



Regarding support for **S2253** An Act RELATING TO INSURANCE -- PRESCRIPTION DRUG BENEFITS

To the members of the Rhode Island Senate Health & Human Services Committee:

My name is Dr. Gabriela Weigel, and I am a gynecologic oncology fellow physician at Women and Infants Hospital. I am writing as a representative of American College of Obstetricians and Gynecologists (ACOG) as well as the Rhode Island Oncology Society (RIOS) in **support of S2253**.

I wish to express my strong support of this bill, which would allow third party co-pay assistance programs to be applied to a patient's overall deductible, thereby reducing patients out of pocket costs for healthcare. Within the field of gynecologic oncology, this bill is vitally important to our patients, particularly those who are low income and on high deductible plans.

There have been many advances in cancer therapeutics in recent years, particularly within the field of immunotherapy and targeted therapies. These are helping patients live longer and with better quality of life, however often come with significant financial toxicity. These medications are extremely expensive and patients often rely on co-pay assistance programs to have access to these therapeutics. Within my field, examples of such are Keytruda (pembrolizumab) used in uterine, cervical, vulvar and some ovarian cancers, Jemperli (dostarlimab) used primarily in uterine cancers, and PARP inhibitors (olaparib, niraparib) used for ovarian cancer.

Despite co-pay assistance programs however, patients still face significant financial costs while undergoing cancer treatment¹ - between co-pays and out of pocket costs for frequent visits, lab draws, medications, emergency room visits, hospitalizations, and transportation to and from appointments, many patients can barely afford basic necessities like their phone or grocery bill. In fact, a recent 2026 poll by the Kaiser Family Foundation (KFF) found that the majority of US adults are worried about healthcare costs (66%), monthly utilities (57%), food and groceries (57%), rent or mortgage (52%) and gas/transportation costs (52%).² An example of this is a patient of mine, "Julia"³ who is on Keytruda for uterine cancer. She missed several appointments recently and could not be reached by phone, therefore a wellness check was called on her due to concern for her safety. Luckily, the patient was safe and well, but did not have enough money to pay for her phone bill or transportation to appointments therefore was not able to show for her cancer treatments.

S2253 would be a step in the right direction to help alleviate financial costs for patients like mine who rely on co-pay assistance programs, and yet still struggle to stay out of medical debt and pay for their basic necessities. Therefore, I strongly support and encourage the passage of S2253. Thank you for the opportunity to provide written testimony and advocate on behalf of my patients.

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¹ Boubberhan S, Shea M, Kennedy A, Erlinger A, Stack-Dunbier H, Buss MK, Moss L, Nolan K, Awtrey C, Dalrymple JL, Garrett L, Liu FW, Hacker MR, Esselen KM. Financial toxicity in gynecologic oncology. *Gynecol Oncol.* 2019 Jul;154(1):8-12. doi: 10.1016/j.ygyno.2019.04.003. Epub 2019 Apr 30. PMID: 31053404; PMCID: PMC7001853.

² [How does cost affect access to healthcare? - Peterson-KFF Health System Tracker](#)

³ Name changed for privacy purposes