been buried in the fine print of my health insurance policy and I was not aware of the change. There is a wide variety of names for these discriminating policies, but most are referred to as copay accumulators.

As a newlywed, it was important for my husband and I to organize our finances as a couple, so needless to say we were both upset to receive this unexpected bill and others that followed. Even with us saving for a rainy day, there was no way we could plan for \$4,000 in unplanned costs.

Copay accumulator programs are used by insurers to stop prescription drug coupons or other forms of charitable assistance from applying towards a patient's annual deductible or out-of-pocket maximum amounts, even though the insurers are receiving full payment for the medication. It is frustrating that insurers get to keep both the assistance payment and any copays paid directly by me while in the deductible phase – it is a double-dip that jeopardizes the health of patients.

My annual medication costs are over \$100,000 and not being able to use any patient assistance toward my co-pay is a financial hardship to say the least. I have health insurance through my employer. A person with MS spends three times as much on out-of-pocket costs than the average person with an employer plan and our medications are 75 percent of the costs to treat MS.

Insurers claim that they no longer allow coupons because it encourages physicians and patients to use more expensive name-brand medications and encourage generics. Medicines such as the ones I use are critical to slow the progression of my MS. There are very few medications to treat our illness - currently over 20 brand-name and only three generics. Insurers should not be allowed to discriminate against MS patients like me with copay accumulator adjustor policies just because most of our medications are name-brand. Almost 40 percent of people living with MS rely on some form of copay assistance to have access to their disease-modifying therapy.

Patients with chronic and complex conditions face significant financial hardship each year until our deductibles have been met and our health insurance benefits apply. By stretching out our deductibles, our other needs such as MRI's, doctors' visits, physical therapy, and other medications are financially out-of-reach. Patients are forced to be less adherent to their drugs and face worse health outcomes – costing everyone more in the long run.

Ohio House Bill 135 will direct insurers to accept all forms of payments toward deductibles, whether a manufacturer coupon, a church or civic donation, or help from friends and family. This bill does not do anything to get in the way of insurers requiring a patient to use a generic version of a medication if one is available. Ohioans need all forms of payment, regardless of where it comes from, to count towards

our out-of-pocket deductibles. Please pass HB 177 for me, my mother and countless Ohioans living with MS.