May 26, 2017

The Honorable Daniel R. Benson
New Jersey General Assembly
3691A Nottingham Way
Hamilton Square, NJ 08690

Via e-mail:  AsmBenson@njleg.org

Dear Assemblyman Benson:

On behalf of the American Society of Hematology (ASH), which represents more than 17,000 clinicians and scientists committed to the study and treatment of blood and blood-related diseases, I am writing to extend the Society’s sincere appreciation for your efforts to introduce New Jersey Assembly Bill A.2337, which will help patients by removing some of the cost barriers to accessing necessary prescription medications. This legislation would positively impact the thousands of patients treated by the Society’s members in New Jersey, including those with blood cancers, bleeding and clotting disorders, and serious hereditary diseases such as sickle cell disease and thalassemia.

Thanks to innovative new treatments, diseases that were once fatal are now being treated as chronic conditions and, for other diseases, new treatments have greatly increased average life expectancy. For example, therapies such as Gleevec – used to treat patients with certain types of leukemia – have turned a once life-threatening diagnosis into a condition that can be managed with a daily pill.

Sadly, insurance coverage has not kept pace with innovation in medicine and these breakthrough treatments will be out of reach for many patients due to high deductibles, coinsurance and significant co-pays required by some insurers. In order to access certain medications, health plans often require patients to pay co-insurance – a percentage of the actual cost of a medicine – rather than a flat co-pay. This happens commonly with medications used to treat cancer, HIV/AIDS, arthritis, multiple sclerosis, and many other debilitating and life-threatening diseases. Co-insurance can translate to thousands of dollars in cost sharing for just a one-month supply of a medication, placing severe financial strain on patients who are already among the most vulnerable.

Patients are sometimes forced to make their treatment choice based on cost, rather than efficacy, with devastating results. When cost becomes a barrier to access, patients do not use their medications appropriately, skipping doses in order to save money or abandoning a treatment all together. Studies have shown, prescription abandonment rates increase significantly when patient cost sharing exceeds $100.* These burdensome cost sharing designs have been very common in many of the health plans sold on New Jersey’s health insurance exchange.
The legislation you introduced, A.2337, will help remove this barrier to care for countless individuals in New Jersey by placing maximums on the out-of-pocket costs that patients can be required to pay for each prescription medication. The legislation caps patient out of pocket maximums of state regulated plans at $100 per 30 day supply for silver, gold and platinum plans and $200 in bronze level plans. These changes would dramatically improve affordability for patients without significantly altering the existing insurance marketplace.

A.2337 will greatly reduce the financial burden that patients with blood cancers and other diseases currently face in order to take these necessary therapies. While this legislation will not solve the problem of high drug prices, it will certainly help remove the high cost burden on many patients.

ASH thanks you for your continued support and leadership in working to introduce this life-saving legislation, making this important bill one step closer to becoming law and guaranteeing equality of access to new and innovative therapies for patients in the state of New Jersey. ASH remains committed to working with you and your colleagues to help remove barriers to care and the heavy cost burdens on hematology patients. Please do not hesitate to contact ASH Legislative Advocacy Manager Tracy Roades (202-776-0544 or troades@hematology.org) or ASH Government Relations Coordinator Foster Curry (202-776-0544 or fcurry@hematology.org) if you have any questions or need additional information.

Sincerely,

Kenneth C. Anderson, MD
President