

Dear Chair & Committee Members,

My name is Kyle Leggott and I am a practicing Family Physician in Aurora and Lone Tree. I am writing on behalf of myself in support of House Bill 1370 because I believe it will improve access to affordable health care. As a family physician, I get to know patients well, and I hear their concerns. Many patients talk about how the costs of prescription medications are hurting their pockets. Some patients call me while at the pharmacy counter to tell me that their insurance company is forcing them to try a different medication first, one that may not be ideal for treating their medical condition. Other patients ask if they can put off recommended testing or treatment, because they're worried they'll get a big bill afterward. These situations are heartbreaking, and all too common.

In our country, in our state, people shouldn't have to choose between their health and paying for groceries. Patients should not be denied prescription medication to improve their quality of life because insurance corporations want to save a few bucks. Patients should be able to visit the specialist I recommend without having to skip rent.

By passing HB 1370, my patients, and many Coloradans, can take the medications that work for them, not just what the insurance company says they will pay for. It will make insurance copays more transparent, so patients can get the recommended tests and be able to plan for the costs. It will help people prevent and manage their health conditions, while they are easier, less painful, and less expensive to treat.

HB 1370 will help Coloradans be able to live healthier lives, with healthier wallets. They will no longer have to jump through hoops or go bankrupt for the medications they need.

I encourage you to support this bill to help improve and save lives across Colorado.

Thank you,

Kyle Leggott, MD

Chair and Members of the Committee,

My name is Sara Froelich, Executive Director of the Chronic Care Collaborative, which represents Coloradans living with chronic conditions and their caregivers. I am here in support of HB1370.

For the 62% of Coloradans living with at least one chronic disease, getting the care we need is essential to staying healthy.

For the chronic disease community, knowing the ins and outs of health insurance is critical. We do our homework during open enrollment to make sure our doctors and medications are covered prior to picking a plan. We look closely at expected out-of-pocket costs to pick the best plan for our family's health and budget. And yet we still feel like we cannot count on the coverage we are paying for.

A recent Colorado survey found 2/3 of Coloradans aren't confident they can pay for their usual health services under their existing coverage. A coalition of roughly 65 consumer, provider and business organizations have signed on in support of HB1370 with one voice - the status quo is not working.

Almost half of Coloradans have delayed a recommended medical treatment recently due to affordability or access issues. Barriers to care including unpredictable costs and insurance denials have sadly become the norm.

You have an opportunity today to change that. HB1370 will address important barriers to care so all of us can depend on and afford our coverage.

HB 1370 will bring common sense consumer protections to Colorado.

- This includes a clear, streamlined process for providers to request a step therapy override for medically complex cases when one size fits all insurance decisions not only are not medically recommended but could actually make someone's health worse.

- This bill makes sure that the terms of your coverage cannot change in the middle of your plan year so medications cannot be dropped once your plan year has started. This is a matter of contract integrity for consumers. Coverage and cost should not be a guessing game.

- Requiring at least 25% of plans to use copay cost-sharing for prescriptions instead of the mysterious percentage-based coinsurance is another step toward helping consumers know what their coverage actually will be and can plan ahead.

- Finally, HB 1370 will bring the private sector solution of prescription drug rebate reform to Colorado, providing immediate relief of lowering prescription medication costs at the pharmacy counter. Industry leaders such as CVS, Express Scripts and United Health have reported that point-of-sale rebate reform improves medication adherence, lowers out-of-pocket costs for consumers and improves their bottom line. One report from CVS touts average savings of more than \$670 per person per month for specialty medication and \$155 per month for non-specialty meds.

I urge you to vote YES on HB 1370 so Colorado families can afford their medications, count on the coverage they are paying for, and count on their representatives to prioritize their health over insurance denials.

Sara Froelich
Executive Director
Chronic Care Collaborative
sara.froelich@ccc-co.org

Affordable and Dependable Health Care is a Matter of Life and Death. Please Pass HB1370

By Myra Hanson

Mr. or Madam Chair, members of the committee, thank you for the opportunity to share my testimony with you. My name is Myra Hanson. I am a teacher living on the eastern plains.

