



Our Mission: To drive efforts to cure psoriatic disease and improve the lives of those affected.

Insurance and Real Estate Committee
Legislative Office Building, Room 2800
Hartford, CT 06106

March 10th, 2016

RE: Support HB5517 – Cost Sharing for Prescription Drugs

Dear Members of the Insurance and Real Estate Committee:

My name is John Latella, West Granby, CT and I am representing the National Psoriasis Foundation with respect to HB 5517, An Act of Cost Sharing for Prescription Drugs. Psoriasis is a disease of the autoimmune system with no defined cause at this time and is also a chronic illness. Research in recent years has found that there are several co-morbidities (con-current) diseases that may result if psoriasis is not treated in its early stages. These diseases include but are not limited to Psoriatic Arthritis, Diabetes, Depression, and Cardiovascular Disease. I was diagnosed with Psoriasis in 1964 and Psoriatic Arthritis in 1976. For many years I had a skin involvement of 80% surface area. These areas are marked by raised red patches followed by the formation of silvery scales. They can form on virtually every area of your body including the face. During my 52 years of dealing with psoriasis I have tried numerous treatments including salves, creams, ingested drugs, photo therapy and finally biologics. All of these treatments come with a price, a price at times to hefty for many patients to continue on a proven therapy for their condition. For some patients who would ordinarily rely on phototherapy the co-pay has become burdensome because for many, therapy is needed three (3) times a week for several months. I myself underwent 120 PUVA treatments over a years' period of time in 1995 at the cost of co-pay of \$20.00 per treatment. I understand that this cost has doubled today and not many patients have access to home photo therapy units because of the cost, for many this is the best therapy available. On the other hand other patients have not had the success that they would have expected with phototherapy, including me. In the past 12-15 years biologics have been introduced as a therapy to treat autoimmune diseases, psoriasis and psoriatic arthritis included. These biologics tend to be very costly and the copays are out of reach of many patients (usually in the thousands of dollars). Some pharmaceutical companies offer co-pay assistance for a limited time, usually a year, however when the time is up, if the patient can no longer afford the copay and is forced to cease use, psoriasis returns with a vengeance and psoriatic arthritis continues on its path of destruction. While the affordable care act implemented yearly caps on prescription medication costs patients are met with large prescription costs in the first two months of the year before the cap is met. Faced with large copays they often abandon treatment, which leads to hospital visits and an overall less healthy patient. This legislation would spread the cost out by placing monthly per prescription caps on medication. This will lead to greater drug adherence by patients, which as a result lead to healthier patient populations, which will ultimately drive down health care premiums. I along with the National Psoriasis

Foundation urge this committee to vote favorably on this bill to allow more patients to live a Quality of Life that they deserve.

Sincerely,

John Latella

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