

Dear Representative Houghton,

As an oncology professional and your constituent, I urge you to vote H. 766 out of the Committee on Health Care to support patients with cancer and the physicians who treat them. The provision that requires insurers to count copay assistance toward a patient's annual cost-sharing requirements would dramatically help our state's most vulnerable patients with their out-of-pocket costs. In a copay accumulator program, only once the manufacturer copay assistance card is maxed out do patients' out-of-pocket costs begin counting towards their deductible. Patients can be left with high out-of-pocket costs at the end of their plan year because the pharmacy benefit manager (PBM) and insurer pocket the manufacturer assistance meant for the patient. I am happy to see this bill require copay assistance for high-cost drugs to actually count toward the patient's deductible and work as intended. I also appreciate other provisions in this bill that will help oncologists like me and the patients we treat. I applaud language that places guardrails around prior authorization and step therapy. These types of insurance practices are of particular concern because they often prevent our patients from accessing care in a timely manner. Any time a patient spends waiting for approval from their insurance or waiting to complete a "step" can lead to disease progression and irreversible damage to their overall health. Let's work together to protect individuals with cancer from harmful practices that undermine physicians' abilities to provide the best possible cancer care in a timely manner. Please vote in favor of H. 766 to help patients with cancer.

Sincerely, Regina Patterson