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**OFFICE OF THE DIRECTOR**  
**DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS**  
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CATHERINE P. AWAKUNI COLÓN  
DIRECTOR  
JO ANN M. UCHIDA TAKEUCHI  
DEPUTY DIRECTOR

TO THE SENATE COMMITTEES ON HEALTH AND  
COMMERCE AND CONSUMER PROTECTION

TWENTY-EIGHTH LEGISLATURE  
Regular Session of 2015

Tuesday, February 10, 2015  
9:00 a.m.

**TESTIMONY ON SENATE BILL NO. 301 – RELATING TO HEALTH.**

TO THE HONORABLE JOSH GREEN, M.D. AND ROSALYN H. BAKER, CHAIRS,  
AND MEMBERS OF THE COMMITTEES:

My name is Gordon Ito, State Insurance Commissioner, testifying on behalf of the Department of Commerce and Consumer Affairs (“Department”). The Department supports the intent of this bill, and submits the following comments on this bill.

The purpose of this bill is to require insurers offering or renewing individual or group accident and health or sickness insurance policies on or after January 1, 2017, to make available complete and updated formularies to enrollees, potential enrollees, and providers.

This bill would better ensure transparency of prescription drug benefits, and assist consumers with making more informed choices about health care coverage. Formularies are changed, replaced, and deleted throughout the plan year. As drafted, however, this requirement would apply to all insurers of accident and health or sickness policies, not only mutual benefit societies and health maintenance organizations. The requirement should be directed to those insurers offering comprehensive medical plans.

**Senate Bill No. 301**  
**DCCA Testimony of Gordon I. Ito**  
**Page 2**

The Department would also suggest that due to daily changes in the average wholesale price, updates should occur no later than 72 hours after making a change to a formulary.

We thank the Committees for the opportunity to present testimony on this matter.



An Independent Licensee of the Blue Cross and Blue Shield Association

February 10, 2015

The Honorable Josh Green, M.D., Chair  
Senate Committee on Health  
The Honorable Rosalyn H. Baker, Chair  
Senate Committee on Commerce and Consumer Protection

**Re: SB 301 – Relating to Health**

Dear Chair Green, Chair Baker and Members of the Committees:

The Hawaii Medical Service Association (HMSA) appreciates the opportunity to testify on SB 301 which would require health plans to post drug formularies on their websites. HMSA opposes this Bill as drafted.

We should first note that HMSA already posts our formulary on our website. We also make every attempt to provide advanced notice of formulary changes, and that is particularly true for a major drug change such as when Lipitor was taken off of the formulary. We also executed an elaborate and exacting communications plan for our Akamai Advantage members when changes were made to that formulary.

That said, we are concerned that the requirements of this Bill does not fully contemplate our having to contend with the thousands of drugs in the formulary which may change on a daily basis. It would be extremely difficult to comply with the provisions of the legislation because reporting co-pay amounts in a uniform manner is virtually impossible. Some of our plans have co-pay amount based on percentages. And, the costs of drugs vary, and vary from pharmacy to pharmacy as well.

We would suggest working with the proponents of this legislation to discuss the issues we face and perhaps come to a common ground on how to address their concerns.

Thank you for allowing us to testify in opposition to SB 301, and your consideration of our concern is appreciated.

Sincerely,

Jennifer Diesman  
Vice President, Government Relations



## HAWAII MEDICAL ASSOCIATION

1360 S. Beretania Street, Suite 200, Honolulu, Hawaii 96814  
Phone (808) 536-7702 Fax (808) 528-2376 www.hmaonline.net

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Senator Josh Green, Chair

Senator Glenn Wakai, Vice Chair

### COMMITTEE ON COMMERCE AND CONSUMER PROTECTION

Senator Rosalyn H. Baker, Chair

Senator Brian T. Taniguchi, Vice Chair

DATE: Tuesday, February 10, 2015

TIME: 9:00AM

PLACE: Conference Room 229

FROM: Hawaii Medical Association

Dr. Christopher Flanders, DO, Executive Director

Lauren Zirbel, Community and Government Relations

**Re: SB 301**

**Position: SUPPORT**

Hawaii Medical Association supports this measure. This measure will require entities that offer or renew health plans on or after January 1, 2017, to make available a complete and updated formulary to enrollees, potential enrollees, and providers.

