



NATIONAL HEMOPHILIA FOUNDATION

www.hemophilia.org

Co-Sponsor H.R. 460, The Patients' Access to Treatments Act of 2013, to Ensure Access to Live-Saving Therapies

About Health Insurance, Specialty Tiers and Hemophilia

- Most private health insurers charge fixed co-payments for different categories, or tiers, of medications: generics (Tier I), name brands (Tier II), and nonpreferred brand medications (Tier III). For example, co-pays might be set at \$10/\$20/\$50, respectively, for medications in the three tiers.
- Some commercial insurers have established a fourth, or specialty, tier that includes biologics and other drugs requiring special administration. Tier IV drugs typically require exorbitant patient cost-sharing. Patients must pay a percentage of the cost of these drugs, from 25% to 33% or more in coinsurance, rather than a fixed co-payment.
- Treatments for hemophilia, known as clotting factor therapies, are frequently placed in the specialty tier. The yearly cost for clotting factor can be as high as \$300,000 per year for a person with severe hemophilia and can exceed \$1 million for a person who develops an inhibitor. People with bleeding disorders simply cannot afford to pay 25% or more of this cost.
- The intent of requiring higher patient cost-sharing for drugs and biologics is to reduce reliance on these expensive drugs and incentivize patients to choose lower-cost generic alternatives. However, there are no generic alternatives to clotting factor therapies.
- Placing drugs in a specialty tier makes these medically necessary treatments unaffordable for most Americans. People with bleeding disorders who cannot afford specialty tier pricing may delay or go without treatment, resulting in disability and other complications that can lead to increased long-term healthcare costs.

H.R. 460 The Patients' Access to Treatments Act of 2013

- The Patients' Access to Treatments Act of 2013 would prevent private health insurance plans from requiring higher cost-sharing (co-payments and coinsurance) for medications in the specialty drug tier (typically Tier IV) than what is charged for drugs in a nonpreferred brand drug tier (typically Tier III).
- This bill will increase access to life-saving drugs by removing the burden of excessive cost-sharing, benefiting people with bleeding disorders and others with high-cost chronic conditions, such as leukemia and lymphoma, multiple sclerosis, rheumatoid and psoriatic arthritis, lupus, primary immunodeficiency diseases and Crohn's disease.
- An analysis by Avalere found that implementation of this bill would increase access to these life-saving drugs while only minimally increasing premiums by approximately \$3 per year for plans with specialty tiers, absent any other changes to the plan's benefit design.
- H.R. 460 was introduced by Reps. David McKinley (R-WV) and Lois Capps (D-CA). It currently has 87 bipartisan co-sponsors.

**Please co-sponsor H.R. 460 to enable patient access to treatments,
reduce disability and limit healthcare costs.**