At 39, I was diagnosed with Von Willebrand disease (VWD), a rare bleeding disorder in which my blood doesn't clot properly. An injury for me can lead to severe bleeding, organ damage, and in some cases, death. In fact, I have had bleeding so severe that I have died and been brought back to life.

Unfortunately, the medication that works best to treat my condition is very expensive and getting insurance companies to cover it can be a battle. Even with the coverage I have now, I can never plan ahead for how much I'll have to pay. I am paying 20% of cost which varies from one shipment to another for Humate P, my medication.

Making matters more complicated, insurance companies sometimes force patients like myself through the process of "step therapy," making a requirement of trying and failing alternative treatments before covering the medications that are recommended by doctors. I have been told by an insurance company to have major abdominal surgery without Humate P and see if I have a bleed. Unfortunately, I've had to leave jobs I loved to avoid step therapy and get insurance that covers the medication I need to survive.

Thankfully, we have a huge opportunity this year to make critical improvements to our health care system to ensure Coloradans like me can get the care we need with House Bill 1370. This bill would make prescription medications and health care more affordable and predictable by requiring more transparency and accountability when it comes to costs, cutting red tape that stands in the way of better care, and ensuring cost savings go to consumers rather than being pocketed by insurance companies and pharmacy benefit managers.

House Bill 1370 will reform step therapy protocols in Colorado. It will also bar insurance companies from dropping medications from coverage or raising out-of-pocket costs midway through a patient's contract. It will help Coloradans plan ahead for health care costs. Finally, HB-1370 makes sure prescription medication rebates go to consumers.

Lawmakers in our state have taken big steps to make health care more affordable and increase access, but we need to keep moving forward. For many Coloradans, myself included, access to affordable medications and dependable health care coverage is a matter of life and death.

Thank you for your time today, and I urge you to vote for HB-1370.

May 4, 2022

The Honorable James Coleman
200 E. Colfax, RM OSCC
Denver, CO 80203

Dear Chair Coleman and Members of the Senate State, Veterans, and Military Affairs Committee,

On behalf of the Epilepsy Foundation of Colorado & Wyoming, I urge you to support House Bill 22-1370, which would provide immediate cost relief for Coloradans by making health care coverage more affordable and dependable by reducing out-of-pocket costs of prescription drugs at the pharmacy counter and enacting fair, common-sense reforms. Consumers expect health insurance to be there when they need it the most. For many Coloradans – and especially those living with chronic conditions like epilepsy – their health and often their lives depend on it. However, all too often hidden, confusing and unfair aspects of health insurance leave consumers stuck with treatment denials or with unaffordable out-of-pocket costs. We are supportive of this bill because we believe it will improve the healthcare landscape for people with epilepsy.

The Epilepsy Foundation of Colorado & Wyoming is the leading voluntary health organization that speaks on behalf of the nearly 60,000 Coloradans living with epilepsy and seizures. We foster the wellbeing of children and adults affected by seizures through research programs, educational activities, advocacy, and direct services. Epilepsy is a medical condition that produces seizures affecting a variety of mental and physical functions. Approximately 1 in 26 Americans will develop epilepsy at some point in their lifetime. There is no "one size fits all" treatment for epilepsy, and anticonvulsants are not interchangeable. Treatment is highly individualized. About a third of people living with epilepsy suffer from uncontrolled or intractable seizures, with many more living with significant side-effects, despite available treatments. **Failure to have access to the appropriate medication can result in increased or breakthrough seizures, injury, accidents, additional medical and hospitalization costs, loss of earnings, or even unexpected death.** "Failing" on a medication means an individual is still having seizures – but even one seizure can cause physical injury or have a dramatic impact on an individual's quality of life and on key activities, such as working or driving. The mortality rate among people with epilepsy is two to three times higher than the general population and the risk of sudden death is 24 times greater. Furthermore, if a patient has breakthrough seizures, up to 20% do not achieve immediate remission and for some patients, it may take several years to become seizure-free again. Having access to all anticonvulsant medications can enable patients to achieve seizure control, allowing them to lead productive and fulfilling lives.

