NATIONAL PSORIASIS FOUNDATION
50 YEARS

Our Mission: To drive efforts to cure psoriatic disease and improve the lives of those affected.

Chairman Dave Burke
Senate Health, Human Services, and Medicaid Committee
51 State House
Columbus, Ohio 43215

Dear Chairman Burke,

I'd like to thank you, Vice Chair Beagle, Ranking Minority Member Tavares, and members of the committee, for the opportunity to testify in support of Senate Bill 56.

My name is Rachel Lichten and I am here as a mother whose son lives with psoriasis. I am also a volunteer with the National Psoriasis Foundation. The National Psoriasis Foundation (NPF) is a non-profit, voluntary health agency dedicated to curing psoriatic disease and improving the lives of those affected. The Psoriasis Foundation is the leading patient advocacy group for the 8.3 million Americans and 360,000 Ohioans living with psoriasis and psoriatic arthritis.

Step therapy, also known as 'fail first', is a health insurance mandate that restricts spending on prescription drugs. This tool requires patients to 'fail first', often multiple times, on certain medications before they are able to receive the treatment originally prescribed by their physician. All too often, this delays access to optimal therapy, while potentially exacerbating a patient's condition.

As systemic diseases associated with life-altering symptoms, the timely treatment of psoriasis and psoriatic arthritis is of the utmost importance when managing long-term patient health. The Medical Board of the National Psoriasis Foundation recognizes the insurance companies' need to keep costs down. However, the best interests of the patient must be the priority for both physicians and insurers alike.

The legislation before you ensures that step therapy is based on the most current clinical data and that it is available to the consumer in a transparent manner. Furthermore, it provides a timeline for a response to the request based upon language agreed upon in other states. Finally, it outlines clear and concise exceptions to the step therapy protocols based on medical necessity. This legislation, which is not a ban, strikes a fair balance between cost containment and health of the patient.

As the committee considers SB 56, we urge you to report this measure favorably.

I became involved with the NPF as a volunteer because my son, Sam, has severe psoriasis. He was diagnosed at 7 years old and is now 15. I am testifying because of my recent experience when my family switched insurance companies. Sam has tried almost every medication, treatment and procedure indicated for psoriasis – from lotions and creams, to UV light therapy to pills to injections and none really worked to clear his psoriasis – until two years ago, he started a specific biologic medication. To give you a picture of its effectiveness – Sam didn't learn to correctly hold a pencil until third grade because his fingers were too cracked to hold one comfortably before that. He used to walk around on his knees because it was too painful to walk properly on his cracked feet. Now, with the right medicine in place, Sam is a 4 sport athlete – his coaches were shocked when I told them about his psoriasis, because they had no idea.

We had done the step therapy. As a mother, of course, I wanted to put my child on the mildest medicine available that would give him the best quality of life. We tried, they failed. Our old insurance company approved the specific biologic medication and covered it for almost two years. Then in January, we switched to a new insurance company. I was proactive. I downloaded the insurance card as soon as it was available, forwarded it to my doctor's office and they called for preauthorization. They were told none was necessary since he had already been on the medication. When I went to refill it, however, I was told it needed preauthorization and they wouldn't release the medicine to me. This began a series of phone calls to the doctor and to the insurance company. I spent hours - hours - on the phone to get this medication approved for my son. I was told they were planning to deny coverage, because research hadn't clinically proved it to be effective in patients under 18. The fact that it had been proven for two years to be effective in THIS patient wasn't relevant.

We were fortunate and got the medicine approved before he had to miss a dose. He has a doctor who is a fierce advocate for her patients. I have a job which enables me to spend 10 hours on the phone per week to fight for my child. This is certainly not the case for many patients and I testify on their behalf.

It is important to note, that with biologic medications used to treat psoriasis, as with many medications, once you go off the medication and then if you try to restart it, it often does not work or is less effective than it would be when used continuously. If we had to wait months for approval, there was the real possibility that Sam would no longer be able to use the medicine that has given him such a vast improvement in the treatment of his disease.

I am asking you to report favorably on SB 56. It contains real, practical solutions to clear up a process that has become unnecessarily difficult and far too convoluted.

Thank you for your thoughtful consideration.

Respectfully,
Rachel Lichten