

**Proponent Testimony for SB 56
Ohioans for Step Therapy Reform**

The Ohio Senate Committee on Health, Human Services and Medicaid
Columbus, Ohio
April 11, 2018

Good morning Chairman Huffman, Vice Chair Gavarone and Ranking Member Antonio, one of the bill's co-sponsor, and members of the Health Committee.

- Thank you for the opportunity to speak in support of HB 72.
- My name is Bing Hinton. I am a patient living in Cincinnati who has been living with Crohn's disease since the age of 14. I am a pediatrician and researcher by training. Currently, I am a Trustee and Director for the Clare Foundation, which focuses on health care processes, and the President of the Southwest Ohio Chapter of the Crohn's and Colitis Foundation.
- The Crohn's and Colitis Foundation is the leading organization advocating for the approximately 1 in 200 Americans living with Inflammatory Bowel Disease today by supporting comprehensive research programs to find a cure and diverse community outreach programs to improve the quality of life of patients.
- I was diagnosed with Crohn's disease over 30 years ago. I have had 6 surgeries and several serious complications related to the disease, including deep vein thrombosis due to refractory inflammation. I have lived with the disease three quarters of my life and therefore understand the challenges of chronic disease.
- The relentless nature of chronic disease is challenging enough with advanced care and supportive providers. Policies like Step Therapy undermine the doctor patient relationship precisely when it is most important, at the time of an acute illness requiring a change in care, a medically informed judgment, or a new and more potent treatment regimen, that is, when a patient is most vulnerable. It threatens patient autonomy and it removes informed and directed care. Further, it makes providing care a challenge for the health care team.
- As a patient, I have experienced step therapy. When my Crohn's disease became severe, I was started on biologic therapy, which helped for awhile but became ineffective over time, so I was changed to another biologic, but only benefitted from a partial response. At this point, my doctor suggested I switch to an immunomodulator, the same drug I was on before my condition worsened and I needed biologics. I asked why, pointing out that this regimen failed to maintain me in remission before and my disease was now severe and refractory requiring stronger meds and frequent use of steroids. He responded that was the protocol now, and because of my medical training I knew what that meant.. the insurance company was dictating my treatment choices, and their priority was cost containment, which probably translated to avoidance of the most effective – and standard first line - biologic. As a result of this conversation, I changed doctors and realized I may not have recognized the problem if I were not in health care.

- When I realized my own doctor allowed Insurance companies to direct my care, I was both angry and scared. I left this doctor, but the doctor was not the problem, the ability of non-medical stakeholders to influence providers and direct treatment decisions was, and is, the problem. As a patient, I expect trained providers who are using clinical guidelines and have my best interests in mind to direct my care.
- According to a recent Foundation survey of patients, 36% of people with IBD report experiencing step therapy, and 90% of patients in Ohio believe step therapy is a barrier to timely and appropriate care.
- Step therapy delays access to prescribed treatment, denies evidence based Guidelines, and puts patients at unnecessary risk. For some, this delay can lead to exacerbated symptoms and disease flares, including disabling pain, as well as avoidable and costly complications, including the need for hospitalization or surgery.
- Step therapy diminishes the value of care by wasting resources and time in the name of cost containment... cost containment policies defined by profit-oriented business people making medical decisions.
- Step therapy has been shown to result in delayed care and worsened clinical outcomes in IBD patients.
- As both a patient and a doctor, I have experienced the various ways Insurance companies interfere with the doctor patient relationship and confound the health care system; it is a significant threat to both optimizing the health of a patient and the efficiency of health care delivery. I believe treatment decisions are between the patient and health care providers. No one wants their serious illnesses managed by a financial person who has no medical training and whose primary aim is to reduce cost.
- As a doctor, I have been involved in the inefficient rejection and justification processes Insurer's impose on patients and providers. These processes are frustrating because they are uninformed and ultimately interfere with patient care and at times seem to be designed specifically to exhaust the patient and health care team.
- Cost containment is a necessary aim, but not if it is achieved systematically at the expense of the patient's health.
- While HB 72 does not eliminate step therapy, it is a balanced bill that would improve the practice of step therapy and help people get the treatment they need when they need it. HB 72 improves patient access to timely and indicated medical treatment. 98% of patients polled in Ohio by the Crohn's and Colitis Foundation support legislation to ensure that doctors can prescribe the most appropriate medication.
- I support HB 72 because it would protect the patient and the doctor-patient relationship by ensuring treatment decisions are made by the medical care team thereby optimizing health outcomes.
- Thank you. As a patient, health care provider and volunteer for the Crohn's & Colitis Foundation, I urge you to pass HB 72.