Making Medication More Affordable

Making medication more affordable to reduce medication non-adherence due to cost

Monica Aronson ’19
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This bill mandates that insurers provide “high value” and “cost effective” medications and treatments (e.g. insulin, asthma inhalers, epi-pens) at no cost to the patient and sets out the guidelines for an expert panel to decide which services, treatments, and medications qualify as such. Mandating that the insurance companies eliminate cost-sharing for preventative measures that have been proven to be effective reduces the burden that exorbitant healthcare costs have on people and families, reduces spending on “low value” treatments, and increases medication/treatment adherence. As a result, health outcomes improve and healthcare costs decrease.

■ The Bill:
S.611/H.966: An Act to promote value-based insurance design in the Commonwealth

■ Elevator Speech:
Our society is strongest when everyone is able to attain their highest potential level of health. As college students, health emergencies can impede our ability to complete assignments, go to work, and even postpone our graduation dates and entrance into the working world. We support bill S.611/H.966, An Act to promote value based insurance design in the Commonwealth, a bill that can help keep us, and other Massachusetts residents, healthy and capable of fulfilling our day to day activities and responsibilities. There are many people in Massachusetts who, despite having insurance, are still prevented from accessing lifesaving medications due to burdensome cost-sharing. Copays and deductibles are often so high that people ration medications or forgo care altogether. In many cases, lack of services and treatments lead to even more serious illness and even hospitalizations. The impact is most prevalent for those who do not have much disposable income, of which college students are a key population. We heard from a student who suffers from IBS. Because of high copays, she was unable to see a specialist to diagnose and treat her condition. Left with little option, she saw a primary care physician who was unable to prescribe the optimal medication and instead prescribed her a different one which gave her many negative side effects. If she had been able to afford the original copays, she very well may have avoided all of the trouble that she has gone through. An Act to promote value based insurance design seeks to establish a panel to determine which services and
Today, and as a result of these reforms, Massachusetts has expanded the number of people with access to health care. The Affordable Care Act, based on MA legislation, further tackled the number of uninsured individuals in the state. In 2010, the United States followed suit and adopted the Massachusetts healthcare legislation, known as “Romneycare,” providing financial assistance to the unemployed and的老年人。1965年，我们将其扩展为包括Medicare和Medicaid，提供医疗保健服务并应对慢性疾病的治疗，使他们能够做更多的事情。"此外，她还指出，采取医疗保险和吸入器等药物可以帮助降低医疗费用。EMS到达“大大提高了生存机会。”

Another Brandeis University student with IBS has struggled to get both a diagnosis and proper treatment. She was unable to afford co-payments, resulting in her inability to be prescribed an effective medication. She switched insurance in order to get better coverage, but that only led to being placed on a different medication which she has had issues with. Even seeing the specialist was a task itself, coming with its own co-pay. With the barrier imposed by high cost sharing, she has had to attend to many insurance struggles and avoidable medical complications, distracting her from focusing on school and work. The burden of cost sharing impacts lives, in and outside of the doctor’s office and prescription medications.

One woman spent 4 years as an EMT. She has responded to multiple calls where people who have diabetes or asthma have been in severe conditions because of lack of medications. In her own words, “With better access to care, call volume would drop. So many calls, particularly in large metropolitan areas, are from what we call ‘frequent fliers’ or people who call EMS all the time simply because they have no other way to access care, especially stuff that affects older people like hypertension and diabetes.” Additionally, she notes that having medications like Epipens and inhalers on hand before EMS arrives “drastically increase the chances of survival.”

Op-Ed

Monica

The Sick, the Dying... the Insured?: The Rise of the Out of Pocket Killer

In 1935, the United States passed the Social Security Act, providing financial assistance to the unemployed and elderly. In 1965, we amended it to include Medicare and Medicaid, providing medical care to those in need. In 2006, Massachusetts adopted “Romneycare,” healthcare legislation to tackle the number of uninsured individuals in the state. In 2010, the United States followed suit and adopted the Affordable Care Act, based on MA legislation, further expanding the number of people with access to health care. Today, and as a result of these reforms, Massachusetts has a remarkably low uninsured rate. The right to health care has been slowly becoming an entrenched norm within our society. But despite the low number of uninsured residents, Massachusetts patients are facing a new problem. Insured individuals are finding themselves unable to see doctors. Unable to afford medications. The problem defining health care in the Massachusetts of 2019 is no longer being uninsured. It is being insured, but not being able to afford cost sharing.

