Representative Susan Manchester Sponsor Testimony: House Bill 469 February 13, 2020

Good morning Chairman Lipps, Vice Chairman Manning, Ranking Member Boyd, and Members of the Committee. Thank you for the opportunity to testify in support of House Bill 469, legislation that will remove discriminatory policies that often negatively impact consumers trying to meet their mandated health insurance cost-sharing responsibilities. This legislation is overwhelmingly supported by numerous patient groups and professional health care organizations, which are listed on the second page of my testimony.

HB 469 is needed to assist our constituents who find themselves increasingly subjected to more out-of-pocket costs as part of their insurance coverage. In an effort to help these patients, co-pay assistance programs through third parties, (such as charities, foundations, churches and drug manufacturers), help patients with chronic, complex conditions by covering the additional costs they are required to pay for their prescription drugs. The assistance provided through these programs is designed to simply help patients meet their ever-increasing insurance deductible and coinsurance requirements. Patients have told me this assistance is crucial in allowing them to save thousands of dollars each month on their prescription coverage and to be able to meet their other medical and insurance plan costs. These cost-sharing programs are based on financial need and exist to help patients pay for innovative prescription drugs for which no generics currently exist.

In an effort to shift costs back onto the patient, health insurers have recently begun to institute policies that prevent these copay assistance programs from applying toward a patient's deductible and coinsurance. Patients are often told they can use the co-pay assistance but that the insurer will not apply the value of that assistance to their mandated out-of-pocket requirement. In addition, patients are often unaware of this practice until well into their coverage year. They then receive notice that the amounts the patient thought were previously fulfilled, have not been counted at all. Representative West and I were recently told by one patient group that their insurer sent them notice that only the enrollee (not even a spouse, parent or other family member) could submit payment and have that count to their out-of-pocket requirement due to this increasing practice.

I want to be clear about one crucial issue. The language contained in HB 469 does nothing to prevent the use of medically appropriate generic medications for patients through their health insurance coverage and application to out-of-pocket expenses.

The goal of House Bill 469 is to help patients reduce their out-of-pocket costs by allowing the payments from copay assistance programs or other financial assistance programs to

count toward a patient's deductible and coinsurance. Similar legislation has already been passed in West Virginia, Virginia, Illinois, and Arizona, with legislation under consideration in North Carolina, Kentucky, and Indiana. This bill strives to protect patients who are being blindsided by unfair policies when learning they owe thousands of dollars because of unmet deductibles.

I am grateful to Representative West for his partnership on this important legislation and look forward to answering any questions you may have. Thank you.

The following organizations support efforts to stop discriminatory policies:

AIMED Alliance

American Autoimmune Related Diseases Association American Cancer Society Cancer Action Network

American Diabetes Association

Arthritis Foundation

Association of Women in Rheumatology

BioOhio

Cancer Support Community Central Ohio

Chronic Disease Coalition

Coalition of State Rheumatology Organizations

Crohns & Colitis Foundation Epilepsy Foundation

Equitas Health

Global Healthy Living Foundation Immune Deficiency Foundation Little Hercules Foundation

Mental Health & Addiction Advocacy Coalition Mental Health America Franklin County

National Infusion Center Association National Multiple Sclerosis Society National Organization for Rare Disorders

National Organization of Rheumatology Managers

National Psoriasis Foundation

Ohio Academy of Nutrition and Dietetics
Ohio Association of Rheumatology

Ohio Bleeding Disorders Council

Ohio Chapter, American Academy of Pediatrics Ohio Chapter of American College of Cardiology Ohio Chapter of the National Association of Pediatric

Nurse Practitioners

Ohio Dermatological Association
Ohio Foot and Ankle Medical Association
Ohio Hematology Oncology Society
Ohio Osteopathic Association
Ohio Pharmacists Association

Ohio Psychiatric Physicians Association

Ohio Psychological Association

Ohio Sickle Cell and Health Association

Ohio State Grange

Ohio State Medical Association

Pharmacists United in Truth & Transparency

The AIDS Institute

The Academy of Medicine of Cleveland and Northern Ohio