Step Therapy is a policy of insurance providers that requires patients to try lower-cost or less preferred medications before gaining access to more preferred medication. These steps can take the form of expert consultations or failed attempts with other medications. **Research validates that Step Therapy processes have been slow to adapt to new developments in medication, delay effective care and create unnecessary risks to patients.** For patients with epilepsy, it is critical to have access to specialty epilepsy treatments at every point of care. Not every patient has immediate access to an epileptologist, or even a neurologist, but they must still have access to the medication they need. Achieving seizure control as quickly as possible increases safety and allows a higher quality of life.



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In comparison to other states with legislation on step therapy, Colorado's exemptions are quite minimal. Most states with legislation on step therapy include exemptions based on projected effectiveness. HB22-1370 provides a clear path for exemptions so that Coloradans can get the medicine and treatment they need at the right time.

The Epilepsy Foundation of Colorado & Wyoming is committed to supporting physician-directed care, and to exploring and advocating for all potential treatment options for epilepsy. Bureaucratic processes should not stand in the way of patients gaining access to proven and potentially lifesaving treatment. We urge your support of HB22-1370 to ensure that consumers get the treatment recommended by their doctor – not their insurance company. Please do not hesitate to contact me at 303-953-4739 or sarah@epilepsycoloradowyoming.org with any questions or concerns.

Sincerely,

A handwritten signature in cursive script that reads "Sarah Klein".

Sarah Klein
Chief Executive Officer
Epilepsy Foundation of Colorado & Wyoming

Senate State, Veterans, & Military Affairs
 05/05/2022 Upon Adjournment
 HB22-1370 Coverage Requirements For Health-care Products
 Typed Text of Testimony Submitted

Name, Position, Representing	Typed Text of Testimony
Lisbet Finseth Amend National Multiple Sclerosis Society	<p>MS is an unpredictable, disabling disease that disrupts the flow of information in the brain and body. Symptoms vary for each person and range from walking difficulties, fatigue, pain, and paralysis. The progress, severity, and specific symptoms of MS in any one person cannot be predicted. Nearly 1 million people in the United States are currently living with MS, including 70,000 veterans. Managing MS is a difficult process requiring several “trial and error” changes to medication before finding the one that is effective. Switching for any reason other than medical necessity could lead to hospitalization. Mid-year formulary changes, referred to as “non-medical switching”, referenced in Section 2 of the bill, are changes health insurers make to prescription drug benefits during the plan year, for reasons that may be unrelated to patients’ health. This includes moving a prescription to a higher cost-sharing tier, adding utilization review requirements or removing a prescription from a drug formulary. Patients with diseases as sensitive as MS could experience disease progression from these changes in medication. The original intent of Section 2 is a priority for the Society, but as currently written fails to benefit patients who are subjected to high prescription drug costs. Within the section, the threshold amended in allows insurers to partake in non-medical switching if the prescription drug is over \$500, and if the carrier’s net cost is greater than 15%. Every single MS prescription drug is over \$500, thus easily meeting this initial threshold. As for the 15% net cost, this language is ambiguous and administrative, allowing for interpretation that does not benefit the patient. If substitutions for brand-name prescriptions are requested by insurers, we recommend these be designated as ab-generics by the FDA, meaning they have the same scientifically proven clinical efficacy as the brand name prescription. We ask that the term ab-generic be used instead of the inconsistent prescription language used throughout this bill. Section 6, Rebate reform, as initially described in this bill, would help patients navigate high prescription drug costs. The language amended in this section negates any potential benefits and leaves patients to struggle with high costs of prescription drugs. We appreciate the intent to protect patients and feel this bill, if modified, could make real changes for people living with chronic illnesses in Colorado.</p>
Meredith Gleitz For One Colorado	<p>Thank you for the opportunity to submit written testimony in support of HB22-1370. My name is Meredith Gleitz, Policy Manager at One Colorado.</p> <p>As you all know, many Coloradans continue to struggle to afford basic health care. Almost half of Coloradans report delaying a recommended</p>

