

To Susan M Cox/CO/KAIPERM@Kaiperm

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Subject Oral cancer therapy insurance mandate

History:

This message has been forwarded.

Dear Ms. Cox.

I am delighted to reflect on the passage of that bill. First let me say I have spent 50 years in the health care field, and am one of the health care experts in the Oregon Legislature. I feel I did a lousy job vetting that bill and wish I had it to do over again.

First, a relatively simple matter. I should have realized that when a therapy moved from an inpatient or an outpatient setting to being covered as an outpatient drug the patient's co-payment arrangement changes. I first heard from Kaiser members whose copay went from \$10 or \$20 to 20% or 50% of the cost of a very expensive drug.

But the much more important thing is that I do not remember any discussion in testimony about the very significant increase in cost of moving to an oral from infusion method of drug delivery. I received infusion therapy for lymphoma during 2005-2006 and I was very thankful that I did not need to be hospitalized to receive that therapy. In prior years I would have had to have the therapy on an inpatient basis. I simply assumed it would only be done on an oral basis when it was more efficient and more effective to do it that way.

Boy, was I ever wrong on that one. It turns out it is frequently extraordinarily more expensive and not necessarily more effective substituting an oral for an infusion-delivered therapy. We should have considered that more carefully.