



To: Members of the Ohio House Health Committee

Fr: Monica Hueckel, Senior Director of Government Relations, Ohio State Medical Association  
Joe Rosato, Director of Government Relations, Ohio State Medical Association

Da: January 28, 2020

Re: HB 418

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On behalf of the Ohio State Medical Association (OSMA), the state's oldest and largest professional organization representing Ohio physicians, medical residents, and medical students, we write in support of House Bill 418. This legislation addresses non-medical switching, which occurs when patients are forced, for no medical reason and often in the middle of a coverage year on their insurance plan, to switch to a less expensive treatment. This is an unfortunate and dangerous interruption in continuity of care, and often causes adverse events which require hospitalizations, emergency room visits, or other additional care needs.

House Bill 418 would alleviate the problems patients face with non-medical switching by placing restrictions on removing a medication from a prescription drug formulary during a plan year, which would apply to both Medicaid and private health plans. The bill would also prohibit private health plans from increasing patient cost-sharing or from moving drugs to a more restrictive tier during a plan year.

The OSMA strongly believes that treatment decisions should come from the doctor-patient relationship, and that patients, particularly those with chronic and complex medical conditions, need and deserve individualized, patient-centered treatment plans. This bill would allow patients like these to remain stable on their currently-prescribed treatment.

Our association urges that the committee support HB 418. Our members see firsthand the consequences of non-medical switching in the patient populations they care for, and this legislation would remove the needless risks associated with suddenly losing access to treatment due to an insurance plan suddenly forcing the patient to switch to a different medication. Additionally, preventing this disruption of treatment would avoid the potential adverse events which can result and the costs associated with care to address those events.

Thank you for your consideration of our comments on this legislation. As always, please feel free to reach out to us if you have any questions.