

Testimony of Greg DeLorenzo, MD, FACR

Supporting SB 56 -Adopt requirements for step therapy protocols
March 7, 2017

Chairman Burke, Vice Chair Beagle and Members of the Health, Human Services and Medicaid Committee:

Legislators will soon be asked to consider a bill to limit how health insurance companies dictate what medications patients can receive. Specifically, the bill will limit step therapy. This is the process the insurers use to refuse to cover the medication a doctor has prescribed and insist instead that the patient take something that costs the insurance company less. Curbing this practice will be a huge step in the right direction. I have a few suggestions for legislators as they consider this issue.

Currently, insurers are requiring patients to “step through” multiple drugs before they can have what I, their doctor, prescribed. This is ridiculous. There’s a reason insurers do it. It has nothing to do with patient care and everything to do with money. The longer the insurer can stall and delay providing the medication the patient needs, the longer they can postpone paying for a newer, more effective treatment. There should be a limit on how many steps patients must take, and on how long the company can take to approve a prescription.

Sometimes, the medication the insurance company wants the patient to take is actually contraindicated. In plain language, the patient has medical issues that make that specific medication dangerous for that patient. There should be an easy process to bypass a contraindicated medication based upon FDA labeling without a lengthy appeals process. Does the insurer care? Not a bit. They are saving money and I, as the physician, am the one who bears the liability. A patient may also be doing well on a medication and their employer then switches to a new insurer. The new insurer may have different step requirements based on their contracts with pharmaceutical companies to get the cheapest cost and will make the patient switch medications. These medications are not always interchangeable and patients may have a fantastic response to one but not another. This bill is being drafted to include conditions under which step therapy can’t be used and this should be among them.

Insurers will argue, they have doctors who review the step requirements and appeals. Where that is the case, we are generally talking apples and oranges. I’m a rheumatologist. I treat patients with complex and often debilitating conditions such as rheumatoid arthritis. These are also conditions for which a new class of medications has been introduced. These medications are expensive, but they attack the disease differently than earlier medications. If the insurer had a rheumatologist reviewing my prescriptions, it’s quite likely we could avoid all this step therapy nonsense. But what’s happening instead, is that general practitioners or non rheumatologists who are not familiar with the advances in rheumatology are the ones insurers turn to for their reviews. The bill should require insurers to get an opinion from a specialist in the same field as the prescriber.

I’m told the bill will require a clear appeals process when step therapy is employed. I’d go further and say there needs to be a one page appeals form and a limit on how many times the company can demand more information. Currently, my office staff endures lengthy forms, multiple phone calls, and letters back and forth, to delay the process of patients receiving the medication. In the meantime, the patient suffers not only pain, but in some cases further debilitating, irreversible damage from the disease.

And here’s the thing insurers won’t tell legislators, patients or anybody else: they have a financial incentive to push patients onto some of these medications versus others. It’s partly that older medications are less expensive. It’s also, that some pharmaceutical companies are providing rebates to insurers. Basically, when they make you take a drug that is contraindicated and may not be as effective, they get a kickback called a rebate. If that’s going to be legal, at least the legislature should require disclosure to patients who are denied access to the medication their doctor prescribed.

Healthcare is a complicated business and step therapy is a big part of the problem. It’s been getting worse year after year, and we’re finally at the point where lawmakers may take action. I hope they do. I also hope they consider what I’m suggesting, because my patients and I feel they are not getting the care they deserve and we are extremely frustrated.