	<p>medical treatment due to affordability or access issues, and two-thirds of Coloradans aren't confident that they can afford their health care needs under their existing coverage. Affording prescription medications is a concern for more than 50% of Coloradans, especially for those with pre-existing and chronic conditions.</p> <p>This lack of affordable and dependable healthcare coverage impacts all Coloradans, but it especially impacts communities with existing barriers to care and historical health disparities, including Colorado's LGBTQ community. According to Closing the Gap, our most recent health study of LGBTQ Coloradans, healthcare expenses and resources to pay out of pocket are the greatest barriers to LGBTQ Coloradans seeking services. LGBTQ Coloradans were nearly 3 times more likely than the general public to report needing to see a healthcare professional but not being able to due to cost.</p> <p>HB22-1370 addresses these barriers by building upon consumer protections to reduce health care and prescription medication costs, and improve the quality, dependability, and transparency of health care. For example, the bill establishes a clinical review criteria for step therapy protocols. Reforming step therapy will protect Coloradan patients by ensuring their treatment decisions are based on medical expertise and they have access to the medications they need.</p> <p>In 2020, the Colorado Legislature passed House Bill 1061 to expand access to PrEP and PEP, medications to prevent HIV, and to prohibit insurers from requiring that a patient undergo step therapy before receiving these medications. We hope that the legislature will now build upon this effort to expand patient access and improve the quality and affordability of healthcare in Colorado by passing HB22-1370. Coloradans deserve transparent and dependable information from our insurers; medications and health care that we can afford; and reasonable consumer protections that help communities access the healthcare we need.</p> <p>Please support HB22-1370 to make healthcare more affordable and dependable for all Coloradans. Thank you.</p>
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Thank you to the Senate State, Veterans, and Military Affairs Committee for taking the time to read my testimony. My name is Sidney Weth with Young Invincibles, and I have a chronic illness that affects every part of my daily life. I can't remember a time in my life when I didn't have to cope with severe pain, either physically or mentally. A few years ago I reached my breaking point in my chronic pain journey. I couldn't participate in the many aspects of life I enjoy, I needed help cutting up my food because my hands would burn to the point that picking up a fork was too painful, and sometimes I would need help to get up from a chair or bed.

My pain is invisible to others and many people around me don't even realize that I suffer. Every day I must make every decision based on both my pain level and the energy my body has allotted me. My choices are determined by if I need my cane to walk or am able to manage the burning sensation that runs through my body, brain fog, and the never-ending mental exhaustion that comes with having to "prove" my illness to others who do not understand. Mundane daily tasks that may seem trivial to the general public are experienced very differently by people who, like me, struggle with chronic pain.

Medication can sometimes be the only reliever of pain. I have gone through many trials of different medications, testing, and doctors to figure out what is happening in my body. Sometimes I feel as though I have lost my hope of ever becoming pain-free.

I have found medications that relieve some of the mental pain that comes with having a chronic illness. Healthcare is something I depend on each day to be able to live as independently as possible.

When I lost my job during the pandemic I was in a panic trying to figure out how I would be able to pay for medical care without health insurance. I did not have the funds to pay for the extreme out-of-pocket charges. I was left in insufferable pain for months until I was luckily able to find another job with health insurance. Without the funds to pay out of pocket many like me suffer in silence. Chronic pain sufferers are an amazingly strong group of people who have to constantly deal with a healthcare system that does not adequately support us and even completely fails us at times.

After years of struggling to receive coverage for certain treatments that my doctor recommended and the outrageous out-of-pocket costs, I have learned that something needs to change within the healthcare system.

My story of suffering from chronic pain is only one out of millions. People suffering from chronic pain deserve better. The system should fight for us, just as we must fight our pain every day.

It is time for us to change the narrative around chronic pain and open up a world of new hope for those who suffer daily. I support Bill HB22-1370 and I hope you can too. Thank you!