

House Health
Proponent Testimony
HB72
April 11, 2018

Chairman Huffman, Vice Chair Gavarone, Ranking Member Antonio and members of the Committee:

With your permission, I'll give you a bit of background on my story.

My son, Sam, who is now 16, was diagnosed with psoriasis when he was 7. Sam had an unusually severe case for a child. He didn't learn to properly hold a pencil until 3rd grade because his fingertips were too raw and cracked. He used to crawl on his knees because it was just too painful to walk, because the bottoms of his feet were too cracked. We tried topicals – lotions and creams, UV therapy that had us at the doctor twice a week, pills that wound up altering his mood, but didn't clear his psoriasis and twice weekly injections that simply didn't work well enough.

Then we came upon a different injection. He has been on this medication for three years now and quite simply it works (knock wood). Sam is clear (knock wood). The kid who couldn't walk now plays football, soccer, wrestles and does track and field. The kid who couldn't hold a pencil now writes, types, texts and snapchats with ease. As a mom, it doesn't get much better than that.

I want to, in consultation with his doctor, give my son the mildest medicine that will give my child the quality of life he deserves. Having said that, however, the idea of having to go back through steps that we have already done and failed, sounds like a nightmare. It doesn't make any sense to me.

In addition, I have been told by a number of doctors that if he goes off this medication for a period of time, there is a very good chance that his body will develop antibodies to the medicine and it won't work anymore. Ever. Once he goes off, he runs the very real risk that it won't work if he tries it again. We don't have the luxury of starting over at the lower steps that failed. We don't have the luxury of waiting for insurance companies to delay for months to determine that they will cover him.

But then last January, we switched insurance companies. I was prepared though. I downloaded our new cards the minute they were available. By January 4, I had forwarded a copy to Sam's dermatologist and she had called the insurance company. She was told that we did not need any additional authorization, because he had previously been approved for that medicine – even though it was with a different insurance company. It sounded too good to be true, but that's what we were told, and we couldn't do anything else.

Two weeks later, reality hit, I called to get his refill and was told that they needed more paperwork from the doctor. To make a very long story short, it took hours – hours - on the phone with the insurance company that week and dozens of phone calls to get the medication

approved. Most representatives couldn't give me a clear picture of the approval process or where we were in that process.

Additionally, one of the representatives told me that they were going to deny coverage for Sam, because the medication hadn't been proven clinically effective for patients under 18. The fact is, however, it had been proven clinically effective in THIS patient for TWO YEARS. They never got into the specific steps that they had wanted him to try, but the fact is whatever they would have said would probably have been something we had already tried and failed. We had already tried and failed practically everything that was approved pediatrically. It was just so very much harder than it should have been.

I went through a similar process again this January because we switched insurance companies, because our old insurance company was no longer offering that plan.

We were fortunate and got the medicine approved before he had to miss a dose. I fear, however, that we not the norm. We have been blessed with a phenomenal team of doctors who will sit for hours on the phone to make sure their patients get the medicines they need. I am lucky to have a job that enables me to sit on the phone for hours at a time to fight for my child. We are fortunate to have a support organization like the National Psoriasis Foundation who would have helped us with next steps if we needed them. My heart breaks for those who don't have those things available and who have to go back to medicines that have failed. I worry about patients with life threatening diseases who have to miss doses or go back to previously failed therapies while they wait for the insurance companies to decide what to do.

HB 72 provides common sense solutions like creating exceptions to step protocols in cases where they clearly don't make sense. For example, Section 3901.822 (B)(5) of the bill creates an exception to step therapy requirements when, and I quote "the patient is stable on a prescription drug selected by their health care provider for the medical condition under consideration, regardless of whether or not the drug was prescribed when the patient was covered under the current or a previous health benefit plan." This common sense provision would have saved me hours of headache and heartache this January.

The bill also mandates a clear appeal process so that doctors and patients can work through the system more quickly and effectively.

I encourage you to support HB72 to improve the lives of all Ohioans living with chronic illnesses.

Thank you for your time.

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