



Beth Liston MD PhD
State Representative

Chairman Brinkman, Vice Chair Lampton, Ranking Member Miranda and members of the House Insurance Committee, thank you for allowing me to give testimony on HB153. As my joint sponsor Representative Carruthers mentioned, this bill prohibits the practice of “non-medical switching” in the middle of a plan year. This is when the payer, or insurance provider, implements a policy that forces a patient to switch from their current medication to a different medication for reasons wholly unrelated to the patients’ health.

Essentially, HB153 prohibits health insurers from changing the terms of their contract in the middle of the contract year. As the law currently stands, people may choose an insurance plan during open enrollment because their medication is covered, but health insurance plans may change coverage of that medicine at any time during a plan year. This allows a ‘bait and switch’ at the cost of patient safety and the health of people in Ohio.

Unfortunately, this is a common practice that can have significant effects on health. I am sure everyone on this committee has had this happen to them, or someone they know; when you walk into a pharmacy to pick up an allergy medication, blood pressure medication, or a diabetes medication only to be informed that your regular prescription is no longer covered and the pharmacist will need to call the doctor’s office to find a substitute. That is non-medical switching. For some, it is only a mild inconvenience and one medication works as well as another. For many it makes a huge difference in their ability to manage a chronic disease.

When forced to change treatment for no medical reason, previously controlled chronic conditions often destabilize. There are numerous diseases for which it is very difficult to find the medication regimen that works for each individual. Diagnoses like Crohn’s disease or autoimmune diseases – even most mental health disorders require very individualized care. People are unique and for most chronic conditions, there is no magic medication that works for everyone. I can not tell you how many children I have admitted to the hospital unable to breath with their asthma flaring, and they weren’t able to take their controller inhaler because it was no longer on formulary.



I am sure you are going to hear scare tactics from health insurers who will say if we take this ‘cost-saving tool’ away from them then they will need to raise the insurance rates and they will threaten businesses about increasing rates if HB153 passes. They will give industry written projections about what might happen that are short sighted and don’t look at real life data about what is happening now.

These scare tactics are wrong. Non-medical switching does not save health care costs. People who must change their medicine because of a decision by an insurance company rather than their doctor are much more likely to have complications including hospitalizations, medication reactions, and difficulty getting or taking their medications. There is no evidence that non-medical switching saves money. In fact it is quite the opposite. I have distributed one such meta-analysis summarizing the results of 25 different medical studies and there are many more looking at different settings and different diseases. The impact of non-medical switching is overwhelmingly negative. I am happy to provide as many studies as the committee is interested in reading. It is much more expensive to pay for a hospitalization than a medication on which the patient has been stable. It is even more costly to deal with the long-term complications on health which inevitably will follow with poorly controlled chronic disease.

Health care costs are rising in this country but a key driver is excess administrative costs accounting for roughly 1/3 of all expenditures. This is cost without value and most of this excess is from billing processes related to insurers. Hospitals and physician practices have teams of people that must jump through the purportedly cost-saving hoops or ‘tools’ which add paperwork and not value. Non-medical switching is a part of this. Physicians and offices spend a significant amount of time and resources trying to advocate for important treatments that will help their patients. This isn’t only staff or assistant’s that must do this. On average, every doctor spends close to an hour on the phone every day personally calling to appeal coverage denials through a ‘peer to peer’ discussion which is often necessary to get medically appropriate treatment for our patients. This is hardly an efficient use of health care resources when we are experiencing provider shortages and significant burn-out.

HB153 does not eliminate non-medical switching. But it does ensure that individuals will know whether or not their medicines will be covered when they enroll in the plan.



Health insurers focus on the short term costs to their bottom line – costs incurred during the potentially limited period of coverage that is tied to a specific employment. However it is our job as State Representatives to look at the bigger picture of health care costs and outcomes across the lifetime of all Ohioans. This means minimizing the administrative burdens that do not add value and making sure people can securely access their needed medication, without fear that the coverage they signed up for was just the bait, and a harmful switch could be coming. I urge your support for HB153.