



Ohio House Insurance Committee
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Proponent Testimony – HB 291, Medication Switching
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Chairman Lampton, Vice Chair Barhorst, Ranking Member Miranda, and Members of the House Insurance Committee, I am Leo Almeida, Ohio Government Relations Director for the American Cancer Society Cancer Action Network (ACS CAN). More than 74,000 Ohioans will be diagnosed with cancer this year, and most will rely on prescription drugs to treat their disease or manage their symptoms. There are an increasing number of innovative therapies available to cancer patients. In 2020, for example, the FDA approved twenty new cancer therapies¹, but many of these drugs lack a generic equivalent and come at great cost to patients, meaning many patients rely on their medical insurance plan to cover some of these costs.

Unfortunately, some cancer patients in Ohio are experiencing “non-medical switching” in the middle of a plan year. This is when the insurance provider implements a policy that forces a patient to switch from their current medication to a different medication for reasons that are unrelated to the patients’ health.

HB 291 prohibits health plans, during a plan year and the preceding open enrollment period, from (1) requiring a higher deductible, copayment, or coinsurance; (2) limiting or reducing coverage, including adding a prior authorization requirement; (3) moving a prescription drug to a higher benefit tier; or (4) removing a prescription drug from a formulary. ACS CAN supports legislative and regulatory policies that would prohibit negative mid-year formulary changes (e.g., changes that would cause the enrollee to pay more out of pocket and/or lose coverage of a drug) around coverage and cost, for an individual enrolled in a health plan, for a single plan year.

When an individual enrolls in a health plan, absent a qualifying event, the individual is prohibited from changing health plans until the end of the plan year. Yet, a health plan may change the formulary during the plan year. HB 291 helps to ensure that the formulary that was disclosed to consumers at the time they enrolled in the policy remains in effect throughout the plan year.

In some cases, formulary changes can be beneficial to consumers in cases when new drugs – particularly lower-cost generic drugs – are newly approved by the Food and Drug Administration. However, absent specific requirements, unfettered formulary changes could be misused by a health plan insofar as the plan could market a robust formulary to consumers and then change to a severely restrictive formulary when the enrollee is unable to change to a different health plan. The enrollee may have selected a plan based on its coverage of certain drugs.

Ohioans living with serious and chronic conditions like cancer deserve to know that their health plans support their access to lifesaving medicine instead of implementing unfair policies that could harm their financial and physical health. Access to life saving drugs can make all the difference in their survival of the disease.

Therefore, ACS CAN urges you to support HB 291.

¹ <https://www.beckershospitalreview.com/oncology/20-cancer-drugs-approved-in-2020.html>