Many patients have specific drug needs and choose a health plan that promises to cover their drugs. Unfortunately, plans can change their formularies at any time, leaving patients with significantly higher co-pays than they had budgeted for when they originally contracted with their health insurance plan.

We think this is unfair to patients. We believe this bill will go a long way to remedy this issue.

Thank you for the opportunity to submit testimony.

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Cancer Action Network  
2370 Nu`uanu Avenue  
Honolulu, Hawai`i 96817  
808.432.9149  
[www.acscan.org](http://www.acscan.org)

Senate Committee on Health  
Senator Josh Green, Chair  
Senator Glenn Wakai, Vice Chair

Senate Committee on Commerce and Consumer Protection  
Senator Rosalyn Baker, Chair  
Senator Brian Taniguchi, Vice Chair

### **SB 301– RELATING TO HEALTH**

Cory Chun, Government Relations Director – Hawaii Pacific  
American Cancer Society Cancer Action Network

Chair Green, Chair Baker, and members of the joint committees, thank you for the opportunity to provide testimony in **support** of SB 301 with some suggested amendments, which requires health insurers and mutual benefit societies to provide critical information on medications offered through the plans to enrollees and potential enrollees on January 1, 2017.

The American Cancer Society Cancer Action Network (ACS CAN) is the nation's leading cancer advocacy organization. ACS CAN works with federal, state, and local government bodies to support evidence-based policy and legislative solutions designed to eliminate cancer as a major health problem.

This measure will require prescription drug formularies easier to understand by creating a consumer-friendly way to search plan offerings by the drugs that they need. For persons living with serious and chronic conditions, the choice of health insurance and ensuring coverage for their needed prescription drugs is particularly important. All of the qualified health plans available in the new insurance markets must provide a benefit package that includes prescription drugs, but the drugs that are covered will vary by plan.

Consumers must think about the kind of health insurance coverage they need and carefully look at the kind of prescription drug coverage the plan offers to make sure the drugs they take will be covered. Since many specialty drugs can be extremely expensive, individual patients will want to know if specific drugs they need are covered and at what patient cost.

Drug formularies are increasingly complex, but they are vitally important for patients with chronic conditions to understand. Persons living with chronic conditions currently have difficulty obtaining information needed to confirm which drugs are covered, unavailable, or time consuming to access.

Attached are some suggested amendments we recommend to provide additional transparency, clarity, and information to the consumers. Thank you for the opportunity to provide testimony on this measure.

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# A BILL FOR AN ACT

RELATING TO HEALTH.

**BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:**

SECTION 1. Chapter 431, Hawaii Revised Statutes, is amended by adding a new section to article 10A to be appropriately designated and to read as follows:

**"§431:10A- Formulary; accessibility**

**requirements.** (a) Each insurer offering or renewing an individual or group accident and health or sickness insurance policy on or after January 1, 2017, shall:

- (1) Post the formulary for the policy on the insurer's website in a manner that is accessible and searchable by insureds, potential insureds, and providers;
- (2) Update the formulary on the insurer's website no later than twenty-four hours after making a change to the formulary; and

(3) Use a standard formulary template pursuant to subsection (d) to display the formulary or formularies for each product offered by the plan.

(4) Prior to the beginning of the open enrollment period, provide information required by this section prior to the beginning of the open enrollment period via a public website and through a toll-free number that is posted on the insurer's website.

(b) Each insurer posting the formulary pursuant to subsection (a) shall include all of the following:

(1) Any prior authorization, step edit requirements, or utilization management edits for each specific drug included on the formulary;

(2) If the plan uses a tier-based formulary, the plan shall specify for each drug listed on the formulary the specific tier the drug occupies and list the specific co-payments for each tier in the evidence of coverage;

(3) For prescription drugs covered under the plans medical benefit and typically administered by a provider, plans must disclose to insureds and potential insureds, all covered drugs and any cost-sharing imposed such drugs. This information



can be provided as part of the plan's formulary pursuant to section (1) or via a toll free number that is staffed at least during normal business hours; and

(4) For each prescription drug included on the formulary under paragraph (1) or (2) that is subject to a coinsurance and dispensed at an in-network pharmacy the plan must:

(i) disclose the dollar amount of the insured's or potential insured's cost-sharing, or

(ii) the plan can provide a dollar amount range of cost sharing for a insured or potential insured each specific drug included on the formulary, as follows:

(a) Under \$100 - \$.

