The Immune Deficiency Foundation (IDF) writes in support of House Bill 644, an act to amend Chapter 20 of Title 33 of the Official Code of Georgia Annotated, relating to health care plans, so as to require issuers of health benefits plans which utilize drug formularies to make certain disclosures to enrollees; to provide for definitions; to require notice to an enrollee of a modification affecting drug coverage; to provide that certain copayment or cost-sharing amounts continue to apply for a certain duration; to provide for related matters; to repeal conflicting laws; and for other purposes.

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 through advocacy, education and research. Patients with primary immunodeficiency diseases are born with a malfunctioning or non-existent immune system and are thus vulnerable to multiple and numerous infections, viruses and fungi. Many patients with primary immunodeficiency diseases require regular, lifelong treatments of immunoglobulin replacement (Ig) therapy to replenish the antibodies necessary to fight disease and stay healthy and productive.

HB 644 is important for the hundreds of Georgians who live with a primary immunodeficiency disease. Ig therapy is a complex biologic medication derived from pooled human blood plasma. Costs for Ig replacement therapy medication can amount to thousands of dollars per month. Transparency in health plans is imperative for the unique needs of patients who suffer from rare and chronic conditions, like primary immunodeficiency diseases, in order to provide them with appropriate information that reflects coverage for their condition. It should be clear to these patients what the coverage and responsibility will entail for their Ig therapy prior to a patient enrolling. Large patient cost responsibilities for these expensive, biologic therapies can be equivalent to a denial of treatment for patients, particularly if the plan requires that the patient be responsible for a co-insurance percentage of their therapy’s cost. Patients need to be aware of these aspects of health plans in order to effectively choose a plan. For patients with primary immunodeficiency disease, access to Ig therapies is the difference between health and serious illness.

IDF urges a favorable report for HB 644. Thank you for your consideration of this critical issue. Should you have any questions please contact me at 410-632-2552 or at llamotte@primaryimmune.org.

Regards,

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Vice President, Public Policy