



**Senator Bob Hackett**  
**10<sup>th</sup> District**

**Senator Hearcel Craig**  
**15<sup>th</sup> District**

**Senate Bill 252**  
**Senate Health, Human Services and Medicaid Committee**  
**Chairman Burke**  
**Sponsor Testimony – Senator Bob Hackett and Senator Hearcel Craig**  
**February 5, 2020**

Thank you, Chairman Burke, Vice Chairman Huffman, Ranking Member Antonio and members of the Senate Health, Human Services and Medicaid Committee for the opportunity to bring before you Senate Bill 252. This legislation would prohibit “fail first” drug coverage for stage four advanced metastatic cancer patients.

“Stage four advanced metastatic cancer” is a cancer that has spread from the primary or original site of the cancer to nearby tissues, lymph nodes, or other areas or parts of the body. This stage accounts for less than 18% of patients diagnosed with cancer. In many cases, once the cancer spreads and becomes advanced metastatic, time to “fail first” is not a luxury these patients have.

A fail-first, sometimes called “step therapy,” approach means that prescriptions are dependent upon a covered person demonstrating either of the following:

- (1) Failure to successfully respond to a different drug
- (2) A history of failing to respond to a different drug or drugs

Our legislation would prohibit a health benefit plan in Ohio – that directly or indirectly covers the treatment of stage four advanced metastatic cancer – from using a fail-first approach.

When a patient is diagnosed with stage four cancer, time is of the essence. In these scenarios, physicians prefer more-recent treatment plans to the first steps that insurers traditionally accept. Newer therapies tend to cost more up-front, but these therapies have the potential to save ongoing costs to insurance companies. Older treatments can result in overall higher medical cost because patients are required to “fail” on cheaper medications before they are permitted to follow their physicians’ original treatment plans. More medications mean more cost to our insurance companies and more time means more risk for patients.

We believe that physicians should have the authority to employ the most effective and personalized treatment plans to fight advanced cancers.

This legislation should have minimal, if any, impact on insurance premiums because it does not require the plan to cover a drug that it does not already cover. Similar legislation has been passed in 11 other states.

This bill emanates empathy by helping patients and their families face one less challenge as they navigate a cancer diagnosis. SB 252 will remove barriers to treatment for Ohioans facing the most difficult time of their lives. With all the tough physical, emotional and financial challenges facing stage four cancer patients, they do not have time to fail first on cancer therapy.

I respectfully ask for your support of Senate Bill 252. Once again, Chairman Burke, Vice Chairman Huffman, Ranking Member Antonio and members of the Senate Health, Human Services and Medicaid Committee, thank you for the opportunity to bring SB 252 before you. We would be happy to answer any questions the committee may have at this time.