



November 28, 2022

Via Electronic Communication

Senator Steven Huffman
Chair, Health Committee
The Ohio Senate

Re: Aimed Alliance Written Testimony in Support for HB135

Dear Chairman Huffman, and Members of the Senate Health Committee:

Aimed Alliance is a 501(c)(3) non-profit health policy organization that seeks to protect and enhance the rights of health care consumers and providers. We are writing in support of HB135, and we ask that you swiftly pass HB135 to ensure individuals with chronic conditions can continue to access their necessary treatments.

Historically, privately insured individuals who cannot afford their copayments or coinsurance have been able to obtain aid from copayment assistance programs. Traditionally, the copay assistance has contributed toward the patient's deductible and maximum out-of-pocket limit as well as lowering the consumer's cost at the pharmacy counter. Health plans are increasingly implementing copay accumulator programs, which prevent the value of a drug manufacturer's coupon from counting toward a patient's deductible and maximum out-of-pocket limit.² Under such programs, once copayment assistance runs out, the plan enrollee is again faced with an inability to afford his or her medication. In some instances, there are no generic alternatives, and the patient may be forced to ration his or her medications or abandon treatment altogether.³ As a result, the patient can experience disease progression, relapse, and other adverse events, thereby increasing health care utilization.⁴

¹ <https://www.goodrx.com/blog/the-pros-and-cons-of-high-deductible-health-plans>

² <https://www.npr.org/sections/health-shots/2018/05/30/615156632/why-some-patients-getting-drugmakers-help-are-paying-more>

³ <https://www.healthaffairs.org/doi/10.1377/hblog20180824.55133/full/>

⁴ <https://www.healthaffairs.org/doi/10.1377/hblog20180824.55133/full/>

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HB135 seeks to rectify this issue by requiring payers to include any payments made by or on behalf of the insured when calculating the cost-sharing requirement and maximum out-of-pocket limit. However, insurers would not need to include such payments toward the insured's cost sharing requirements or maximum out-of-pocket costs for prescription drugs if there is a medically appropriate generic alternative, unless the prescriber determines that the brand prescription drug is medically necessary. In other words, this bill would prohibit health insurers from adopting copay accumulator programs, unless there is a generic available, and the brand drugs are not deemed medically necessary. The bill strikes the right balance by encouraging the use of less costly, generic medications, when those medications are available and medically appropriate, while also taking into account that copay accumulator programs are inappropriate in all other circumstances.

Ohioans across the state rely on cost-sharing assistance to afford their medications, and such assistance can only achieve its full intended benefit if it can be counted toward patients' cost-sharing requirements and maximum out-of-pocket limits. As such, we ask that you support HB135 and urge your fellow legislators to pass the bill. Thank you for considering our position on HB135.

Sincerely,

Ashira Vantrees
Counsel

⁵ <https://www.bls.gov/eag/eag.oh.htm>.

⁶ https://www.bls.gov/eag/eag.oh_cleveland_msa.htm.