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Thanks to innovative new treatments, many once-fatal diseases are now managed as chronic conditions. But the costs of these breakthroughs can put them out of reach for patients.

- Patients face high cost-sharing requirements such as upfront deductibles and monthly coinsurance sometimes costing thousands of dollars a month.
- Such high costs may force some patients to stop filling their prescriptions entirely. Patients who abandon treatment can end up getting sicker, which only triggers more costs to our health care system."
- High deductibles and coinsurance are a standard feature of most plans available today and are difficult to avoid when shopping for health plans.

\$6,785

Median monthly income in Minnesotaⁱⁱⁱ

\$4,940

Avg. monthly household expenses iv



Monthly out-of-pocket cost for specialty prescriptions in January: v

\$6,232

multiple myeloma

\$3,758

multiple sclerosis

\$3,616

breast cancer

\$3,381

arthritis

This legislation can help patients avoid having to choose between affording care and affording other necessities.

Our bill will require individual and small-market health insurers to ensure that at least 25 percent of their plans offer flat-dollar copays in every service area and at every level of coverage they serve. The plan copays are modified so that patients pay no more than 1/12th of their maximum out-of-pocket cost per prescription per month, predeductible.

This shields patients from making massive lump-sum payments at the start of the year and makes insurers whole. Studies show that if premiums shift, those small changes can be applied only to the people who choose to buy these plans. vi

The Minnesota Department of Commerce reports that this bill would <u>improve public</u> <u>health and reduce consumer financial barriers to health care</u>, with most insurers noting <u>no significant impact on premiums</u>. The benefit works – now let's get it done.

Endorsing Organizations

The Aliveness Project
American Cancer Society Cancer Action Network
Arthritis Foundation
Association for Clinical Oncology
Autoimmune Association
Cancer Legal Care
Coalition of State Rheumatology Organizations
Epilepsy Foundation of Minnesota
Hemophilia Federation of America
Hemophilia Foundation of Minnesota/Dakotas
The Leukemia & Lymphoma Society

Minnesota Cancer Alliance
Minnesota Medical Association
Minnesota Pharmacists Association
Minnesota Rural Health Association
Minnesota Society of Clinical Oncology
NAMI Minnesota
National Multiple Sclerosis Society
National Organization for Rare Disorders
National Psoriasis Foundation
Rainbow Health
Susan G. Komen

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¹ Cutler, R.L. et al., "Economic impact of medication non-adherence by disease groups: a systematic review." The BMJ. January 21, 2018.

ii Claxton, G., Levitt, L., Long, M., "Payments for cost sharing increasing rapidly over time." Petersen-Kaiser Health System Tracker, Insight Brief. April 12, 2016.

iii https://www.census.gov/data/tables/time-series/demo/income-poverty/historical-income-households.html

iv https://www.bls.gov/cex/tables.htm#annual

^v Assumptions based on dosing information from drugs.com; VA Federal Supply Schedule prices as of January 1, 2021; generalized Silver-level benefits of \$3,000 deductible, \$7,900 maximum OOP, 20% coinsurance for specialty medications, without cost-sharing reductions.

vi https://us.milliman.com/-/media/milliman/importedfiles/uploadedfiles/insight/2017/impact-prescription-drug-copay-guidance-co-mt.ashx

vii Minnesota Department of Commerce. "Evaluation of HF633-1E, Report to the Minnesota Legislature pursuant to Minn. Stat. §62J.26." January 26, 2022.