

# Giving Virginia Patients a *Better Choice*

Support Senate Bill 376/House Bill 946 and take action to improve access to life-saving medications.



## Virginians Need a Better Option

- ◆ Thanks to innovative new treatments, many once-fatal diseases are now managed as chronic conditions. But the out-of-pocket costs for these breakthroughs put them out of reach for many patients.
- ◆ When insurance companies charge a co-insurance as opposed to a flat dollar co-pay for medications, patients are forced to pay a percentage of the total cost of their drugs. This can result in hundreds or even thousands of dollars per month in out-of-pocket costs for a single medication.
- ◆ Co-insurance is a standard feature of most plans available today and can challenge the financial stability of patients living with chronic conditions like blood cancers, breast cancer, colorectal cancer, HIV, multiple sclerosis, hemophilia, diabetes, serious mental illness, and others.
- ◆ High out-of-pocket costs for medications can be an insurmountable barrier for patients month after month. Often, patients have no option but to split doses or stop filling their prescriptions all together<sup>i</sup>. Patients who abandon treatment can end up getting sicker, which only triggers more costs to our health care system<sup>ii</sup>.

## A Balanced Approach

- ◆ Senate Bill 376/House Bill 946 will require individual and small-market health insurers to ensure that at least 50 percent of their plans offer affordable, flat-dollar co-pay-only plans in every service area and at every level of coverage they offer.
- ◆ This plan choice would ensure that co-pays for any covered medication within that plan would not exceed \$100 per prescription per month in Silver/Gold/Platinum plans or \$150 per prescription per month in Bronze plans.
- ◆ This balanced approach puts life-saving medication within reach for many patients without significantly increasing premiums. According to data from other states, implementing this option has not caused detectable increases in health plan spending<sup>iii</sup>.

**Multiple other states have taken action:** Colorado, DC, Delaware, Maryland, Illinois, Montana, Minnesota, Louisiana, New Jersey, and Rhode Island.

**The Solution:** Support Senate Bill 376/House Bill 946 and ensure Virginians have access to the life-saving medications they need.

**For more information,** contact: Lauren Edwards at [lauren.edwards@lls.org](mailto:lauren.edwards@lls.org) or (804) 922-

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

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

<sup>iii</sup>Yeung, K. et al., "Patient and plan spending after state specialty-drug out-of-pocket spending caps." NEJM. August 06, 2020.