



Testimony of Holly Pendell  
National Multiple Sclerosis Society, Ohio Chapters  
March 7, 2017

Good afternoon Chairman Burke, Ranking Minority Member Senator Tavares and committee members. My name is Holly Pendell and I represent the National Multiple Sclerosis Society in Ohio.

On behalf of the approximately 20,000 Ohioans who live with multiple sclerosis, the National Multiple Sclerosis Society wishes to offer the following comment on Senate Bill 56, which addresses step therapy practices.

I would like to begin with a bit of information about multiple sclerosis. MS interrupts the flow of information from the brain to the body and stops people from moving. Every hour in the United States, someone is newly diagnosed with MS, an unpredictable, often disabling disease of the central nervous system. Symptoms range from numbness and tingling to blindness, and even paralysis. The progress, severity and specific symptoms of MS in any one person cannot yet be predicted. The cause is unknown and there is no cure. Most people with MS are diagnosed between the ages of 20 and 50 and it is the leading cause of disability in young adults. MS affects more than 2.5 million worldwide.

The initiation of treatment with an FDA-approved disease-modifying treatment is recommended as soon as possible following a diagnosis of relapsing MS. However, it can take years for a person living with a chronic health condition like MS to find the most effective course of treatment for their set of symptoms. Step therapy or “fail first” policies are a form of utilization management that health plans may use as a mechanism to control the order in which patients take certain therapies. Step therapy protocols require that patients must try one or more medication selected by their insurer before the plan will grant coverage for the drug originally prescribed by the healthcare provider. If a physician prescribes a drug outside of the step-edit order, it may not be covered unless a drug on the step-edit order is tried and failed first. Since MS drugs range from \$66,000 to \$86,000 a year, these protocols often impact people living with MS.

Patients (including people with MS) and healthcare providers have voiced concern regarding the potential adverse effects of step therapy, when it is not paired with certain protections for patients. When patients are required to cycle through and document a “step”—or in some cases, more than one step—the process may result in substantial delays

in treatment deemed appropriate by their healthcare provider. This process may affect patients' ability to immediately start treatment, or in some cases, their ability to continue their treatment. Prolonging ineffective treatment (and the medication initially prescribed by the physician) may result in disease progression for patients. For those with diseases such as multiple sclerosis, which may be severe or debilitating, delaying treatment can be a serious outcome. Additionally, in the case of MS, effectiveness of the drug should not be the only factor considered. The risk profile of the medication as well as side effects and the ability for an individual to adhere to the medication must also be taken into account.

Step therapy protocols transition medical decisions from a physician-driven approach towards more standardized policies that focus on cost-effective care. Step therapy protocols may involve significant paperwork and documentation from healthcare providers and patients. Staff must dedicate time to communicating with insurance companies to find out whether a prescribed drug will be covered—or appealing treatments that are denied. The time providers spend on these often-burdensome processes affects the office workflow and leaves them with less time to treat patients. This process is not only challenging for providers, it is also a challenge for patients, who may spend many hours working with their provider's office to access the prescriptions they need.

SB 56 contains step therapy patient protections recommended by the National MS Society. It contains important provisions addressing clinical review criteria used to establish a step therapy protocol, strengthens the state's role in oversight, and improves the transparency, convenience and timeliness of the exceptions process. The National MS Society has supported common-sense step therapy protections like these in several states across the nation, and has seen the benefits of these reforms for those living with multiple sclerosis. Ohio can join the 11 other states that have passed legislation to help physicians and patients have direct access to medications when step therapy is not appropriate.

On behalf of the National MS Society and a coalition of more than 45 members--including provider and patient organizations such as the Arthritis Foundation, the American Diabetes Association, the Crohn's and Colitis Foundation, the Leukemia and Lymphoma Society, the Ohio Academy of Family Physicians, and the Ohio Pharmacy Association--I respectfully urge the committee to consider SB 56 and favorably recommend it, helping to ensure that people living with MS in Ohio and so many others are able to access the medications prescribed by their physicians.

We wish to thank the Senate Health, Human Services and Medicaid Committee for the opportunity to offer this testimony and I am happy to answer questions.

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