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April 4, 2018

House Health Committee
Ohio House of Representatives
77 S. High St.
Columbus, OH 43215

Re: HB72 – Improves step therapy

Dear Committee Members:

On behalf of Komen Columbus and the thousands of patients and survivors we advocate for, also a member of the 60-member coalition representing thousands of providers and patients throughout Ohio, **we urge you to support House Bill 72.**

The bipartisan legislation, sponsored by Representatives Terry Johnson and Nickie Antonio, will provide patients timely access to the medications they need. Members of our coalition have testified at bill hearings, advocacy days, and individual meetings with legislators over the past two years on the adverse impact that step therapy/fail first requirements have caused our patients.

HB72 improves step therapy protocols, a one-size-fits-all utilization management tool used by health insurance plans, which require patients to try and fail one or more prescription drugs before coverage is provided for the medication chosen by the patient's health care provider.

We understand the need to contain health care costs, but we are concerned because step therapy algorithm requirements do not take into account the physician's clinical judgement as well as the patient's personal medical history.

HB72 does **not** prohibit insurers from using step therapy and it does **not** require insurers to cover any specific medication. It seeks to improve the step therapy process by balancing cost containment with common sense patient needs. **HB72** would ensure that step therapy decisions are based on clinical practice guidelines or medical or scientific evidence. It would require insurers to have a clear, convenient process for physicians to pursue a step therapy exemption. The bill also specifies the conditions under which it is medically appropriate to exempt patients from step therapy.



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Excluding physicians' clinical judgment from patients' treatment plans creates a barrier to getting the right care at the right time. Step therapy can undermine physicians' ability to effectively treat patients and lower quality of care, resulting in set-backs and disease progression for patients.

The recent approval of generic drugs for cancer treatment, including aromatase inhibitors, has allowed health plans to employ step therapy and require the use of generics as a first-line therapy. Physicians are faced with considerable challenges in identifying drugs subject to step therapy due to the varying formularies and protocols established by health plans and pharmacy benefit managers. Unfortunately, there is no standardization in how the protocols are employed, leading to burdensome steps for physicians and delayed treatments for patients. According to a study published in the American Journal of Managed Care, step therapy may create barriers for members to receive medication, and ultimately result in higher medical utilization costs. These protocols should optimize affordable, effective and appropriate access to care, not lead to delayed treatments, poor patient outcomes and increased medical costs. Unfortunately, most step therapy protocols rely on generalized information regarding patients and their treatments as opposed to taking into account unique patient experiences and responses to different treatments. This disjointed system has created a barrier for patients in accessing timely and appropriate treatments.

An analysis in California found that while step therapy does not have a goal of preventing patients from receiving prescribed medications, the preponderance of evidence suggests that this may occur for some patients. Recent surveys by the Medical Society of the State of New York and the New York Academy of Family Physicians found that patients often have to wait several weeks to receive anti-cancer medications, during which the cancer progresses, and patients deteriorate. Another study reported that 53 percent of patients whose oncology medications were rejected because they did not meet step therapy requirements did not receive another drug within the recommended 30-day window.

Additionally, there is no standardization among health plans regarding the override process making it difficult for physicians to prescribe the best option for the patient. These access restrictions can prohibit a provider from prescribing what they believe in the best course of treatment. The same physician survey found 98 percent of the surveyed physicians said the process to exempt patients from step therapy requirements was "challenging" to "extremely challenging".

To ensure patients and their physicians can choose the most appropriate and effective course of treatment for them, Susan G. Komen advocates for policies to

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reduce insurance barriers that preclude physician decision making, and place unnecessary burdens on accessing care, including step therapy protocols. Patients and physicians should have the opportunity to choose the best therapy without the burden of overly restrictive cost containment policies.

Ohioans cannot wait any longer to have the patient protections in HB72 and we respectfully urge you to prioritize the passage of this legislation.

Ohio would join the growing list of 16 states that have enacted similar step therapy legislation, including Indiana, West Virginia, Iowa, Arkansas, Louisiana, New Mexico, and Texas.

Thank you in advance for supporting patients throughout Ohio.

Julie McMahon
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