

January 29, 2024

The Honorable Cherielynn Westrich  
Iowa State Senate, Commerce Committee  
1007 East Grand Avenue  
Des Moines, IA 50319

**Re: Support for HF 626 re: Non-Medical Switching**

Dear Chairperson Westrich, and members of the Subcommittee:

On behalf of the Association of Women in Rheumatology (AWIR) and members of the Iowa local chapter, I am writing to ask for your full support regarding **HF 626**.

AWIR is dedicated to promoting the science and practice of Rheumatology, fostering the advancement and education of women in Rheumatology, and advocating access to the highest quality health care, and management of patients with Rheumatic diseases.

Rheumatologists manage musculoskeletal diseases, which is often a difficult process that may require several changes of medication before finding the one that is the most effective for the patient with the least amount of side effects. Many patients with chronic conditions have been through months or years of painful trial-and-error with their physician to find the therapy that works for them.

“Non-medical switching” is an insurance utilization management protocol forcing a patient to switch from a current, effective, and stable medication to another medication for a non-medical reason. This oftentimes occurs without any consideration of medical repercussions, or the reasoning behind the original prescription, and damages the integrity of the doctor-patient relationship.

Insurance companies operate under the presumption that cost savings can be achieved with drugs from similar drugs approved to treat the same condition. However, numerous studies have found this basic principle to be false, both in terms of quality of care, and actual cost savings. Reduced effectiveness of the switched medication, or the effects of medication stability disruption, can cause adverse reactions, irreversible disease progression, and loss of effectiveness, all of which lead to higher cost patient outcomes. In some cases, switching to a less expensive medication can be appropriate, but these decisions should be arrived at through the course of the physician-patient relationship.

**HF 626** would protect Iowa patients from non-medical switching to ensure continuity of oftentimes complex medical therapies. As such, we request full support of the legislation and thank you for your willingness to consider advancing this critical legislation to ensure patient access to care.

Respectfully,

Gwenesta Melton, MD  
Vice President  
AWIR

Stephanie Ott, MD  
Advocacy Co-Chair  
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