



Patients need the tools to manage their prescription drug costs!

Support HB1745 (Leader Harris)/SB275 (Sen. Bennett)

The Problem: Patients Cannot Afford Their Medications

As the cost of health care continues to rise, many consumers and patients see their out-of-pocket responsibility increase year after year. Thanks to innovative new medicines, many diseases that were once fatal are now being treated as manageable chronic conditions, and for other diseases, new medicines have greatly increased average life expectancy and quality of life. Unfortunately, these treatments are often expensive, and under many health insurance plans, patients living with serious and life-threatening diseases must pay thousands of dollars in out-of-pocket costs to access the drugs their health care providers have prescribed.

Health plans that include coinsurance — in which patients are responsible for paying a percentage of the drug's price — are particularly challenging for patients with chronic diseases. These patients often require specialized medical care for months or years at a time. In many cases, patients face tremendous financial burdens, and often then must pay a significant deductible at the start of the year, for many years in a row. Because coinsurance is a percentage of cost, rather than an actual dollar amount, patients face exposure to exorbitant and unexpected costs, even after they have met their deductible.

For more information, please contact Shana Crews at shana.crews@cancer.org or 309.645.6909

The Issue: By the Numbers

- There are more than **500** plans offered across all insurance companies and counties in IL
- Less than **10%** of those plans provide patients with an affordable, predictable way to pay for specialty medicines
- **92%** require coinsurance for specialty medicines
- On average, patients have to pay **45%** of the cost of the medicines under these plans
- **56%** require a deductible before starting to cover a specialty medicine
- **No plans offer copay options for specialty medicines**

HB1745/SB275 will:

- Require all health insurers to offer at least some plans that use only flat-dollar/predictable copays for prescription drugs, or
- Require that some plans have a flat-dollar copay cap, or
- Enable patients to plan financially for their medications and, as a result, have a better chance of sticking to their treatment plans and improving their health.

Supporters:



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