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Guest column: All parties need to be on board in a patient's treatment plan

BY LORREN SANDT

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Submitted photo

Editor's Note

Do you have a point you'd like to make or an issue you feel strongly about? Submit a letter to the editor or a guest column.

When an individual is diagnosed with a severe or life-threatening illness, the news is exceptionally hard-hitting. The now “patient” needs a dedicated support system of medical professionals and loved ones as well as a third party to advocate for their healthcare needs. This is where the Caring Ambassadors Program comes into play.

While our organization advocates for all individuals living with any illness, our two main programs focus on patients battling lung cancer or hepatitis C. These illnesses impact millions of individuals throughout the country and take an unprecedented toll on their health. People living with hepatitis C can and should be cured. People diagnosed with lung cancer are dependent on individual treatment regimens. A pillar of these treatment plans is prescription drugs—whether it be for their cancer, symptom management, or to eliminate the hepatitis C virus. Hence, the lives of the patients we represent depend on access to affordable and consistently accessible prescriptions.

As many patients living with chronic illnesses do, our members rely heavily on cost-sharing assistance to afford their medications. Because of this dependency on financial support, we are extremely concerned about new guidance that will allow health insurers and Pharmacy Benefit Managers (PBMs) to exclude cost-sharing assistance programs from patients' annual limitations on cost-sharing. In other words, patients will be left with two options.

The first option is to pay the extremely high out-of-pocket cost for the prescription. Patients are already on the hook for 100 percent of the pharmacy costs until they reach their deductible. Once this deductible is met, patients still must pay a portion of the prescription cost. As expected, these costs are not small, therefore, eliciting the need for a patient assistance program. However, the newly revised accumulator adjustment program provision included in the 2021 Notice of Benefit and Payment Parameters rule will allow PBMs or insurers to decide whether to count these patient assistance programs towards a patient's portion of the prescription costs. If this assistance program is excluded, patients are left with enormous out-of-pocket costs at the pharmacy. As you can imagine, this completely blindsides the beneficiary who enrolled in the health plan to prevent this very issue from happening.

And then there is the second option—and the most unfortunate—which involves the patient choosing to ration their medication or abandon the prescription altogether. For someone battling a chronic illness, this can mean life or death. Our organization already sees the financial strain expensive treatments and

drugs put on patients considering their illnesses require costly treatment. This new rule gives an unreasonable amount of power to corporate middlemen who will take away patient assistance programs if it increases their profits.

The use of these accumulator adjustment programs is a step in the wrong direction, eliminating consumer choice and affordable healthcare. Moreover, it is unconscionable to think insurers and PBMs would increase access barriers for patients during a global health crisis. This action proves their concerns lie with profit rather than patients.

Our mission is to support individuals in gaining control of their healthcare, regardless of their illness. However, this sneaky insurance practice puts the interest of greedy health insurers and PBMs before chronically ill patients. To make matters worse, patients have asked lawmakers to prioritize legislation that lowers drug prices. This new rule blatantly ignores their deafening cries for help.

That being said, we will continue to advocate for patients and keep hope that health insurers will do the right thing. Recognizing the significant impact this change will have on patients and refrain from permitting it in 2021 plans.

Lorren Sandt is the executive director of the Caring Ambassadors Program. She lives in Beaverton.