(b) \$100-\$250 - \$\$.

(c) \$251-\$500 - \$\$\$.

(d) \$500-\$1,000 - \$\$\$\$.

(e) Over \$1,000 -- \$\$\$\$\$.

If the insurer allows the option for mail order pharmacy, the insurer shall separately list the range of cost-sharing for an insured or potential insured if the insured or potential insured purchases the drug through a mail order facility

utilizing the same ranges as provided in this subsection.

- (5) Detail whether the prescription drugs are included or excluded from the deductible and detail whether cost-sharing applies to the deductible .

(c) Each insurer subject to this section shall, no later than thirty days after the offer or renewal date, attest to the insurance commissioner that the insurer has satisfied the requirements of this section.

(d) The commissioner may develop a standard formulary template pursuant to this section. If the commissioner develops a template, a health care service plan shall use the template to comply with the provisions of this section.

(e) For the purposes of this section, "formulary" means the complete list of drugs preferred for use and eligible for coverage under a policy including drugs covered under the policy's pharmacy benefit and medical benefit as defined by the insurance commissioner."

SECTION 2. Chapter 432, Hawaii Revised Statutes, is amended by adding a new section to article 1 to be appropriately designated and to read as follows:

**"§432:1- Formulary; accessibility requirements.** (a) Each mutual benefit society offering or

renewing an individual or group accident and health or sickness insurance policy on or after January 1, 2017, shall:

- (1) Post the formulary for the policy on the mutual benefit society's website in a manner that is accessible and searchable by insureds, potential insureds, and providers;
- (2) Update the formulary on the mutual benefit society's website no later than twenty-four hours after making a change to the formulary; and
- (3) Use a standard formulary template pursuant to subsection (d) to display the formulary or formularies for each product offered by the plan.
  
- (4) Prior to the beginning of the open enrollment period, provide information required by this section prior to the beginning of the open enrollment period via a public website and through a toll-free number that is posted on the insurer's website.

(b) Each mutual benefit society posting the formulary pursuant to subsection (a) shall include all of the following:

- (1) Any prior authorization, step edit requirements, or utilization management edits for each specific drug included on the formulary;
- (2) If the plan uses a tier-based formulary, the plan shall specify for each drug listed on the formulary the specific tier the drug occupies and list the specific co-payments for each tier in the evidence of coverage;
- (3) For prescription drugs covered under the plans medical benefit and typically administered by a provider, plans must disclose to insureds and potential insureds, all covered drugs and any cost-sharing imposed such drugs. This information can be provided as part of the plan's formulary pursuant to section (1) or via a toll free number that is staffed at least during normal business hours; and
- (4) For each prescription drug included on the formulary under paragraph (1) or (2) that is subject to a coinsurance and dispensed at an in-network pharmacy the plan must:

  - (i) disclose the dollar amount of the insureds or potential insured's cost-sharing, or
  - (ii) the plan can provide a dollar amount range of cost sharing for an insured or potential

insured of each specific drug included on the formulary, as follows:

- (a) Under \$100 - \$.
- (b) \$100-\$250 - \$\$.
- (c) \$251-\$500 - \$\$\$.
- (d) \$500-\$1,000 - \$\$\$\$.
- (e) Over \$1,000 -- \$\$\$\$\$.

If the mutual benefit society allows the option for mail order pharmacy, the mutual benefit society shall separately list the range of cost-sharing for an insured or potential insured if the insured or potential insured purchases the drug through a mail order facility utilizing the same ranges as provided in this subsection.

- (6) Detail whether the prescription drugs are included or excluded from the deductible and detail whether cost-sharing applies to the deductible.

(c) Each mutual benefit society subject to this section shall, no later than thirty days after the offer or renewal date, attest to the insurance commissioner that the mutual benefit society has satisfied the requirements of this section.

(d) The commissioner may develop a standard formulary template pursuant to this section. If the commissioner

develops a template, a health care service plan shall use the template to comply with the provisions of this section.

(e) For the purposes of this section, "formulary" means the complete list of drugs preferred for use and eligible for coverage under a policy including drugs covered under the policy's pharmacy benefit and medical benefit as defined by the insurance commissioner."

