The Massachusetts Medical Society (MMS) wishes to be recorded in support of House bill 943, An Act to reduce co-pays for people with chronic conditions.

The Massachusetts Medical Society is a professional association of over 25,000 physicians, residents, and medical students across all clinical disciplines, organizations, and practice settings. The Medical Society is committed to advocating on behalf of patients, to give them a better health care system, and on behalf of physicians, to help them provide the best care possible. In striving for health equity and optimal medical care, the Medical Society passionately endorses legislation that improves affordability and accessibility of health care in the Commonwealth. For that reason, the Medical Society wishes to be recorded in strong support of the above referenced legislation that would offer a meaningful approach to ameliorating issues of high and rising costs of prescription drugs.

This bill seeks to make prescription drugs more affordable, and therefore more available, to patients who need them. The 2023 CHIA Annual Report shows that pharmacy spending grew 9.6% on an annualized basis from 2019 to 2021. The resulting prescription drug affordability challenges that patients often face lead to extremely difficult and unjust decisions having to be made. A 2019 MassINC survey found that one in four Massachusetts residents did not fill a prescription because of cost, leading to worsening of their condition. Twenty-four percent of those who continued to pay for their medications reported needing to cut back in other areas in order to afford their prescription drugs. These decisions meant struggling to pay for things such as food, rent, and utilities, which we also know are important to health.

This proposed legislation would establish cost assistance programs, which would improve affordability—and thus accessibility—for certain medications. Specifically, these programs are designed to eliminate cost-sharing for medications to treat three chronic conditions - diabetes, asthma, and heart conditions- that disproportionately impact people of color. In the case of insulin, the primary treatment for diabetes, the legislation would cap co-pays at $25 for a 30-day
supply. Medicare, New York and every other New England state has already capped co-payments for insulin, making Massachusetts an outlier in our region.

From the physician perspective, these cost assistance programs would be extremely beneficial in establishing patient care regimens that have a higher likelihood of adherence. High drug costs challenge physicians treating patients with lower income when the preferred or indicated drug is unaffordable for the patient. At times, the prescriber is forced to choose a lower cost drug to make it more likely that the patient will be able to comply with the regimen. This lower cost drug, however, may not be the ideal medication for the patient’s medical needs and can result in suboptimal care that further exacerbates disparities in health and health care. From a health equity perspective, we must not allow the rising costs of prescription medications to perpetuate this inequity.

This legislation will help our patients access the best health care for them. Specifically, communities of color and low-income communities are amongst the most negatively impacted by the constantly increasing prices of prescription drugs. Chronic conditions, such as diabetes, asthma, and cardiovascular conditions, disproportionately affect people of color. Each of these conditions require continual medication to manage and treat effectively. The cost of these medications is often prohibitive for many patients. When patients cannot afford these medications, they are at higher risk for severe complications. Accordingly, if we are serious about working to improve health equity, we must take steps toward improving prescription drug affordability in the Commonwealth.

Thank you for your consideration of our comments and for your important work on this pressing topic. The Medical Society respectfully urges a favorable report on House bill 943, An Act to reduce co-pays for people with chronic conditions.