



**Testimony to the  
Committee on Health Coverage, Insurance and Financial Services**

**IN SUPPORT OF LD 1783**

*“An Act To Require Health Insurance Carriers and Pharmacy Benefits Managers To Appropriately Account for Cost-sharing Amounts Paid on Behalf of Insureds.”*

**Tuesday, January 11, 2022**

**Offered by  
Kristine Binette  
Programs and Services Specialist  
Epilepsy Foundation New England**

**TO:**

Senator Heather Sanborn, Chair  
Representative Denise Tepler – Chair  
\_\_\_\_\_  
Senator Stacy Brenner  
\_\_\_\_\_  
Senator Trey Stewart  
\_\_\_\_\_  
Representative Poppy Arford  
\_\_\_\_\_  
Representative Mark Blier  
\_\_\_\_\_  
Representative Heidi Brooks  
\_\_\_\_\_  
Representative Jon Connor  
\_\_\_\_\_  
Representative Richard Evans  
\_\_\_\_\_  
Representative Kristi Mathieson  
\_\_\_\_\_  
Representative Gina Melaragno  
\_\_\_\_\_  
Representative Joshua Morris  
\_\_\_\_\_  
Representative Tracy Quint  
\_\_\_\_\_

\_\_\_\_\_  
Edna Cayford - Committee Clerk  
\_\_\_\_\_

Dear Chairs Sanborn and Tepler and Members of the Committee:

650 Suffolk Street, #405 Lowell MA 01854      [www.epilepsynewengland.org](http://www.epilepsynewengland.org)

Our mission is to help people and families affected by epilepsy in New England.  
We are an independent 501 (c)(3) nonprofit organization with tax identification # 22-2505819

I am Kristine Binette, a Maine resident and Programs and Services Specialist with Epilepsy Foundation New England

1 in 26 Americans will develop epilepsy at some point in their lifetime.

On behalf of the more than 14,000 individuals living with epilepsy in Maine, the Epilepsy Foundation New England urges your support for LD 1783. For most people living with epilepsy, anti-epileptic drugs (AEDs) are the most common and cost-effective treatment for controlling and/or reducing seizures. This bill will help to make sure that all payments made by or for an individual count towards meeting their deductibles and out of pocket requirements.

LD 1783 would ensure that all people with high prescription drug costs have access to needed medications, even if they receive assistance to afford their drugs. In turn, it helps to make sure patients have meaningful and timely access to physician-directed care and prescribed medications. To change, limit, or deny access to medications could be extremely dangerous, leading to increased seizure activity and even death.

Everyone is well aware of the rising costs of healthcare and access to medications and patients should not be punished for needing or relying upon co-pay assistance. And insurers should not be allowed to “double-dip” – collecting payment assistance plus the patient’s full deductible and out of pocket monies.

Many people living with chronic disorders, such as epilepsy, rely upon payment assistance programs to help cover the costs of what can often be very expensive medications.

Here at the Epilepsy Foundation, we too have a medication assistance program to help individuals cover the costs of their epilepsy medications. During the pandemic we have seen an increase in the number of requests and, in turn, have increased the funds allocated to help folks. The need is real; they simply **cannot** afford their medications. With financial uncertainty facing many of our citizens, placing additional constraints on their ability to pay or to have coverage delayed for their medications is simply wrong.

Issuers have instituted copay accumulator programs as a result of unfounded concerns that copayment reimbursements by prescription drug manufacturers incentivize physicians to prescribe more expensive drugs. However, this is an inappropriate assumption, especially in relation to epilepsy. Epilepsy medications are not interchangeable, and treatment of epilepsy is highly individualized. There is no “one size fits all” treatment option for epilepsy, and the response to medications can be different for each person. In addition, many people with epilepsy, especially those living with rare epilepsy syndromes, are on several meds for their seizures and accompanying co-morbidities. Needing several, high-cost medications can have an unbearable cumulative financial effect for these folks without this assistance.

Not passing LD 1783 would translate to higher and unanticipated copays because deductibles would be satisfied later than they had been. This would undermine affordability, adherence to needed medications, and therefore, health outcomes. Patients should not be denied this assistance or punished for relying upon help to cover the costs of their medications. Only the

650 Suffolk Street, #405 Lowell MA 01854 [www.epilepsynewengland.org](http://www.epilepsynewengland.org)

Our mission is to help people and families affected by epilepsy in New England.  
We are an independent 501 (c)(3) nonprofit organization with tax identification # 22-2505819

insurance companies will benefit and see a savings....not the patient!

LD 1783 will allow financial support from manufacturers, and assistance from The Foundation's own medication assistance program, to count towards an individual's deductible.

This would impact each individual differently, but without the protections in LD 1783 it would often mean higher, unanticipated copays at the pharmacy because they are satisfying their deductible later than they used to, if at all.

This bill allows peace of mind for many by preventing unpredictable changes to how a deductible is calculated by a health plan. Such changes in affordability could impact adherence rates. Individuals may abandon medications at the pharmacy counter or adjust their medication regimen by trying to make their refill last longer and jeopardize their health. People living with complex chronic conditions increasingly face a landscape that makes it difficult to afford the medications prescribed by their provider. Especially during these uncertain times, this bill recognizes the need for ensuring that people can afford to get the medications they need. Now is not the time to add yet more barriers.

Epilepsy Foundation New England urges you to support LD 1783.

If you have any questions or need additional information, please contact me at [kbinette@epilepsynewengland.org](mailto:kbinette@epilepsynewengland.org) or by phone at 207-270-1578 .

Regards,

Kristine Binette  
Bill Murphy  
Programs and Service Specialist  
Epilepsy Foundation New England  
[kbinette@epilepsynewengland.org](mailto:kbinette@epilepsynewengland.org)  
207-270-1578