



Proponent Testimony – House Bill 418

Lisa Raterman, Chair

Ohio Bleeding Disorders Council

House Health Committee

November 10th, 2020

Chairman Lipps, Ranking Member Boyd, and members of the House Health Committee, thank you for the opportunity to submit testimony in support of House Bill 418 sponsored by Representatives Randi Clites and Sara Carruthers. My name is Lisa Raterman and I am the Chair of the Ohio Bleeding Disorders Council.

As you know, HB 418 would protect patients by prohibiting non-medical changes to drug coverage by health insurers during a plan year. The providers, parents, and patients who make up the Ohio Bleeding Disorders Council (OBDC) strongly support HB 418 as it would protect Ohioans living with a bleeding disorder.

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.

Patients living with a bleeding disorder often require daily or weekly infusions of clotting factor to manage their condition. Unfortunately, some patients will lose access to their factor during a plan year due to changes to a health plan formulary. These changes can increase cost sharing or copays, reclassify drugs to a different tier or status, or remove drugs altogether. The result is often a change in the patient's access to the drug or their out-of-pocket costs. For patients who are stable on a specific medication, these changes can disrupt their treatment; this increases the risk of an ER visit due to a breakthrough bleed or other adverse health event.

HB 418 would prohibit any non-medical switching of drug coverage during a plan year. This would not include changes made prior to the start of a plan year. Patients with rare diseases must be very thoughtful when selecting their health plan to ensure certain drugs are covered. Mid-year changes to drug coverage are simply unfair to these patients and often only have negative results.

Passage of HB 418 would enact common sense protections for the patients we serve. This General Assembly has already acted in several instances to pass pro-patient legislation and I am hopeful that you will move quickly on HB 418. Thank you for your time and consideration.