

Step Therapy HB 72 Support Testimony

Good morning Chairman Huffman and members of the Health Committee,

My name is Lisa Miller and I am a patient navigator with a large oncology practice in Columbus. I am also a volunteer advocate with National Patient Advocate Foundation. I appreciate the opportunity to speak before you today in support of HB 72, legislation that I believe will strengthen patient access to needed treatment and protect patients from the potential harms of overreaching step therapy practices. In my role as a patient navigator, I assist people with numerous health care delivery issues and truly understand their perspective.

I am here to discuss my experience navigating patients through the process of step therapy that requires patients to try and fail alternative treatments before the intended physician-recommended treatment can be given. I've seen as a result, patients are often unable to access the medications, diagnostic tests or other therapies discussed and agreed upon with their physician to treat their condition in a timely and effective manner. Treatment decisions should be the result of shared decision-making between patients and their physicians. Any delays in accessing recommended treatments personalized to patients' particular circumstances could put their health and well-being at risk.

Let me give you an example. A patient came to my office asking for assistance obtaining authorization from insurance for a medication to prevent reduced blood cell count because of treatment for serious illness. Insurance told us it would take 7-10 business days. After his treatment was delayed 7-days he presented to the office and insurance had not yet made a decision. At this point the patient's blood counts were so low the doctor wanted him admitted to the hospital for possible blood transfusion. Due to the patient's job situation, he requested to try again for the drug authorization to keep him at work and out of the hospital. I personally spoke to the medical director with the insurance and was told they would not cover the doctor-prescribed drug and they couldn't guarantee they would cover the alternative either. That said, they repeatedly stated so long as we could show the drug was medically necessary, they would cover it. Patient started the drug that day for 10 days yet insurance ultimately denied it stating the first line option should have been a second alternative. Even the medical director was not able to tell me this from the beginning. Patient came in for next treatment and had to eventually receive first alternative to bring his counts up to obtain treatment.

From my perspective as a liaison in helping patients through the step therapy process, I believe HB 72 would help ensure the best health outcomes for them. I'm passionate about this legislation because patients need a direct route to receiving the most appropriate therapies recommended by their care team. Step therapy protocols should be clear, understandable and allow flexibility for considering the professional judgment of practitioners and personal expertise of patients about their needs. HB 72 will help ensure that people can remain stable on current therapies that help them manage their condition.

National Patient Advocate Foundation has submitted companion testimony with further details. I thank you again for the opportunity to share my experience and state our strong support for HB 72.