



May 25, 2021

Dear Members of the Ohio House Insurance Committee,

On behalf of the physicians of the Public Policy Committee of the Columbus Medical Association, please accept this **testimony in support of HB 153** regarding non-medical switching of medication that is caused by a mid-year insurance company decision to change its coverage of particular medications.

We offer comments in three areas that we believe HB 153 impacts: patient care, cost and system efficiency.

Patient care. Medication is not automatically interchangeable. For many conditions, including common ones like diabetes, high blood pressure, asthma, autoimmune diseases and many more, finding the right medication balance for treating a chronic condition is the key to a patient's overall ability to function in a productive manner.

Changing medication for non-medical reasons risks the patient's employment status and overall quality of life. It is an all-too-common experience of our physicians that unintended consequences result with a patient's chronic disease becoming destabilized due to this forced medication change.

Costs. The standard rationale to justify medical formulary changes in mid-year is to "control costs". We are unaware of studies that demonstrate cost savings. Our experience would suggest reasons that costs increase:

- Increased likelihood of hospitalization due to complications from destabilizing a patient's condition
- Increased care needs due to negative medication reactions
- Increased care needs due to lower medication adherence from the difficulty getting or taking new medications

Our experience of these realities causes us to suggest that Committee members seriously probe claims of cost savings. We will watch future testimony claiming cost savings with great interest.





Efficiency. It is in everyone’s best interest that American healthcare improve its efficiency and that our healthcare dollars are spent in patient care that provides the best value.

The practice of mid-year medication switching is a highly disruptive activity that results in physicians, and their office staff, spending valuable time engaging with insurance companies over medication issues that were caused by non-medical decisions.

It is not uncommon for a physician to have to schedule multiple hours in their week for phone time with insurance plans over medical formulary issues. Non-medical based decisions are a particularly frustrating cause for cutting back on a physician’s ability to spend time with and treating patients.

On behalf of Ohio patients those who fund healthcare in our state, we strongly ask for your support of HB 153.

Should there be any questions that you feel we can helpful in answering, please do not hesitate to follow up with the Columbus Medical Association.

Sincerely,

Stephanie W Costa, MD
Co-chair
Public Policy Committee
CMA

William Cotton, MD
Co-chair
Public Policy Committee
CMA

Robert Falcone, MD
CEO
CMA

