Comment Report

HF 372
A bill for an act relating to continuity of care and nonmedical switching by health carriers, health benefit plans, and utilization review organizations, and including applicability provisions.(See HF 656, HF 2199.)

Subcommittee Members: Moore, T.-CH, Brown-Powers, Bush

Date: 02/11/2021
Time: 08:00 AM
Location: RM 102, Sup. Ct. Consult

Name: Renee Schulte

Comment: Thank you for bringing this important legislation forward. NAMI Iowa and the Iowa Mental Health Counselors Association support passage of this legislation.This bill would help people with chronic diseases and many with mental health or substance use issues fall into this category. It can take a person with a chronic mental health disorder many years to become stable on a medication. It totally depends on each persons individual health history.When a stable person is forced to switch medication not based on what their personal doctor recommends but what the insurance company has decided, there are often significant consequences. Those include added medical costs for return trips to the doctor or hospital, and potentially losing a job or housing once no longer stable. Decisions to change medications should be between patients and their doctor for best long term results.

Name: Kelly Barta

Comment: Allergy & Asthma Network, a national nonprofit dedicated to protecting and improving the health of people with allergies, asthma and related conditions, strongly supports bill HF 372, which ensures prescription stability by restricting nonmedical switching practices.Nonmedical switching occurs when patients are stable on a therapy, and the health plan makes insurance coverage changes that forces patients off their current therapies for reasons other than the patients medical needs typically saving money for the health plan but hurting consumers in the long run. Patients with chronic diseases such as asthma, are most affected by nonmedical switching because they rely upon a stable medication regimen to manage their condition in order to go about their daily lives. When patients have an interruption in accessing the therapy that stabilizes their condition, they may face reemerging symptoms and new side effects, experience irreversible disease progression, or even hospitalization or emergency room visits. Allergy & Asthma Network supports legislation that helps patients stay on their medication ensuring that those who are successfully using a treatment do not have to switch. We urge you to support HF372 and vote it through the Human Resources Subcommittee hearing. Thank you for your attention to this matter. Please contact me or our State Advocacy Lead, Kelly Barta, at (770) 8813291 to learn more and visit us at www.AllergyAsthmaNetwork.org.

Name: Brian Henderson

Comment: Members of the subcommittee. The Coalition of State Rheumatology Organizations writes to you in support of HF 372. This bill will provide crucial continuity of care for the patients our members in Iowa treat. Please find additional details in the attached memo. Sincerely, Brian HendersonDirector, State Government Affairs Coalition of State Rheumatology Organizations

CSRO
Coalition of State Rheumatology Organizations

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February 10, 2021

Iowa State Capitol
1007 East Grand Avenue
Des Moines, Iowa 50319

Re: Support for HF 372

The Coalition of State Rheumatology Organizations (CSRO) is a national organization composed of over 30 state and regional professional rheumatology societies, including our member society that represents providers of rheumatology care in Iowa. CSRO was formed by physicians to ensure excellence and access to the highest quality care for patients with rheumatologic, autoimmune, and musculoskeletal disease. It is with this in mind that we write to you in support of HF 372.

As you consider HF 372, CSRO would like to convey its support for providing continuity of care to stable patients.

Non-medical switching occurs when health plans and Pharmacy Benefit Managers (PBMs) force a stable patient to switch from their currently effective medication by restricting coverage for that medication. Health plans and pharmacy benefit managers accomplish this by: removing the drug from their formulary, moving the drug to a more restrictive formulary tier, or using other prevailing means to increase the patient's out-of-pocket costs for the drug or restrict access.

Patients that suffer from complex chronic conditions, such as rheumatoid arthritis and many others, require continuity of care to successfully manage their condition. The aforementioned conditions are extremely complex and present unpredictably, necessitating a high degree of individualized and attentive care.

Physicians may spend months or years of trial and error finding a treatment regimen that properly manages their condition. The resulting course of treatment must carefully balance each patient's unique medical history, co-morbid conditions, and side-effect balancing drug interactions. This equilibrium is carefully chosen and tenuous. Even slight deviations in treatment and variations between drugs, even those in the same therapeutic class, can cause serious adverse events. Aside from needless suffering, the resulting disease progression can be irreversible, life threatening, and cause the patient's original treatment to lose effectiveness. It cannot be assumed that a treatment that works for *one patient* will work for *each patient*. Non-medical switches are one-size fits all decisions that disrupt physicians' ability to exercise their medical expertise in concert with their patients.

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It must be noted that CSRO is not unconcerned with the cost of pharmaceuticals in the United States. However, non-medical switching is a poor way to control costs for the patient populations in question, and can lead to larger follow-on costs that swamp any up-front savings. Physicians, pharmacists, and other healthcare administrators have reported that nonmedical switching increases administrative time, increases side effects or new unforeseen effects, and increases downstream costs to plans.[1] Moreover, when a stable plan enrollee is switched for nonmedical reasons, their care is more likely to be interrupted by a second switch.[2] These cost-motivated switches increase plan enrollees' health care utilization, disrupt the course of care, and, as a result, increase related health care costs.[3]

For these reasons we urge you to support HF 372.

Respectfully,

Madelaine Feldman, MD, FACR
President, CSRO

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[1] *E.g.*, D.T. Rubin, et al., P354 Analysis of Outcomes After Non-Medical Switching of Anti-Tumor Necrosis Factor Agents, EUR. CROHN'S & COLITIS ORGANISATION (2015), https://www.ecco-ibd.eu/index.php/publications/congress-abstract-s/abstracts-2015/item/p354-analysis-of-outcomes-after-non-medical-switching-of-anti-tumor-necrosis-factor-agents.html. Bryan R. Cote & Elizabeth A. Petersen, Impact of Therapeutic Switching in Long-Term Care, 14 AM. J. MANAGED CARE SP23 (2008).

[2] *Cost-Motivated Treatment Changes: Implications for Non-Medical Switching*, Institute for Patient Access (Oct. 2016), http://allianceforpatientaccess.org/wp-content/uploads/2016/10/IfPA_Cost-Motivated-Treatment-Changes_October-2016.pdf.

[3] *Id.*