Ohio Bleeding Disorders Council

Proponent Testimony – House Bill 153

Dr. Ralph Gruppo

Ohio Bleeding Disorders Council

House Insurance Committee

May 26th, 2021

Chairman Brinkman, Vice Chair Lampton, Ranking Member Miranda, and members of the House Insurance Committee, thank you for the opportunity to offer testimony in support of House Bill 153, sponsored by State Representatives Sara Carruthers and Beth Liston. My name is Ralph Gruppo, and I am Emeritus Professor of Pediatrics at Cincinnati Children's Hospital in Pediatric Hematology-Oncology. I am recently retired but served as Director of the Hemophilia and Thrombosis Program in the Cancer and Blood Diseases Institute at Cincinnati Children's Hospital for over 40 years.

Bleeding disorders are characterized by the inability of the patient to form a proper blood clot. These patients will often experience extended bleeding after injury, surgery, trauma, or other health issues. Sometimes the bleeding is spontaneous, without a known or identifiable cause. The two main types of bleeding disorders are Hemophilia and von Willebrand Disease. In one-third of cases, there is no family history of hemophilia. In Ohio, there are more than 1,200 individuals living with hemophilia and 1,500 living with von Willebrand Disease.

As you know, House Bill 153 would prohibit 'non-medical' switching of drugs during a benefit plan year. These types of changes impact how drugs are classified on a health plan formulary. I recently became aware of the practice of 'non-medical' switching by insurance plans on a personal level. Since retiring my wife and I are now covered under Medicare Health Insurance Parts A and B.

At the time of open enrollment in October and November I have a Medicare health specialist provided by Children's Hospital review my current prescription drugs to help find a Part D supplemental drug plan with lower costs. This year, after selecting the recommended plan and paying our premiums I received a letter in January stating that two of my prescription medications will be in a higher drug tier in 2021. This resulted in more than doubling the monthly charge for one drug and an increase of 33% for the other. Lower cost alternatives were not appropriate according to my physician for the conditions being treated.

This strikes me as basically unfair. I don't dispute the necessity of insurance companies needing to readjust the drug tier for their formulary drugs, but to do this one month after I selected which drug plan to participate in based on information which at the time was current seems patently disingenuous.

For patients with a rare disease like hemophilia, these changes that can impact a patient's access to clotting factor and other medications can have profoundly serious consequences. The hallmark of severe hemophilia is the occurrence of repeated episodes of bleeding into muscles and joints that until recently, inevitably lead to permanent crippling arthritis frequently requiring hospitalizations and surgical procedures to help correct these problems.

Today there is available an array of highly effective clotting factor medications for the treatment and prevention of bleeding in hemophilia and von Willebrand disease. These medications require patient-administered intravenous infusions, which may require that infusions be done every other day to once every 4 to 6 weeks, depending on the choice or brand of clotting medication. These medications may differ from each other by their mechanism of action or length of time they remain in the blood stream. However, with the proper medication, bleeding and its toll on muscles and joints can now be prevented in most patients. The problem is that not every brand of clotting factor concentrate is appropriate for individual patients. Medications display individual differences between patients meaning that the choice of medication must in the end be based on the response of each individual patient to that brand of medication.

The goal of the treating hematologist is to find the appropriate medication for each individual patient. These highly specialized medications may cost thousands or hundreds of thousands of dollars per year, a cost very few families can afford without adequate insurance coverage. However, the inability to access the appropriate medication for a patient may be the difference between a relatively normal life and one burdened by repetitive bleeds into muscles and joints leading to both short term and long-term disability. Therefore, to change access to the appropriate medication a patient is on in the middle of an annual insurance contract can have serious consequences.

HB 153 would prohibit these mid-plan year changes and ensure that patients have access to necessary prescription drugs. Health plans would still be able to make changes to their formularies prior to the start of a new benefit year, but a family should be aware of these changes before selecting their individual annual health plan.

In closing, this is a pro-patient bill and I hope you report the measure out as soon as possible. Thank you for your time and I would be happy to answer any questions that you may have.