Cost sharing is the cost patients pay out of pocket each time they require a service, treatment, or medication. According to the 2018 Annual Report on the Performance of the MA Healthcare System, member cost sharing grew 5.7% between 2016 and 2017, a rate higher than that of average wages, information, and premiums. The number of residents insured in a high deductible health plan exceeded 1 in 4 individuals in 2017. Findings from the MA Health Insurance Survey report that 43% of insured residents face health care affordability issues, issues that reach all socioeconomic, demographic, and health status groups.

Unable to afford copays and deductibles, our citizens have no choice but to go without the services and treatments that keep them alive. Disastrous health outcomes and skyrocketing emergency room costs follow. These neglected or rationed treatments are ones that people cannot live without. And I don't mean just literally live. I mean really live. Experience the world live. Be a person live. For those with chronic conditions, these treatments allow them to do just that. When you can't access these treatments however, you'll die eventually - sometimes quickly. But there is also a cycle. A slow and painful and miserable cycle that you can fall into. You get sick, you get “saved” at the ER. You fall back in. You suffer complications. You miss work. You fall into debt. You can't afford basic needs, let alone the things we do for joy. Can you imagine? Imagine having to decide if you are going to buy food or meds? What about rent? What if you have a family? You need to keep your job too. What happens when you miss work too much?

This is a reality that many people face. And doesn’t it seem cruel? Barbaric? It doesn't seem like a reality that Massachusetts can continue to allow. We can do better.

An Act To promote value based insurance design in the Commonwealth (S.611/H.966) is the next step that we need to take to ensure that our citizens are truly secure.

This bill will set up a panel of experts to evaluate health services, treatments, and medications on the basis of value and cost effectiveness and eliminate cost sharing for those determined to be high value cost effective. This bill would cover lifesaving treatments such as insulin, epi pens, and inhalers as well as doctor visits such as those for heart disease diagnosis.

This is the next natural installment to the social security norm. We tackled the uninsured, let’s tackle making care for the insured affordable too.
This bill is logical. It makes sense economically and morally. It fills the role of government and meets the needs of the people. And, with its relationship to chronic disease, it will only become more relevant. Chronic disease management is the area of health modern societies will increasingly need to focus on. We don't die of infectious disease anymore; we live to experience chronic conditions. Adherence is key in management, and the price of misadherence is devastating, on the human life as well as the economy. Massachusetts has led the way once before in health care reform. We can do it again. Let's show the nation how it's done.

Abby

It’s Time Out For Exorbitant Drug Costs

If they could, they would all say the dog is to blame. Drug manufacturers, pharmacy benefit managers, and insurers are all guilty of pointing fingers at each other for increasing drug costs, like children who are asked, “Who stole the cookie from the cookie jar?” Except, more is at stake than just cookies. It is people’s health and lives that are at stake. The cost of drugs are going up, and it is about time that someone gets a time out.

The Health Care Cost Institute reported that, in 2016, the average cost of insulin per patient was $5705. This was nearly double the average cost of 2,864 per patient in 2012, just four years prior.

It’s not just diabetics who are affected, either. There are thousands of insured people all across Massachusetts who are unable to afford their prescription medication. In a nationwide study, it was found that 18% of Americans have forgone medication due to costs. This percentage does not even include people who ration their medications or are unable to even get a prescription because a doctor’s office visit incurs too great of a cost. Drug prices are going up uncontrollably across the board due to the complex system of manufacturers, pharmacy benefit managers, insurers, and other third parties and the inability for any of them to take responsibility.

The consequences are disastrous. Rationing or forgoing medication leads to worsened health outcomes, a higher rate of hospitalizations, and higher healthcare expenditure. A diabetic without insulin could lose vision, need an amputation, or face the very real possibility of death. But in the United States in 2019, there is no reason why people should be dying of diabetes. Or asthma. Or severe allergies. Or any number of treatable and preventable conditions, with effective medications that have been available for decades. Something must be done to address the outrageous out of pocket costs for so many people with insurance.

Thankfully, not everyone is just merely taking the price bullying. Though drug manufacturers, pharmacy benefit managers, and insurers are not all coming to play nicely at the table, many people and organizations are rising up to address the issue. Last week, many Massachusetts residents shared their personal experiences with the legislators of the Health Care Financing Committee at the public hearing on Pharmaceutical Access, Cost & Transparency as they decide on bills related to the issue. One woman talked of having to choose every month between her car payment and the medication. Another had found a drug that worked well, but was forced on cheaper, ineffective medication when the good medication’s cost became too much for her family. Perhaps most alarmingly, a young woman with diabetes, spoke about having to rely on donations for insulin, but with the increasing cost, very few have any vials to spare. She is left with enough supply for 55 days, but no guarantees after that.

