



March 4, 2016

The Honorable Charles Grassley  
Member  
Committee on Finance  
219 Dirksen Senate Office Building  
United States Senate  
Washington, DC 20510

The Honorable Ron Wyden  
Ranking Member  
Committee on Finance  
219 Dirksen Senate Office Building  
United States Senate  
Washington, DC 20510

Re: Request for Feedback on Drug Pricing Report

Dear Senator Grassley and Ranking Member Wyden:

The Alliance for Patient Access (AfPA) would like to thank you for the opportunity to comment on the impact of drug costs on access and patient care. AfPA is a national network of nearly 700 physicians working to ensure patient access to approved therapies and appropriate clinical care. Since its inception, AfPA has made comment on numerous policy matters that impact patient access, including legislation, regulations, and coverage limitations.

AfPA contends that health policy must recognize the primacy of the physician-patient relationship, preserve patient access to care, and respect physician clinical decision-making. Patients trust that their physicians will exercise their best professional judgment in prescribing a course of care. Yet that relationship is undermined when payment and coverage policies or cost factors impede a physician and patient's ability to direct the course of care.

While expensive new therapies such as curative drugs for hepatitis C present cost challenges, they also represent unprecedented treatment options for patients. But insurance companies are increasingly passing the burden of prescription drug costs onto patients through higher deductibles and co-payments for necessary medications. More expensive drugs often get placed on specialty tiers, which require patients to pay a proportion of the specialty tier medication's cost (co-insurance) instead of a flat co-payment.

Faced with co-insurance rates of 25%, 30% or higher, patients may have to choose between vital medications and everyday necessities. Some opt to go without treatment rather than risk bankrupting their families. In fact, a recent Gallup poll revealed that nearly one in three Americans delay health care because of cost.

Other patients are blocked outright from accessing the medications they need due to step therapy edits. Patients must first take less expensive medications preferred by the insurance company and fail on them. Only then can they get coverage for the medication originally

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prescribed by their doctor. The process saves money for insurance companies. But the consequences can be complicated – and potentially hazardous to patients’ health.

Still other patients find their access to necessary medications stalled by arduous prior authorizations processes. In the case of hepatitis C cures, patients may have to go through more than a dozen prior authorization requirements. This often includes demonstrating advanced liver fibrosis to prove that their stage of liver disease justifies access to treatment.

As your Committee works to ensure patients have access to innovative therapies, the Alliance for Patient Access urges you to consider all relevant factors, not solely drug pricing. Health plan design, utilization management techniques and cost-sharing impact patients’ ability to access the treatments prescribed by their health care providers. These factors deserve equal scrutiny by you and your colleagues.

Thank you again for your interest in this important issue and for the opportunity to provide comment. AfPA supports policies that ensure patients have access to all approved therapies and urges continued focus on removing barriers to that care.

Sincerely,

A handwritten signature in black ink, appearing to read "Brian Kennedy", followed by a vertical line.

Brian Kennedy  
Executive Director