



*Proponent Testimony – Senate Bill 263*

**Lisa Raterman, Chair**

**Ohio Bleeding Disorders Council**

*House Health Committee*

**December 8<sup>th</sup>, 2020**

Chairman Lipps, Ranking Member Boyd, and members of the House Health Committee, thank you for the opportunity to submit testimony in support of Senate Bill 263, sponsored by Senator Bob Hackett. My name is Lisa Raterman and I am the Chair of the Ohio Bleeding Disorders Council.

Let me start off by saying thank you to this committee for favorably reporting House Bill 482 out last week. 340b programs support critical services for Ohioans with a bleeding disorder and we appreciate your defense of these programs. The providers, parents, and patients who make up the Ohio Bleeding Disorders Council (OBDC) strongly support Senate Bill 263 as it would protect Ohioans who receive life-saving medications through the federal 340b program.

Bleeding disorders are characterized by the inability of the patient to form a proper blood clot. These patients will often experience extended bleeding after injury, surgery, trauma or other health issue. Sometimes the bleeding is spontaneous, without a known or identifiable cause.

The two main types of bleeding disorders are Hemophilia and von Willebrand Disease. In one-third of cases, there is no family history of hemophilia. In Ohio, there are more than 1,200 individuals living with hemophilia and 1,500 living with von Willebrand Disease. This is one of the largest populations nationwide.

Since its establishment nearly 30 years ago, the 340b Drug Pricing Program has had an extraordinarily positive impact. Under the program, pharmaceutical manufacturers must sell outpatient drugs at a discounted price to certain providers and facilities. Those facilities can then utilize the savings from the 340b program for patient care, outreach, or other health promotion activities.

Across Ohio, hemophilia treatment centers and hospitals utilize the 340b program for the benefit of Ohioans living with a bleeding disorder. Unfortunately, we have seen a growing trend of health plans attempting to require providers to forfeit 340b savings as part of their contract requirements to be enrolled under the plan's coverage. SB 263 would prohibit this practice and ensure that 340b providers can continue to receive the benefits that they are entitled to.

It is important to note that the ultimately beneficiaries of 340b are patients who receive drugs and treatment from these providers. Without the protections that HB 482 and SB 263 afford, I worry that the effectiveness of the 340b program will continue to be challenged to the ultimate detriment of patients living with a bleeding disorder.

I hope that the committee and full House will move quickly on SB 263. Thank you for your time and consideration.