SECTION 3. Section 432D-23, Hawaii Revised Statutes, is amended to read as follows:

**"§432D-23 Required provisions and benefits.** Notwithstanding any provision of law to the contrary, each policy, contract, plan, or agreement issued in the State after January 1, 1995, by health maintenance organizations pursuant to this chapter, shall include benefits provided in sections 431:10-212, 431:10A-115, 431:10A-115.5, 431:10A-116, 431:10A-116.2, 431:10A-116.5, 431:10A-116.6, 431:10A-119, 431:10A-120, 431:10A-121, 431:10A-122, 431:10A-125, 431:10A-126, [~~431:10A-122, and 431:10A-116.2,~~] 431:10A- , and chapter 431M."

SECTION 4. New statutory material is underscored.

SECTION 5. This Act shall take effect on July 1, 2015.



National Kidney Foundation™

of Hawaii

February 8, 2015

To: Senator Josh Greene, Chair  
Committee on Health  
Senator Rosalyn Baker, Chair  
Committee on Commerce and Consumer Protection  
Hawaii State Senate

From: Glen Hayashida, President and CEO  
National Kidney Foundation of Hawaii  
1314 South King Street, Suite 1555  
Honolulu, HI 96814

RE: SB301 Relating to Health

Chair and Committee members:

The National Kidney Foundation of Hawaii is a major voluntary health organization serving approximately 262,000 people in Hawaii and an affiliate of the National Kidney Foundation which serves approximately 29 million people with Kidney Disease nationwide.

The National Kidney Foundation of Hawaii strongly supports SB301 because individuals with Kidney and related diseases rely upon expensive medications and treatments for these conditions. When purchasing an insurance plan, these consumers need to choose a plan that covers their medications. They also need to know how much their medications will actually cost and if any changes are made to their coverage once they have purchased a plan.

Mahalo for the opportunity to provide testimony in support of this bill.

Mahalo,

Glen Hayashida, President & CEO,  
National Kidney Foundation of Hawaii

We like to encourage you to release the funds for NKFH for the original intent, and the intent of the (Senate /House), for Land acquisition and purchase.

CC: Dept of Labor  
Dept of Finance



**From:** [mailinglist@capitol.hawaii.gov](mailto:mailinglist@capitol.hawaii.gov)  
**To:** [HTHTestimony](#)  
**Cc:** [info@neuropathyaction.org](mailto:info@neuropathyaction.org)  
**Subject:** Submitted testimony for SB301 on Feb 10, 2015 09:00AM  
**Date:** Friday, February 06, 2015 5:01:24 PM

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**SB301**

Submitted on: 2/6/2015

Testimony for HTH/CPN on Feb 10, 2015 09:00AM in Conference Room 229

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
James Lee	Neuropathy ACtion Foundation	Support	No

Comments: The Neuropathy Action Foundation (NAF) strongly supports SB 301. As you know, chronic disease, such as neuropathy, is a significant driver of health care costs. When purchasing health insurance, these individuals need certain information to make smart decisions about their coverage, especially the particular drugs within a plan's formulary and the networks to which all of their many providers belong. Unfortunately, this information is often very difficult to obtain. Many individuals with a chronic disease rely on expensive medications to treat their conditions. When purchasing an insurance plan, these consumers need to choose a plan that covers their medications or they risk missing treatment or incurring high costs. Unfortunately, there is no simple way for an individual to determine which of their needed drugs are covered by an exchange. Technology should be able to easily translate this information into a format that consumers can use to make informed choices about their insurance. The reality is that exchanges do not have to post information on covered medications, Prior Authorization or step therapy Requirements and/or the range of coinsurance for these services. This bill would provide transparency to this process and help patients to get insurance that matters to them and it will help providers keep patients on their current medications.

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

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**To:** [HTHTestimony](#)  
**Cc:** [kglick@wheelchair-kauai.com](mailto:kglick@wheelchair-kauai.com)  
**Subject:** Submitted testimony for SB301 on Feb 10, 2015 09:00AM  
**Date:** Monday, February 09, 2015 6:32:57 PM

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**SB301**

Submitted on: 2/9/2015

Testimony for HTH/CPN on Feb 10, 2015 09:00AM in Conference Room 229

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Kevin Glick	Hawaii Community Pharmacists Association	Support	No

Comments: Hawaii Community Pharmacists association strongly supports SB-301 and encourages passage out of committee. Access to drug formulary in a timely manner will substantially increase the quality of patient care by allowing providers to prescribe medications that are covered by a patients insurance and cost affective. By making this information available to providers substantial time will be saved due to fewer calls from pharmacists regarding noncovered medications or medications with copayments that patients are unable to afford.

