



## **NATIONAL HEMOPHILIA FOUNDATION**

www.hemophilia.org

### **Co-Sponsor The Patients' Access to Treatments Act to Ensure Access to Life-Saving Therapies**

#### **About Health Insurance, Specialty Tiers and Hemophilia**

- Many health insurers have prescription drug formularies that require enrollees to pay different amounts of cost-sharing for different categories of drugs. Biologics and other drugs requiring special administration are frequently placed on a "specialty tier," which requires patients to pay a percentage of the cost of the drug (from 25% to 33% or more), 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.
- Most private plans must comply with the annual out-of-pocket maximum policies created by the Affordable Care Act, which caps expenses at \$6,600 for an individual or \$13,200 for a family in 2015.
- When bleeding disorders treatments are placed on the specialty tier, this means that a person or family is responsible for a year's worth of out-of-pocket expenses in the first month or two. This is a huge financial burden and impedes access to treatments.
- The intent of requiring higher patient cost-sharing is to reduce reliance on 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.

#### **The Patients' Access to Treatments Act (PATA)**

- The Patients' Access to Treatments Act requires private health insurance plans to charge the same amount of cost sharing (co-payments and coinsurance) for medications in the specialty drug tier (typically Tier IV) as is charged for drugs in a non-preferred brand drug tier (typically Tier III).
- This bill removes 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.
- The bill will soon be reintroduced by Reps. David McKinley (R-WV) and Lois Capps (D-CA). It had 142 total bipartisan co-sponsors in the last Congress.

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