

HEALTH AND HUMAN SERVICES

Resolution HHS-18-24

A RESOLUTION ON IMPROVING PATIENT AFFORDABILITY OF MEDICINES

WHEREAS, medicines are a great investment in improving patient health and reducing overall cost to the broader health care system;

WHEREAS, new medicines provided 73 percent of the total increase in life expectancy between 2000 and 2009, and every additional dollar spent on medicines for adherent patients with congestive heart failure, high blood pressure, diabetes and high cholesterol generates \$3 to \$10 dollars in savings on emergency room visits and inpatient hospitalizations;

WHEREAS, spending on prescription medicines accounted for just 10 percent of overall health care spending in the United States;

WHEREAS, a patient's health insurance coverage can control his or her access to medicines through requirements such as prior authorization, step therapy or fail first, quantity limits, formulary exclusions and dose limits;

WHEREAS, a patient's health insurance coverage determines what he or she pays "out-of-pocket" at the pharmacy counter for the medicines they need;

WHEREAS, a patient's out-of-pocket cost for a medicine has a direct impact on adherence to prescription drug treatment, and a patient may choose to not start or to discontinue therapy if the out-of-pocket cost is high, which can have a direct impact on a patient's health and may result in more downstream costs to the health care system;

WHEREAS, when health plans use co-pays, patients pay a predictable price for medicines, but as more health plans utilize prescription drug deductibles and co-insurance, patients are exposed to higher costs early in the plan year and receive no benefit from their insurance plan to help reduce these costs;

WHEREAS, in some areas a patient may have no choice but to enroll in a plan with a high deductible and co-insurance for medicines; and

WHEREAS, while drug manufacturers provide health plans and pharmacy benefit managers (PBMs) with discounts and rebates to lower the price the health plans and PBMs pay for medicines, in some cases patients may still be forced to pay the full price for the drug before meeting their deductible or when paying coinsurance.

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THEREFORE BE IT RESOLVED, that the National Black Caucus of State Legislators (NBCSL) recognizes that prescription medicines are a critical tool in preventing, treating and curing disease;

BE IT FURTHER RESOLVED, that patients should have insurance options that allow them to choose between different benefit designs for medicines, including options with fixed copays and no deductibles, and some of the savings negotiated by manufacturers and health plans and PBMs should benefit patients; and

BE IT FINALLY RESOLVED, that the NBCSL send a copy of this resolution to the President of the United States, the Vice President of the United States, members of Congress, and other federal and state government officials as appropriate.

SPONSOR: Senator Donne Trotter (IL)

Committee of Jurisdiction: Health and Human Services Policy Committee

Certified by Committee Chair: Representative John Richard C. King (SC) and Representative Toni Rose (TX)

Ratified in Plenary Session: Ratification Date is December 2, 2017

Ratification is certified by: Representative Gregory W. Porter (IN), President