April 22, 2013

The Honorable Bethany A. Hall-Long, Chair
Senate Committee on Health & Social Services
Dover, DE

RE: SB 35 – Support

Dear Senator Hall-Long:

The Immune Deficiency Foundation (IDF) writes in support of SB 35, which helps ensure that every Delaware resident has access to reasonable prescription drug benefits. SB 35 would impose dollar limits on the prescription drug insurance practice of cost-sharing known as specialty tiers in order to protect patients from unaffordable co-insurance or co-payment fees.

Founded in 1980, IDF is the national patient organization dedicated to improving the diagnosis, treatment and quality of life of persons with primary immunodeficiency diseases (PIDD) through advocacy, education and research. Patients with PIDD are born with a malfunctioning or non-existent immune system and are thus vulnerable to multiple and numerous infections, viruses and fungi. Patients with PIDD who are antibody deficient require regular, lifelong treatments of immunoglobulin replacement (Ig) therapy to replace antibodies necessary to fight disease and stay healthy and productive.

In recent years, IDF has received an increasing number of calls from concerned patients as insurers have begun shifting the costs of expensive treatments like Ig therapy onto patients through higher deductibles, copayments and coinsurance, making it increasingly difficult for individuals with PIDD to continue receiving their lifesaving immunoglobulin therapy. In many cases, medical plans are abandoning the traditional arrangement of patients paying a fixed co-payment amount for a prescription and instead are charging patients a percentage of the cost of certain high-priced specialty pharmacy drugs, usually 20 to 33 percent for Tier 4 specialty drugs.

SB 35 is very important for the hundreds of Delaware citizens who suffer from a PIDD, as patient financial responsibilities can mean the difference between receiving and not receiving needed medical treatments. For patients with PIDD who require Ig therapy, the co-insurance costs can amount to thousands of dollars per month for this complex, biologic treatment. Most families cannot afford to pay such large costs and instead go without care.

Without treatment, patients with PIDD will be ill more often, utilizing the health care system constantly and developing serious and severe co-morbidities and disabilities. The current situation encourages the unnecessary use of and burden to the health care delivery system by allowing health insurance companies to isolate those with rare and chronic conditions who need expensive biologic therapies and making their cost of care unaffordable. This is tantamount to a denial of treatment.

Thank you for your consideration of this critical issue, and I urge a favorable report for SB 35. Should you have any questions please contact me at 410-632-2552 or at llamotte@primaryimmune.org.

Regards,

Lawrence LaMotte
Vice President, Public Policy