



January 22, 2024

Virginia House of Delegates
General Assembly Building
201 N. 9th St.
Richmond, VA 23219

Dear Delegate:

We urge you to support HB946. This bill would require that health insurance carriers in the individual and small-group markets give patients an option to select a capped co-pay-only health insurance plan. 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.

Our organizations comprise the Fair Health Care Virginia coalition, a group of patient, provider, and health advocacy groups committed to ensuring Virginians have affordable and meaningful access to the life-saving treatments they need.

Thanks to innovative new advances in medicine, many once-fatal diseases are now managed as chronic conditions. But the costs of these breakthroughs can put them out of reach for patients. **Consider this: a patient who requires a specialty tier medication for a complex or chronic condition may be required by the insurance company to pay a co-insurance that could be thousands of dollars for a single month’s supply of medication. This cost-sharing structure implemented by insurance companies imposes a financial burden that many patients simply cannot overcome.** This cost barrier forces some patients to ration their medication and some to stop filling their prescriptions entirely.¹ Patients who abandon treatment can end up getting sicker, which only triggers more costs to our healthcare system.²

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

² Claxton, G., Levitt, L., Long, M., “Payments for cost sharing increasing rapidly over time.” Petersen-Kaiser Health System Tracker, Insight Brief. April 12, 2016.

Patients and consumers deserve predictable, affordable access to their necessary medications. By requiring insurance companies to give patients a co-pay-only option, patients can choose the plan that best suits their medical and financial needs. This carefully balanced proposal ensures that patients can make this choice without substantially raising their premiums. Several states have already taken actions to reduce the out-of-pocket burden for patients and have not seen increases in health plan spending as a result.³

Please support **HB946** and stand up for affordable access to life-saving treatment.

If you have questions or would like more information, please contact Lauren Edwards at lauren.edwards@lls.org or (804) 922-3446.

Sincerely,

ALS Association

American Academy of Pediatrics – Virginia Chapter

American Cancer Society Cancer Action Network

Arthritis Foundation

Hemophilia Association of the Capital Area

Virginia Hemophilia Foundation

The Leukemia & Lymphoma Society

Lupus Foundation of America

Mental Health America of Virginia

National Multiple Sclerosis Society

National Psoriasis Foundation

Oncology Nursing Society – Southeastern Virginia Chapter

Rx Partnership

Virginia Breast Cancer Foundation

³ Yeung, K. et al., “Patient and plan spending after state specialty-drug out-of-pocket spending caps.” The New England Journal of Medicine. August 06, 2020.