Dear Chair Lipps and House Health Committee Members:

The Association of Women in Rheumatology (AWIR) promotes the science and practice of Rheumatology, fosters the advancement and education of women in rheumatology, and advocates for access to the highest quality health care and management of patients with Rheumatic diseases.

**AWIR has a Local Chapter in Ohio comprised of providers of rheumatology from across the state and we are asking that you to support HB 469 to protect our patients’ continuity of care.**

House Bill 469 directs insurers to apply all payments made by either the patient or on behalf of the patient through an assistance program to their cost-sharing obligation. Various assistance programs and drug manufacturers help patients with affording their medications and often this assistance is given through granting a patient a co-pay card. All too often, patients are not able to afford their medication without the co-pay card benefit. AWIR supports the use of co-pay card assistance programs and views them as critical lifelines for patients.

Disturbingly, a new utilization management protocol referred to as “Copay accumulator adjustment programs” make it difficult, if not impossible, for Ohioans to afford ever-increasing, mandated out-of-pocket expenses placed on patients. This is particularly devastating for patients with chronic conditions, such as rheumatoid arthritis, due to their vulnerable condition. Under these programs, insurers are excluding the amount of the co-pay card toward counting for the patient’s out-of-pocket cost or deductible for the year. This practice allows insurers to “double-dip” on a patient’s deductible and make treatments more difficult for them to obtain. Often, these programs are given misleading names and can be misunderstood by patients who are not aware of the actual impact on them.

To further exasperate our concerns, this issue has been ignored on the federal level despite attempts made by this administration to address co-pay accumulator discriminatory policies. On May 7, 2020, the Centers for Medicare and Medicaid (CMS), Health and Human Services (HHS) finalized the 2021 Notice of Benefit and Payment Parameters (NBPP). Under the Rule, HHS will allow commercial market plans and issuers to exclude manufacturer cost-sharing assistance from a patient’s annual limitation on cost-sharing – even when no medically appropriate generic is available. Undoubtedly, this Rule will have negative outcomes on our patients who rely on co-pay assistance.

The HHS decision leaves it up to the states to take action to address this issue. Last year, four states enacted laws to reform this practice, and nine states introduced legislation this year to address this growing issue. Without placing restrictions on the use of accumulator adjustment programs, barriers will continue to increase between patients and the medications they need for treating their chronic disease.

**AWIR implores the entire House Health Committee to support HB 469 to protect vulnerable Ohioans.**

We would like to thank Chair Lipps and the members of the committee in advance for your time and consideration of our testimony.

Sincerely,

Grace C. Wright, MD
President, AWIR