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December 15, 2015

The Honorable Kate Hogan, House Chair
The Honorable Jason M. Lewis, Senate Chair
Joint Committee on Public Health
State House, Room 130
Boston, MA021333

RE: **H.1894 & H.3465 – Support**

Chairwoman Hogan and Chairman Lewis,

The Global Healthy Living Foundation (GHLF) is a 501(c)(3) patient group that works to improve the quality of life for people with chronic disease, often focusing on those least able to advocate for themselves. As a patient advocacy organization, GHLF represents more than 90,000 chronically ill patients, including your fellow Massachusetts residents. Many of these individuals have rheumatoid arthritis (RA) and rely on pharmaceutical co-pay programs for access to these life-changing treatments.

I am writing you today to encourage the Committee's support for both H. 1894, an act relative to retail pharmacy discounts and co-pay assistance and H. 3465, an act relative to patient access.

These bills stand to repeal an unnecessary 2017 sunset on pharmaceutical co-pay programs. To dissolve pharmaceutical co-pay programs would make Massachusetts the ONLY state in the country to prohibit the use of prescription drug discounts and rebates by consumers who are privately insured. We find this sadly ironic with Massachusetts widely regarded as a national leader in health care reform law and expanding patient access; providing health insurance to nearly all of its residents since 2006.

Since 2012, 66,000 patients in Massachusetts have benefitted from manufacturer programs and saved nearly \$17.5 Million in and out of pocket costs [1]. GHLF believes the programs are working and that patients deserve the opportunity to use these programs like patients in all 49 other states, the District of Columbia and U.S. Territories.

In September 2013, GHLF surveyed 221 rheumatoid arthritis patients from around the country to examine their views on access to medication and the various ways in which RA patients access prescription drug therapy. Although both privately insured and Medicare respondents showed that there existed a need to both open up access to and reduce the financial burden of their prescribed RA medications, providing the means to that end is fruitless unless it ultimately works to increase the health of RA patients. One way to increase the health of RA patients is not only have them initiate treatment for their RA but also to continually adhere to that treatment.

A majority of privately insured and Medicare respondents showed that co-pay (i.e. coupon) cards would not only be welcome but would be beneficial to increasing the quality of their care. 63.7% of privately

insured respondents and 65.3% of Medicare respondents replied being offered a copay card (either privately or as part of the Medicare Part C or D plan) would motivate them to fill their prescription for the first time. 67.6% of privately insured respondents and 68.1% of Medicare respondents replied that these co-pay cards would even motivate them to fill their prescription for the second and third time after they have started a new RA drug [2].

Thus, co-pay cards are a tool that can be used to simultaneously provide open access to much needed RA medications, provide financial relief, and increase the chances that RA patients initiate and adhere to their rheumatologist-prescribed treatment

Because of this, we are very supportive of H.1894 & H.3465.

H. 1894 and H. 3465 take positive steps toward updating Massachusetts law to reduce barriers to care and ensure patients' health and needs are met in the best way possible. These assistance programs are designed to help patients reduce significant out-of-pocket expenses and allow them to afford to stay on medications that their doctor has decided are medically necessary (and their insurer has approved).

It is important to remember, these programs do not impact Massachusetts' generic substitution law, which we unconditionally support. However, there are many conditions that require the use of medications for which no generic alternative exists, including Multiple Sclerosis, cancer, and autoimmune diseases such as rheumatoid arthritis. It is unfair that these patients should be prohibited from taking advantage of manufacturer's discounts when they have no choice for a cheaper alternative.

Patient access is a top priority in the health care process. We urge the passage of H.1894 & H.3465.

Thank you for your thoughtful consideration of this legislation. We would be pleased to provide any further information that you may require.

Sincerely,



Seth Ginsberg
President, Global Healthy Living Foundation

1. Source: McKesson, Lash Group-AmerisourceBergin, TrialCard and select company direct programs.
2. Source: Ginsberg/ GHLF, Seth; Noam Gerber/ GHLF; Elaine Allen/ GHLF, and Ellen Schnidman/ Rheumatology and Internal Medicine Associates. *Barriers to Care, A Global Healthy Living Foundation Survey of 221 RA Patients*. Working paper 2013.