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February 9, 2015

The Honorable Josh Green, Chair  
Senate Committee on Health  
Hawaii State Capitol  
415 South Beretania St.  
Honolulu, HI 96813

**RE: SB 301 (Green) - Support**

Dear Senator Green,

The Arthritis Foundation thanks you for introducing SB 301 and urges the members of the Senate Committee on Health and the Senate Committee on Commerce and Consumer Protection to support this important bill. Senate Bill 301 will make drug coverage and drug formularies readily available and understandable to patients, allowing them to make informed decisions on their health care coverage.

Patients with complex medical conditions rely on prescription drugs in order to maintain their health and remain a productive member of society. Ensuring their prescription drug is covered is essential to the management of their condition. In many cases, these prescriptions are vital to ensuring the long term control of their arthritis conditions. However, ensuring one's prescription is covered does not go far enough; the challenge patients face is knowing how much their medication will cost.

Senate Bill 301 takes the first step to ensure patients will be able to make informed decisions through about their health care choices and ensure there isn't an interruption in the management of their disease. For these reasons, the Arthritis Foundation supports SB 301 and urges your support.

Sincerely,



Krystin Miek Herr  
Vice President, Government Relations & Advocacy  
Cell (916) 502-2979  
[kherr@arthritis.org](mailto:kherr@arthritis.org)

cc: Senator Glenn Wakai, Vice Chair, Senate Committee on Health  
Senator Rosalyn Baker, Chair, Committee on Commerce & Consumer Protection  
Senator Brian Taniguchi, Vice Chair, Committee on Commerce & Consumer Protection

February 7, 2015

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\*Deceased

To: Senator Josh Green, Chair  
Committee on Health  
Senator Rosalyn Baker, Chair  
Committee on Commerce and Consumer Protection  
Hawaii State Senate

From: Phil Kinnicutt, Board President and Hawaii Liaison  
GBS/CIDP Foundation International  
Narberth, PA 19072-2215

Re: SB301 Relating to Health

**In Strong Support**

Chairs & Committee Members:

The GBS/CIDP Foundation International is a world-wide organization of more than 30,000 people diagnosed with or recovered from Guillain-Barré syndrome (GBS), chronic inflammatory demyelinating polyneuropathy (CIDP) and related syndromes, or who have joined loved ones on their path to recovery.

The Foundation strongly supports SB301 because individuals with diseases like GBS, CIDP and related syndromes rely on expensive medications to treat their conditions. When purchasing an insurance plan, these consumers need to choose a plan that covers their medications or they risk missing a treatment or incurring high costs. They also need to know how much their medications will actually cost and if any changes are made to their coverage once they have purchased a plan.

SB301 will help insure that consumers have timely and accurate information in order to make informed decisions and manage their health care.

Mahalo for the opportunity to provide testimony in support for this bill.

Aloha,

Phil Kinnicutt  
Board President and Hawaii Liaison  
341 Iliaina St., Kailua, HI 96734-1807  
808-254-4534



February 6, 2015

Senator Josh Green, Chair  
Committee on Health  
Hawaii State Capitol, Room 407  
415 South Beretania Street  
Honolulu, HI 96813

Senator Jill Tokuda, Chair  
Committee on Ways and Means  
Hawaii State Capitol, Room 207  
415 South Beretania Street  
Honolulu, HI 96813

Dear Senators Green and Tokuda:

On behalf of the Epilepsy Foundation and the Epilepsy Foundation of Hawaii, we urge you to support Senate Bill 301, which would make prescription drug coverage and formularies easier to understand by creating a consumer-friendly way for individuals to search for the drugs they need when considering different health insurance plans. For persons living with complex chronic conditions, like epilepsy, making sure that the health insurance plan they choose covers the prescription drugs they need is incredibly important because they rely on meaningful access to lifesaving medications to maintain their quality of life.

The Epilepsy Foundation is the leading national voluntary health organization that speaks on behalf of more than 2.8 million Americans with epilepsy and seizures, including the nearly 13,000 Hawaii residents represented by the Epilepsy Foundation of Hawaii. Together we work to foster the wellbeing of children and adults affected by seizures through research programs, educational activities, advocacy, and direct services. Epilepsy is a medical condition that produces seizures affecting a variety of mental and physical functions. Approximately 1 in 26 Americans will develop epilepsy at some point in their lifetime. For the majority of people living with epilepsy, anti-epilepsy drugs are the most common and most cost effective treatment for controlling and/or reducing seizures, and they must have meaningful and timely access to physician directed care.

