



May 27, 2021

Testimony on HB 1297

Good afternoon and thank you for giving me the opportunity to submit my testimony to the Senate Committee on State, Veterans, and Military Affairs.

My name is Barb Cardell, I am the legislative chair of CORA – Colorado Organizations and Individuals Responding to HIV/AIDS and I am speaking today in support of HB 21-1297 Concerning requirements regarding the administration of prescription drug benefits under health benefit plans.

For 28 years, CORA has advocated on behalf of the nearly 15,000 people living with HIV in our state and those vulnerable to acquiring HIV as well the organizations which serve them. We have spoken many times to legislative committees about quality comprehensive healthcare provided with cultural humility to benefit all Coloradans which brings me here.

Pharmacists and pharmacies are strong partners for people living with chronic health conditions; they check for drug interactions, verify correct dosage and ensure patients understand how best to take new medications. People living with HIV may only see a Doctor every 3-6 months, but a pharmacist is seen every month when prescriptions are filled, and that often results in relationships of support and trust. Research has shown that, when a person living with HIV has a strong relationship with a pharmacist that specializes in HIV, the success of their treatment improves.¹ In particular, their pharmacist is essential in helping them overcome any barriers that prevent them from taking the medication as prescribed. Removing the requirement to utilize mail order pharmacies will support such relationships and strengthen support for people living with chronic health conditions. While mail order pharmaceutical delivery may be a cost effective, convenient option for many, it is absolutely no substitute for those who cherish the partnership they feel with their local pharmacist, and this bill recognizes and promotes evidence-based pharmacy practice for PLHIV.

In addition, Colorado has an excellent system for helping lower income PLHIV cover the high copayment and coinsurance costs when they visit their pharmacy, known as the State Drug Assistance Program or SDAP. SDAP has a seamless system that involves hundreds of pharmacists across the state, especially the pharmacists that specialize in HIV. But SDAP has repeatedly encountered mail order pharmacies that refuse to cooperate or collaborate with SDAP; they are usually high-volume, corporate pharmacies that cannot easily adapt to the unique circumstances of individual customers. SDAP does its best to negotiate with these mail order pharmacies, requiring additional labor-intensive steps, but anything that

¹ Murphy P, Cocohoba J, Tang A, Pietrandoni G, Hou J, Guglielmo BJ. Impact of HIV-specialized pharmacies on adherence and persistence with antiretroviral therapy. *AIDS Patient Care STDS*. 2012;26(9):526-531. doi:10.1089/apc.2012.0189

makes it more complicated for PLHIV to access these medications will negatively impact their success in starting and remaining on their medications.

One provision of the bill absolutely speaks to the lived experiences of people living with HIV: “When patients are left without a trusted pharmacy, they are alone to navigate a confusing and unpredictable prescription drug benefit system that includes barriers to medication access from diagnosis to prescription pickup.” For someone living with HIV confusion about medication or being denied access to medications can be life threatening. We need more partners, especially those located in our community, not fewer.

HIV is now a chronic and manageable health condition, but ONLY with access to effective HIV medications. As a community, we know that anything that increases transparency for medication “real time benefit” and formulary review, including co-pay and coverage increases, will improve the likelihood that someone will take their medication home instead of leaving their prescriptions unfilled at the pharmacy. Most people living with HIV have experienced pharmacy challenges – for example, standing at the counter being told that your prescription is \$3600 because of a coding error or denial.

Again, on behalf of CORA, we strongly support this bill, and we thank you for your support, as well.

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