



610 10th Street NW, Ste 300
Washington, DC 20001

April 26, 2021

Chairman Chris Hansen
200 E Colfax
Denver, CO 80203

Dear Chairman Chris Hansen,

The Infusion Providers Alliance (IPA) is the leading voice for in-office and freestanding ambulatory infusion care, representing more than 870 community-based, non-hospital providers across the United States. Our members are committed to preserving the integrity of the provider-patient relationship in a manner that delivers exceptional care to patients and value to the health care system. Our facilities are major access points of care for patients with complex and chronic health conditions, including a host of auto-immune conditions such as rheumatoid arthritis, Crohn's disease, ulcerative colitis well as many other rare diseases. The convenience and exceptional patient experience in our facilities keeps these patients' adherent to their medications and reduces flare ups and emergency hospital admissions.

We are writing to express concerns regarding CO Senate Bill 175, the Prescription Drug Affordability Review Board. This five-member, un-elected board would have the authority to set arbitrary price caps through an upper payment limit (UPL) on prescription medications. While we agree on the need to lower prescription drug prices for patients at the pharmacy counter, we believe SB 175 would lead to unintended consequences by threatening patient access to critically needed medicines for Coloradans. This policy also sets a dangerous precedent for leaving the door open for discriminatory price caps on medicine.

Our primary concern is patients being able to obtain the medicines they need when they need them. While imposing a UPL may seem to be a straightforward solution to the concerns about drug affordability, the bill could threaten the availability of medicines in our state. Several members of the pharmaceutical supply chain inside and outside of Colorado have also expressed concerns about patients' ability to access to medicines if they are required by law to adhere to a UPL. If a UPL should be imposed on a medicine, and a pharmacy or dispensing provider cannot buy a drug for the state-ordered UPL rate, they cannot stock or sell it and the medicine will not be available to patients. Furthermore, if a payor cannot successfully negotiate to obtain the therapy at the state-prescribed UPL, this could also result in a drug no longer being covered. Finally, if a dispensing provider or a hospital must purchase the drug at a loss because it buys from an out of state entity but can only be reimbursed the state's UPL, this could lead to access issues for the patients we treat.

Finally, we are concerned that this legislation has been developed without a true stakeholder process. It is important for the full patient community, providers, hospitals, pharmacies, the Bioscience community, and other members of the pharmaceutical supply chain to be a part of the solution. Conversations about the value of treatments and cures, what is truly driving costs for patients, and comprehensive discussions around the pharmaceutical supply chain, should have all experts providing input, so the unintended consequences mentioned above can be avoided.

We respectfully ask for your consideration of our concerns with the upper payment limit (UPL) authorized by SB 175 and ask that the bill be amended to remove that authority.

Sincerely,

Infusion Providers Alliance
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Washington, DC 20001