**Sponsor Testimony- House Bill 418**

**House Health Committee**

**January 21, 2020**

Chair Lipps, Vice-Chair Manning, Ranking Member West, and the members of the House Health Committee, thank you for the opportunity to provide sponsor testimony on House Bill 418. Representative Carruthers has provided a thorough explanation of the bill, so I’d like to give you an understanding of why this legislation is necessary.

The practice known as “Non-medical Switching’ is when the payer, or insurance provider, implements a policy, sometimes even during the middle of a plan year, and then forces a patient to switch from their current medication to a different medication for reasons wholly unrelated to the patients’ health. Payers are directly denying patients access to necessary, doctor-selected, proven treatments without medical input. This practice obstructs access to care without actually yielding real savings. In fact, this attempt to reduce costs has shown to increase costs due to negative reactions, side effects, and increased hospitalization for those who are forced to switch medications by their insurance company. Forty percent of those surveyed who had been non-medically switched reported needing to visit their health care provider more frequently afterwards and nearly one-in-ten patients reported being hospitalized for complications after the switch. This practice is under scrutiny federally for discriminating against patients who have expensive chronic conditions and have disproportionate impact on patients that change insurance plans more frequently.

For those with special healthcare needs or chronic illnesses, patients are very dependent on maintaining stability. Changing one medication could cause a cascade of issues within the management of their medical conditions and create interactions with other prescribed drugs. I understand the need to control the cost of prescription drugs, however we cannot ignore the need to protect patients’ safety and quality of life while we address the rising costs of healthcare.

Patients deserve the security of knowing doctors, not insurers, are making decisions about what medications are best for their care. We cannot continue to let insurers dictate cost saving measures without considering clinical judgment, past medical history, or quality of life. Our committee will likely hear directly from many patients and patient groups that have been negatively impacted by decisions made from non-medical switching practices.

Although my family hasn’t been directly impacted by a plans decision to deny access to a prescription drug, I can relate to those many Ohioans as a mom living with the fear of my son being forced to use a product that has previously caused him to need brain surgery to save his life. Every plan year change brings on the fear of forcing us to use that product again; we should not also have to worry that non-medical switching could occur any day within our plan year.

I want to thank Representative Carruthers for joining me in protecting patients in Ohio. I appreciate the committee’s time and am happy to answer any questions.