

March 6, 2017

The Honorable David Burke  
Ohio Senate  
Statehouse, Room 034  
Columbus, OH 43215

Subject: Senate Bill 56 - Step Therapy

Dear Chairman Burke:

The National Patient Advocate Foundation (NPAF) is the advocacy affiliate to the Patient Advocate Foundation (PAF) and represents the voices of millions of patients and families coping with chronic, life-threatening, and disabling diseases nationwide. PAF provides direct assistance through case management and other services to nearly 100,000 patients and caregivers each year to help reduce financial and other burdens and improve quality of life. We are dedicated to improving healthcare access, quality, and affordability through policies and practices that will optimize outcomes and experiences for all patients and families. In 2015, over 3,500 Ohioans requested assistance from PAF due to barriers in receiving healthcare, like step therapy. **I am writing on their behalf to express our strong support for SB 56, legislation that will protect patients from unnecessary step therapy practices.**

Step therapy is a type of utilization management tool used by insurers to help control and contain rising healthcare costs. Sometimes called “fail first”, step therapy policies require patients to try and *fail* another lower cost medication before the prescribed medication can be given, consequently preventing patients from accessing the prescribed care or treatments they need in a timely manner. For many treatments, proving “failure” on an alternate medication puts the patient’s health at significant risk. Many of our patients suffer from chronic conditions such as cancer, arthritis, or narcolepsy; or rare conditions like gastroparesis, where step therapy is often encountered to access certain prescribed treatments.

Imagine an elderly individual who’s been recently diagnosed with arthritis – a chronic disease that can be treated with inexpensive oral non-steroidal anti-inflammatory drugs (NSAIDs) which have generic alternatives (ibuprofen, etc.) However, newer, more effective injectable products (Humira<sup>®</sup>, Remicade<sup>®</sup>) have become available for arthritis patients, but at a larger cost. Many of these patients would not be able to control their disease on an oral NSAID alone, and are denied use of the injectable product until they “fail first” on an oral NSAID. The patient may experience delays in treatment as they continue the oral option for several months with no relief before the insurer will

authorize coverage of the injectable product. During this time, the patient will likely need to follow-up with their physician while the pharmacist may also spend time and resources adjudicating claims and coordinating with the care team before the patient receives an optimal treatment. The process may further increase health utilization and costs – unintended consequences that the step therapy protocol was intended to prevent.

When our patients experience delays in their treatments due to burdensome insurance practices, their health condition worsens, not only leading to lost productivity and poorer quality of life, but also increasing the risk for hospitalization. For that reason, we believe that transparent step therapy protocols must be drafted and applied with consideration for each patient's health history and the medical provider's professional judgment and expertise. We recognize that step therapy may have the best intentions in an effort to manage costs from a population health perspective; however, as a NPAF aims to advance person-centered care, the unintended consequences must be assessed before applied to broad patient populations.

SB 56 does not prohibit insurers from using step therapy, but rather seeks to balance cost containment with patient needs. This legislation protects patients by 1) ensuring that step therapy practices are based on clinical guidelines developed by independent experts; 2) requiring that insurers establish a step therapy override process that is transparent and accessible to both patients and health care providers; and 3) allowing automatic exceptions to step therapy requirements when it is medically appropriate. Furthermore, the legislation also requires that insurers respond to step therapy override requests and appeals within 72 hours, and within 24 hours for exigent circumstances. This is a key provision particularly for our patient population who cannot afford to have delays in their treatments.

SB 56 will help improve the quality of life for Ohio patients and families because it preserves the patient-provider relationship and puts patients at the center of health care decisions – not insurers. Person-centered care has the potential to help achieve better health and better care at a lower cost by giving patients the tools they need to partner with their health care providers. The concept of shared-decision making will enable patients to experience person-centered care by incorporating medical evidence and personal preferences, thus resulting in improved health care outcomes. We thank you for the opportunity to share our support for SB 56 and our goals for improving access to affordable, quality healthcare for Ohioans. We strongly urge you to pass this important legislation.

Best regards,



Melissa Lorenzo Williams, MPH  
Manager of Healthcare Policy and Advocacy

cc: Members of the Ohio Senate Health, Human Services and Medicaid Committee