

November 1, 2023

Ohio House of Representatives Insurance Committee
77 South High Street, Floor 13
Columbus, OH 43215
Submitted Electronically

RE: ERIC Written Testimony and Request for Amendment to HB 291 – Allowing Formulary Substitution of Cost-Saving Biosimilar Medical Products

Dear Representatives Liston and Carruthers, Chair Lampton, Vice-Chair Barhorst, and members of the Ohio House of Representatives Insurance Committee:

The ERISA Industry Committee (“ERIC”) appreciates the opportunity to comment on the proposed legislation contained in HB 291 being considered by the Ohio House of Representatives Insurance Committee (“Committee”) during today’s hearing. **ERIC urges the Committee to amend this legislation to include access to all biosimilar products to promote competition and drive lower drug costs for Ohioans.** Otherwise, the legislation will fall short of improving public policy in this area and is likely to face broad opposition from stakeholders.

ERIC is a national advocacy organization exclusively representing the largest employers in the United States in their capacity as sponsors of employee benefit plans for their nationwide workforces. With member companies that are leaders in every economic sector, ERIC is the voice of large employer plan sponsors on federal, state, and local public policies impacting their ability to sponsor benefit plans. ERIC member companies offer benefits to tens of millions of employees and their families, located in every state and city.

Biosimilars are safe, effective, high-quality, and affordable alternatives to their reference biologics. ERIC supports efforts to drive better formulary access to these therapies as doing so drives competition and results in lower costs for workers and their beneficiaries. Unfortunately, HB 291, as written, would limit access to over 40 [biosimilars](#) available today. We write to the Committee to call your attention to a commonsense solution and address this concern.

A distinction *should not* be drawn between biosimilar products and “interchangeable” biosimilar products, as both can be reliably substituted for a reference product safely and effectively. Creating such an arbitrary legal distinction would broadly bar access to proven and effective biosimilars and force patients across the state to use more expensive biologic products for no clinical reason. As the U.S. Food and Drug Administration has made explicitly clear:

“there may be inaccurate perceptions that interchangeable biosimilars are safer or more effective than biosimilars that are not approved as interchangeable. The interchangeability designation does not indicate a higher level of biosimilarity.

Health care professionals can prescribe both biosimilar and interchangeable biosimilar products in place of the reference product with equal confidence that they are as safe and effective as their reference products.”¹

To address this concern, ERIC recommends the Committee revise HB 291 in section C(4)(a)-(c) by adding “or biosimilar product” immediately following “generically equivalent drug or interchangeable biological product” when referenced. This would prevent barriers to patient access to biosimilars and potentially save the state upwards of \$518 million.²

ERIC strongly urges the Committee to amend HB 291 to add “or biosimilar product” as outlined above to provide access to biosimilars and help improve prescription drug affordability across the state. If you have any questions concerning the amendment proposed in our comments or would like to discuss ways in which access to biosimilar products will benefit Ohio employers and employees, please contact us at (202) 789-1400 or dclair@eric.org.

Sincerely,



Dillon Clair
Director, State Advocacy and Litigation

¹ [Updated FDA Labeling Recommendations for Biosimilar and Interchangeable Biosimilar Products | FDA](#)

² [Pacific Research Institute Center for Medical Economics and Innovation study on cost-saving potential of biosimilar products by state, October, 2021](#)