There are many bills that attempt to curb the increasing drug costs. In fact, according to the Health Policy Commission, over 50 bills have been filed this session in Massachusetts to address pharmaceutical spending growth. One in particular stands out. Senator Jason Lewis and Representative Tricia Farley-Bouvier filed “An act to promote value based insurance design,” which requires insurers to make services and treatments that are “high value” and “cost effective” available without a copay. If passed, lifesaving medications like insulin, inhalers, and Epipens would be free. People would no longer have to ration medications, rely on donations, or see if they could go without.

This bill focuses on the point that is the most crucial. What are people paying when they get to the pharmacy counter? Manufacturers price, rebates, and other things aside, if the answer to that question is still “more than most people can reasonably afford,” then people are still dying and it is still unacceptable.

If helping to improve lives by increasing access to medication is important to you, call and email your representatives and ask them to support S.611/H.966, “An act to promote value-based insurance design in the Commonwealth.” It is going to take a lot of time outs, but one day we can ensure that no more hands are going into the cookie jar.

■ House Ways & Means Script:

We believe that for our society to be at its strongest, every member must be at their healthiest. To reach this goal means to provide a level of safety and security to each of our fellow citizens that enables one to live a life outside of the worries and fears and crippling impact of disease and unmet basic human needs. How can we say that government is fulfilling its duties, its responsibilities, its oath to our people, if we have individuals who are sick and who are dying of treatable conditions, solely based on their inability to pay?
Rates of cost sharing continue to rise across Massachusetts. According to the 2018 Annual Report on the Performance of the Massachusetts Health Care System, member cost sharing grew between 2016 and 2017 at a rate of 5.7%, a rate which was higher than that of inflation, average wages, and premiums. As of 2017, more than one in four members of the Commonwealth with commercial insurance were enrolled in high deductible health plans.

Unable to afford the cost-sharing, people with health insurance who pay monthly premiums go without the medical services and treatments that they so desperately require. They may skip doctor’s appointments, ration medications, or forgo care altogether, leading to avoidable hospitalizations, surgeries, and other disastrous outcomes. Additionally, each moment that a member of our community is caught in such a state, we lose what they may have otherwise contributed to the workings of our society. We must take action so that we can rise together. With the burden of cost significantly reduced, treatments become more accessible, and people are more easily able to take the measures necessary to care for their conditions and overall health. Just as the ACCESS bill increased access to contraceptives in part by eliminating copays, bill H.966 seeks to improve access to care for a whole range of Conditions.

The costs of implementing the bill are low. Establishing the panel to evaluate services and treatments has very little costs associated with it, as the members of the panel are unpaid. Moreover, the cost burden of eliminating cost sharing will be taken on by private insurers. The cost for the state only incurs for MassHealth, the combined Medicaid and Children’s Health Insurance Program, which already operates with copays between 1 and 4 dollars, with many exceptions already. That being said, the state still stands to see a long-term financial benefit from implementing value-based insurance. Eliminating cost sharing leads to an increase in medication adherence. In doing so, people will be able to better manage their health and conditions, reducing hospitalizations and more serious illnesses and conditions, which often come associated with a greater cost of treatment.

Opposition to the bill from a financial standpoint comes from people who think that providing access to care will lead to overuse and abuse, only increasing the amount of money the state has to spend on MassHealth. Our current system, with copays, already leads people to over-utilize services that are not likely to help or address their needs. The real concerning “overuse” is not of people with chronic conditions who rely on highly effective drugs, but of patients who continuously use, and rely on insurance to pay for, ineffective drugs and treatments.

This bill provides access to our people so that we may stand together and be at our strongest. We ask you to help our community stand. As the Chairman of the Joint Committee on Financial Services, you helped to promote the passing of the ACCESS bill ensuring access contraceptives. Today, we ask you to vote this legislation favorably out of committee in order to expand access to life saving medical care.

Letter to the Legislator
Dear Representative Nguyen,

I am a Tewksbury resident who cares deeply about improving our health care system. Along with my fellow Brandeis University health policy student Abby Kaplan, I strongly believe that for society to stand at its strongest, each member must be at their healthiest. I believe in standing up for vulnerable populations, just as you have fought for survivors of domestic violence, veterans, and seniors as a lawyer and into your legislative career. For these reasons, I support bill S.611/H.966, An Act to promote value based insurance design in the Commonwealth.

Many people with insurance are struggling to afford life-saving health medications, services, and treatments because of copays and deductibles. As cost sharing has increased across Massachusetts, this problem has only escalated. Those who are unable to afford copays and deductibles will neglect treatment, either rationing drugs or forgoing care altogether, leading to disastrous health outcomes. For example, a diabetic unable to afford insulin risks blindness, amputation, and even death. Hospitalizations resulting from such cases are an injustice for the patient and a source of waste in the healthcare system.

