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**Proponent Testimony HB418 – Non Medical Switching  
Ohio House Health Committee  
January 28, 2020**

Chairman Lipps, Ranking Member West, and members of the House Health Committee – I am Jeff Stephens with the American Cancer Society Cancer Action Network (ACS CAN), and I thank you for the opportunity to provide testimony on HB418.

The American Cancer Society Cancer Action Network (ACS CAN), the nonprofit, nonpartisan advocacy affiliate of the American Cancer Society, supports evidence-based policy and legislative solutions designed to eliminate cancer as a major health problem. As the nation's leading advocate for public policies that are helping to defeat cancer, ACS CAN ensures that cancer patients, survivors, and their families have a voice in public policy matters at all levels of government. We are focused on the needs of patients and ensuring that people have access to the care they need to prevent, detect and fight cancer and to maximize the quality of their lives.

ACS CAN **SUPPORTS** HB 418 which prohibits insurers from taking certain actions regarding medications during a benefit plan year, such as increasing cost-sharing, reducing coverage, or removing medications from drug formularies.

ACS CAN supports legislative and regulatory policies that would prohibit negative mid-year formulary changes (e.g., changes that would cause the enrollee to pay more out of pocket and/or lose coverage of a drug) around coverage and cost, for an individual enrolled in a health plan, for a single plan year. HB 418 helps to ensure that the formulary that was disclosed to consumers at the time they enrolled in the policy remains in effect throughout the plan year.

When an individual enrolls in a health plan, absent a qualifying event, the individual is prohibited from changing health plans until the end of the plan year. Yet, currently, a health plan has the power to change the formulary during the plan year. Why should only one party in this contractual agreement have the power to change the terms of the contract without notice or negotiation?

We recognize that in some cases, formulary changes can be beneficial to consumers in cases when new drugs – particularly lower-cost generic drugs – are newly approved by the Food and Drug Administration. However, absent specific requirements, unfettered formulary changes

could be misused by a health plan insofar as the plan could market a robust formulary to consumers and then change to a severely restrictive formulary when the enrollee is unable to change to a different health plan. The enrollee may have selected a plan based on its coverage of certain drugs.

Over 65,000 Ohioans will be diagnosed with cancer in 2020. Persons living with serious and chronic conditions like cancer need to be sure that the health insurance plan they choose covers the medicine they need. Access to life saving drugs can make all the difference in their survival of the disease.

Therefore, ACS CAN SUPPORTS HB 418, and asks the committee for a favorable committee report.