



**Senate Bill 207 – Proponent Testimony**  
**Willa Bluestone, Director of Policy**  
**Ohio Life Sciences Association**

Chairman Wilson, Vice Chair Lang, Ranking Member Craig, and Members of the Senate Financial Institutions, Insurance, and Technology Committee, my name is Willa Bluestone, and I serve as the Director of Policy for Ohio Life Sciences Association. As the statewide organization representing over 4,800 life-sciences organizations, we thank you for this opportunity to provide written proponent testimony for Senate Bill 207.

The life sciences industry in Ohio has emerged as one of the U.S.’s core hubs for research, development, discovery, and manufacturing of new cures and treatments for patients suffering from some of the most life-threatening diseases and chronic conditions. Patients are at the very heart of the life-sciences industry. This ecosystem as a whole exists to help people live healthier lives. We rely on innovation and forward thinking to ensure that breakthroughs in the labs are deliverable to patients.

As an industry, we are disheartened to see so many payers still utilizing co-pay accumulator programs — a practice designed to increase payer profits at the cost of the patient. The mechanism is complex: third-party payments or manufacturer patient assistance programs (co-pay support) are applied by the payer or pharmacy benefit manager in a way that does not count toward a patient’s deductible or out-of-pocket maximum. Thus, the patient is forced to meet the same cost-sharing obligations as if that third-party payment did not exist, meaning they face higher financial burdens and increased risk of treatment disruption.

SB 207 addresses precisely this issue. The bill would prohibit health insurers, sickness and accident insurers, and pharmacy benefit managers from enforcing cost-sharing practices that exclude third-party cost-sharing assistance from counting toward the enrollee’s deductible or out-of-pocket maximum. Senate Bill 207 It ensures that all payments made on behalf of a patient—whether from the patient directly, or via assistance programs—are credited toward their cost-sharing obligations. This reform is about fairness and access: when a patient qualifies for co-pay assistance to stay on a prescribed therapy, that assistance should not be rendered meaningless by benefit design. It protects patients from unexpected financial barriers, particularly those living with chronic or rare diseases who often rely on costly therapies and assistance programs to afford them. There is growing evidence that when patients are exposed to cost-sharing burdens, adherence drops, outcomes worsen, and total health-care costs rise<sup>1</sup>.

Importantly, SB 207 does not require insurers or PBMs to cover a drug, expand formularies, or eliminate cost-sharing altogether. Rather, it ensures transparency and fairness in how cost-sharing is

---

<sup>1</sup> <https://aidsinstitute.net/documents/TAI-2024-Report-2.27.pdf>



Ohio Life Sciences

counted — which is consistent with good benefit design and patient-centered care. In short: payments made on behalf of an individual to enable them to receive the life-saving medication they have been prescribed must be applied to the patient’s deductible and out-of-pocket costs.

The overall goal remains the same for researchers, manufacturers, providers, and patients — ensure the highest quality of healthcare at the lowest possible price to the patient. SB 207 supports that goal by enabling greater continuity of care, lowering out-of-pocket costs for patients, and giving more Ohioans access to the medications they need.

Thank you, Chairman Wilson, for the opportunity to provide written proponent testimony on SB 207. Ohio Life Sciences is proud to stand with Senator Manchester and Senator Liston as lead sponsors, and with all proponents of this long-overdue legislation. We welcome any questions or further discussions that may arise as a result of this testimony.

Willa Bluestone  
Director of Policy  
Ohio Life Sciences Association