Bill S.611/H.966 will set up a panel of experts to evaluate medications, treatments, and services. For those deemed to be high value and cost effective, cost sharing will be eliminated. High value cost effective treatments are those which are proven by evidence to be effective, are not addictive, and come at a lower price than hospitalizations/complications associated with altered adherence, like insulin and Epipens. This bill aims to expand access to care, improve health outcomes, and avoid unnecessary health spending.

Opposition to this bill mainly comes through insurance companies who dislike any sort of mandate being placed on their coverage. There is hesitancy from some to support this bill due to fear of how these companies will respond to it. Insurance companies can be expected to offset their initial increased financial burden by raising premiums. But as this bill works its benefits, and more people are able to maintain a status of good health, medical savings will ultimately translate to reduced monthly premiums.

While this is an issue that impacts all demographic, socioeconomic, and health status groups, I am writing to you today as a college student. My friends and fellow students have suffered from the burden of cost sharing. They have gone without doctor appointments and used less effective
Advocacy for Policy Change: Brandeis students work to reform Massachusetts law

View the bill (MA legislature website):
S.611: https://malegislature.gov/Bills/191/S611
H.966: https://malegislature.gov/Bills/191/HD1207

Organization or Coalition support:
Health Care for All: https://www.hcfama.org/who-we-are

medications because of copayments. Many of us work multiple jobs to pay for school and groceries. Should we, or anyone, have to decide between groceries and a doctor appointment or a lifesaving medication? This bill is currently assigned to the Joint Committee on Financial Services. Abby and I ask that, as part of your commitment to making healthcare more affordable, you weigh in with committee members and support this bill.

Sincerely,
Monica Aronson & Abby Kaplan

■ Excerpts from Campaign Journals:

Monica

On meeting with Representative Stanley

Abby and I met with Representative Tom Stanley, representative of Waltham and member of the Committee on Financial Services, at his office in the state house to lobby for the bill. We wanted to meet with Rep. Stanley for three main reasons: (1) He represents Waltham and Brandeis is located in Waltham (2) He is on the committee to which H.966 has been assigned and (3) he has sponsored other health care bills this session.

This meeting differed from our earlier meeting with staffer Cameron Stoker. This was a scheduled meeting and when we walked in, Rep. Stanley and his Legislative Director Mark Phillips greeted us and asked for a picture for social media. We then chatted briefly about school and where we were from before moving into the bill discussion.

Since we were switching off, I took the lead in speaking for this meeting. We introduced the bill, how it works, and the issues it seeks to address. The main difference with this meeting was that it was more of a conversation. Rep. Stanley asked us questions, and we answered them. At a few points, his staffer, who was sitting in the back of the room, contributed as well. When we told him who sponsored the bill, Rep. Stanley responded that he speaks with Rep. Farley-Bouvier often and would ask her about this bill. At one point, he also asked his staffer if he was co-sponsoring the bill, which I took as a sign that he might be interested.

We ended the meeting again with some small talk, discussing what was happening at the state house that day this was the day that the anti-abortion group visited. Overall, I really enjoyed this meeting. It felt very comfortable, probably because it was our second meeting of the day so I already had the feel of lobbying from earlier. Rep. Stanley was also very easy to talk to. I did wish however that I had addressed the opposition. He had mentioned that he would ask Rep. Bouvier about it to get an idea of opposition and unintended consequences. This was probably an opening for us to share what we knew but in the moment we weren’t quite sure.

Abby

On attending a hearing

On April 11th, we went to the State House for the Health Care Financing Committee’s public hearing on drug costs and transparency. While not a hearing for our bill, it addressed the same underlying problem, people not being able to afford drugs.

Many different legislators, advocacy groups, and organizations were there. Many stories were told about the effect that the price of drugs have on their lives. Pharmaceutical company representatives came to present their side, which was about how the price increases fund research and development. The testimonies were questioned to varying degrees, with the most amount of questions being asked to the pharmaceutical companies.

The room was overflowing when we got there, so we just barely made it in before they closed the door behind us. Getting there earlier definitely would have helped out with the experience, and also may have landed us some time to mingle with other people who were there and make connections.

Hearing the stories and testimonies back to back certainly cemented the ways in which effective speeches are made. The room had emptied out by the end of the 3 hour hearing and we were in a rush to make the commuter rail back to Brandeis, but it would have been extremely beneficial to make conversation with people who had stayed until the end.

While we did not make any connections face to face with a person, we saw organizations that were passionate about the issue and noted them for potential future networking. Health Care For All is an obvious one, but representatives from GBIO and AARP were also present and have tremendous organizing power.

■ Update

As of 7/12: There has been no action taken on this bill since it was introduced at the beginning of the session.