**TALKING POINTS for the PATIENTS’ ACCESS TO TREATMENT ACT**

- **Introduce yourself and your group**
  - The constituent(s) should begin the meeting by introducing him/herself, explain where you are from, what you do, they type of research you conduct, the kinds of patients you take care of, etc., and then let the others in the group introduce themselves.
  
  - Ask the person you are meeting with if he/she is familiar with hematology so you can gauge how to talk about the issues. If the staff person is not familiar with hematology, you can provide some examples of hematologic diseases/disorders and the patients you treat and major accomplishments of the field; if the staff person is familiar, you can briefly share some examples of exciting areas being explored and potential treatments and cures.

- **Indicate the issues you want to discuss**
  - Access to Specialty Tier Drugs
    - **REQUEST:** Cosponsor the Patients’ Access to Treatments Act (HR 2999); if the Member of Congress whose office you’re meeting with has already cosponsored the bill [a list of current cosponsors can be found here], simply thank them for cosponsoring the legislation and explain why this legislation is necessary.

  - Explain the problem and personalize with examples from your practice.
    
    - Many insurance plans have formularies or lists of drugs that are covered by the plan. Many plans separate drugs into tiers or categories to set co-payments: generics (Tier I), preferred name brands (Tier II), and nonpreferred brand name drugs (Tier III), specialty tier (Tier IV). Insurers set flat co-pays (i.e., $10/$20/$50) for drugs in the first three tiers.

    - Coinsurance for specialty tier drugs (Tier IV) is often set at 25%-33% (or more) of the cost of the drug.
      - *Examples in hematology:*
        - The yearly cost for clotting factor can be $300,000 per year for a person with severe hemophilia, and can exceed $1 million for a person who develops an inhibitor. With a 20 – 30 percent coinsurance, people with bleeding disorders simply cannot afford to pay this cost.
        - The yearly cost for Gleevec, a leukemia drug, can exceed $120,000 per year. A cost-share of even just 20% can generate an out-of-pocket expense of at least $1,200 per month for the patient.

    - Insurers require higher patient cost-sharing to reduce use of expensive drugs and incentivize patients to choose lower-cost generic alternatives. But, there are no generics for many treatments; reduced use can result in disability and other complications that increase healthcare costs overall.

    - When cost becomes a barrier to access, patients may not use their medications appropriately, skipping doses in order to save money or abandoning a treatment all together. According to several studies, prescription abandonment rates increase significantly when patients have to pay more than $100 for a prescription.
- Ask a **House** office to become a cosponsor of the *Patients’ Access to Treatments Act* (H.R. 2999) (or thank them if they have already cosponsored the bill).

- Ask a **Senate** office to introduce a bipartisan companion bill to the *Patients’ Access to Treatments Act* (H.R. 2999) in the Senate.

- The legislation:
  - Would prevent private health insurance plans from requiring higher co-payments and coinsurance for medication in the specialty drug tier (typically Tier IV) than what is charged for drugs in a nonpreferred brand drug tier (typically Tier III).
  - Would not make changes to Medicare or Medicaid. While there is no cost estimate for the bill, it is expected to be minimal.
  - An independent study estimates that the impact of the bill on premiums for plans with specialty tiers would be minimal, absent any other changes to the plan’s benefit design.

- **Wrap up the meeting**
  - Summarize what you are asking for:
    - **In the House:** Cosponsor the *Patients’ Access to Treatments Act* (H.R. 2999)
    - **In the Senate:** Support a companion bill to the *Patients’ Access to Treatments Act* (H.R. 2999)
  - Ask the person you are meeting with if he/she has any questions.
  - Ask the person you are meeting with where the Member stands on these issues and if you can count on his/her support.
  - Invite the Senator/Representative to visit your office/institution.
  - Thank the person you are meeting for his/her time.