January 29, 2024

Senator Mike Klimesh
Senator Sarah Trone Garriott
Senator Cherielynn Westrich
Iowa State Capitol
Room XXX
1007 East Grand Avenue
Des Moines, IA 50319

Dear Senators Klimesh, Trone Garriott, and Westrich,

The Iowa Oncology Society (IOS) and the Association for Clinical Oncology (ASCO) are pleased to strongly support HF 626, a bill that would protect Iowa patients from non-medical switching of medications during the same plan year**.** We were encouraged to see the House pass this bill and urge the subcommittee to vote this measure forward to the full Senate Commerce Committee.

IOS is a community of oncologists, nurse practitioners, physician assistants, and other allied health professionals who provide a powerful voice for multidisciplinary cancer care teams and the patients they serve. ASCO is a national organization representing physicians who care for people with cancer. With nearly 50,000 members, our core mission is to ensure that cancer patients have meaningful access to high quality, equitable cancer care.

IOS and ASCO are committed to supporting policies that reduce cost while preserving quality of cancer care; however**,** such policies should be developed and implemented in a way that does not undermine patient access. Payer utilization management approaches like non-medical switching are of particular concern because they undermine patient access to the most appropriate treatment for their disease as well as erode patient confidence in their provider's ability to construct an effective care plan.

Non-medical switching of medication, whereby a patient's treatment regimen is changed for reasons other than efficacy, side effects, or adherence, is often done without prior notification of the prescribing physician and is primarily focused on reducing drug costs. IOS and ASCO understand health plans need strategies for controlling costs; however, payers and providers must share the primary goal of delivering high-quality care that is most appropriate for the patient.

While many treatments preferred by payers cost less, they may not be the best treatment available for the patient. Oncologists take great care to construct highly individualized treatment plans specifically designed to be most effective for each patient with cancer under their care. If a patient is re-directed to take a drug that is not in their treatment plan or known to be less effective for their disease, and they experience progression in the meantime, this could result in increased costs to the payer over the course of the patient's care since even more specialized treatments would be required. This can ultimately increase costs, as savings by insurers are cancelled out by higher costs to the overall health care system as a result of poorer patient outcomes.

With the welfare of Iowa cancer patients in mind, we are pleased HF 626 places safeguards around potentially harmful practices like non-medical switching in that it:

- **Improves transparency** by ensuring that clear and easy to follow exemption processes are posted online in a timely fashion;
- **Minimizes delays in care** by determining that an exemption request must be answered within 72 hours under normal circumstances and within 24 hours if the request is for exigent circumstances; and
- **Protects patients who are already stable** on a medication from potential physical and financial toxicity caused by tiering, coverage, and formulary restrictions that often coincide with payer decisions to engage in non-medical switching.

In addition to language targeting non-medical switching, IOS and ASCO support the provisions in this bill that uphold continuity of care by inhibiting a payer's ability to:

- Impose higher cost sharing on patients who are stable on their current regimen. In an effort to limit or discourage use, payers are increasingly placing cancer therapies on the "specialty tier" of their formularies. Placing a drug on a specialty tier shifts a large portion of the cost of care from the payer to the patient. As such, high coinsurance rates related to specialty tier designation undermine the primary purpose of health insurance, causing cancer patients to face significant financial burdens or to forgo access to life-extending and life-saving drugs; and
- Design health plans with restrictive formularies. Restrictive formulary practices are particularly problematic in oncology because cancer drug therapies often are not clinically interchangeable. Restrictive formularies may preclude a patient's best option for a successful outcome and should not be a cost containment strategy for cancer drug therapies. Prescription drugs have different indications, different mechanisms of action, and different side effects, depending on the diagnosis and comorbidities of an individual patient. Even if the threat of non-medical switching is mitigated, plans restricting drug benefits would limit the ability of providers to make the best medical decisions for the care of their patients.

IOS and ASCO are encouraged by the steps that HF 626 takes toward improving continuity of care and preventing non-medical switching of medications during a plan year for patients with cancer in Iowa. For a more detailed understanding of our policy recommendations on this issue, we invite you to read the ASCO Position Statement: Utilization Management by our affiliate, the American Society of Clinical Oncology. Please contact Aaron Segel at aaron.segel@asco.org if you have any questions or if we can be of assistance.

Sincerely,

Susannah P. Friemel, MD
President
Iowa Oncology Society

Everett E. Vokes, MD, FASCO
Chairman of the Board
Association for Clinical Oncology