Persons living with complex chronic conditions know they must select a plan that covers their medications, but obtaining the information they need to confirm if their drugs are covered, and the costs or restrictions associated with the drug, is unavailable or incredibly time consuming to acquire. SB 301 seeks to address these challenges by requiring that the plans provide a complete formulary that is comprehensive, up to date, and easily searchable; information on restrictions to accessing the medication, such as prior authorization or step therapy requirements; and information on the range of out of pocket costs to the patient.

The Epilepsy Foundation and Epilepsy Foundation of Hawaii support legislative efforts to pursue stronger transparency requirements for qualified health plans offered in Hawaii. SB 301 would ensure that comprehensive, easy to understand drug coverage information is available for Hawaii residents looking to purchase health insurance, making it easier for all consumers, especially those living with complex chronic conditions like epilepsy, to make informed decisions when selecting a health plan. Please do not hesitate to contact Angela Ostrom, Chief Operating Officer and Vice President Public Policy at 301-918-3766 or [aostrom@efa.org](mailto:aostrom@efa.org) with any questions or concerns.

Sincerely,

A handwritten signature in black ink, appearing to read "Samantha West".

Samantha West, MSW  
Executive Director  
Epilepsy Foundation of Hawaii

A handwritten signature in black ink, appearing to read "Philip M. Gattone".

Philip M. Gattone, M.Ed.  
President & CEO  
Epilepsy Foundation

To: Senator Josh Green, Chair  
Committee on Health  
Senator Rosalyn Baker, Chair  
Committee on Commerce and Consumer Protection  
Hawaii State Senate

Re: SB301 Relating to Health – **Letter of Support**

Dear Chairs and Committee Members,

The Leukemia & Lymphoma Society (LLS) is the world's largest voluntary health agency dedicated to the needs of blood cancer patients. Each year, over 140,000 Americans are newly diagnosed with blood cancers, accounting for nearly 10 percent of all newly diagnosed cancers in the United States. The mission of LLS is to find cures for leukemia, lymphoma, and multiple myeloma and to ensure that blood cancer patients have sustainable access to quality, affordable, coordinated healthcare. LLS funds lifesaving blood cancer research around the world, provides free information and support services, and advocates for public policies that address the needs of patients with blood cancer. Since our founding 65 years ago, LLS has invested nearly \$1 billion into research for cures and LLS-funded research has been part of nearly all of the FDA-approved therapies for blood cancer.

A lack of transparency in plan information is among the access barriers blood cancer patients can face when purchasing health insurance. The costs associated with a cancer diagnosis can be overwhelming for many patients and a lack of transparency only makes this more challenging. One straightforward remedy is to arm patients with detailed information about their coverage and the costs associated with that coverage so they are empowered to make educated healthcare decisions.

Today, many cancer patients rely on outpatient prescription drugs as a primary form of treatment, and information regarding drug coverage and the costs associated with prescription drug coverage can be particularly difficult to find. When patients are not armed with the correct information about the tier and cost of their drug, they are more likely to have challenges paying for their medications at the pharmacy. This can lead patients to skip or abandon treatment or incur significant amounts of medical debt. Patients need accurate and comprehensive drug formularies to make informed decisions about their healthcare.

SB 301 would enable patients to view a comprehensive drug formulary before they purchase a plan. It would require that all formularies follow a standardized template which displays important consumer information about each drug including:

- Cost tier and approximate dollar amount that the patient will pay (copay or coinsurance)
- Utilization Management Requirements (whether the drug requires prior authorization, any step therapy requirements, quantity limits, etc.)
- Uses the United States Pharmacopeia classification system



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[www.LLS.org](http://www.LLS.org)

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The Leukemia & Lymphoma Society supports SB 301 so that blood cancer patients can have better access the essential information they need to make informed decisions about their healthcare. Please join us in ensuring transparent access to healthcare by supporting SB 301.

Best wishes,

Thea Zajac, MSW  
Director of State Government Affairs, Pacific West Region  
Leukemia & Lymphoma Society

415.625.1105 [thea.zajac@lls.org](mailto:thea.zajac@lls.org)