

Comment Report

HF 626

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. (Formerly HF 96.)

Effective date: 07/01/2024. Applicability date: 01/01/2025.

Subcommittee Members: Westrich-CH, Klimesh, Trone Garriott

Date: 01/29/2024

Time: 02:30 PM

Location: Room 217 Conference Room

Name: Kindyl Boyer

Comment: Comments attached. Thank you for your consideration!



The Nation's Advocacy Voice for In-Office
Infusion

3307 Northland Dr, Ste 160 ▪ Austin, TX 78731
www.infusioncenter.org ▪ info@infusioncenter.org

Representative/Senator Name

Senate Commerce Subcommittee of Westrich, Klimesh, Trone Garriot

State Capitol

1007 East Grand Avenue

Des Moines, IA 50319

January 24, 2024

Re: Support for HF 626

Dear Chairman Brown and Honorable Members of the Senate Commerce Subcommittee:

On behalf of the infusion providers we represent in your state, thank you for your service and commitment to the people of Iowa. As a nonprofit trade association that provides a national voice for non-hospital, community-based infusion providers; we ask you to please support HF 626.

The National Infusion Center Association (NICA) is a nonprofit organization formed to support non-hospital, community-based infusion centers caring for patients in need of infused and injectable medications. To improve access to medical benefit drugs that treat complex, rare, and chronic diseases, we work to ensure that patients can access these drugs in high-quality, non-hospital care settings. NICA supports policies that improve drug affordability for beneficiaries, increase price transparency, reduce disparities in quality of care and safety across care settings, and enable care delivery in the highest-quality, lowest-cost setting.

When dealing with complex diseases, conventional drugs are not always effective. Oftentimes, biological products are the only hope for patients suffering from complex and chronic conditions. However, it can take several years to exhaust conventional treatments before starting a biologic. When a patient and provider team finally find the right medication to control their condition; formulary changes, higher co-pays or new prior authorization requirements subject Iowa infusion providers to unnecessary administrative burdens.

Through the utilization management strategy known as non-medical switching, insurers are essentially allowed to practice medicine by taking stable patients off of their prescribed



**The Nation's Advocacy Voice for In-Office
Infusion**

3307 Northland Dr, Ste 160 ▪ Austin, TX 78731
www.infusioncenter.org ▪ info@infusioncenter.org

medications. This not only leads to prolonged under-management of debilitating conditions and unnecessary clinical risk, but it also places immunocompromised patients in the hospital.

HF 626 would allow Iowa providers to do what they are trained to do - practice and prescribe medicine - without insurer influence and allow patients to remain on their life-saving medications without fear of treatment disruption. On behalf of the providers we serve, tending to patients battling chronic conditions, we sincerely request your support for HF 626.

Sincerely,

A handwritten signature in black ink that reads "Kindyl Boyer". The signature is written in a cursive, flowing style.

Kindyl Boyer
Director of Advocacy
National Infusion Center Association

Name: Aaron Segel

Comment: Good afternoon members of the Subcommittee, On behalf of the Iowa Oncology Society (IOS) and the Association for Clinical Oncology (ASCO), I have submitted a letter in support of HF 626. Thank you for your consideration. Aaron



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.

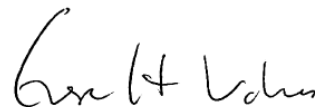
In addition to language targeting non-medical switching, IOS and ASCO support the provisions in this bill that uphold continuity of care by inhibiting a payer's ability to:

- 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

Name: Aaron Segel

Comment: I have attached a joint letter on behalf of the Association for Clinical Oncology and the Iowa Oncology Society in support of HF 626. Thank you for your consideration. Best, Aaron

Name: Gwenesta Melton

Comment: Submitting comments on behalf of the Association of Women in Rheumatology (AWIR) and its Iowa local chapter leaders in support of HF 626. Thank you!

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
AWIR

Melissa Wells, MD
Iowa Local Chapter Leader
AWIR

Hannah Zembrzuska, MD
Iowa Local Chapter Leader
AWIR

Name: Margaret Uhler

Comment: Attached are comments submitted on behalf of Iowa clinicians.



**Alliance for
Patient Access**

January 29, 2024

The Honorable Waylon Brown
Chair, Senate Commerce Committee
Iowa State Capitol
1007 E. Grand Ave
Des Moines, IA 50319

The Honorable Cherielynn Westrich
Chair, Senate Commerce Subcommittee
Iowa State Capitol
1007 E. Grand Ave
Des Moines, IA 50319

The Honorable Mike Klimesh
Vice Chair, Senate Commerce Subcommittee
Iowa State Capitol
1007 E. Grand Ave
Des Moines, IA 50319

The Honorable Sara Trone Garriott
Ranking Member, Senate Commerce Subcommittee
Iowa State Capitol
1007 E. Grand Ave
Des Moines, IA 50319

Re: Support for HF 626 - Non-Medical Switching

Dear Senator Brown, Westrich, Klimesh and Trone Garriott:

As Iowa clinicians and members of the Alliance for Patient Access, we are writing in support of HF 626. This bill would ensure continued patient access to appropriate medications by restricting the ability of insurance companies to implement negative formulary changes during the plan year. The restriction would apply only to patients already covered by the insurance company and already receiving coverage for their prescribed medications. Ensuring access to appropriate medication for patients should be a top priority as it promotes medical stability and, according to studies, may lower overall healthcare costs.

Founded in 2006, AfPA is a nonprofit, national network of clinicians dedicated to patient-centered care. AfPA advocates for health policies that support clinical decision-making, protect the provider-patient relationship and ensure patients' access to approved therapies and appropriate clinical care. AfPA also convenes an Iowa State Chapter, a group of Iowa health care providers that advocate for policies prioritizing patient-centered care.

Clinicians and patients work together, sometimes over a long period of time, to identify a treatment regimen that works best to manage their medical condition. Treatment decisions are based on a number of factors including the ability to slow disease progression, tolerance of side effects, co-morbidities and interaction with other medications the patient is taking, lifestyle factors, and other criteria. People with chronic conditions may take these treatments for an extended period, or possibly for life.

Iowans depend on their insurance coverage in order to access the medications they need and may choose plans based on prescription drug coverage. However, insurance companies regularly reduce coverage benefits for certain medications or remove them from their formularies altogether, even after they've previously agreed to cover the treatment. When these negative changes are made, the

*Alliance for Patient Access
2020 K St., NW | Suite 505
Washington, DC 20006*

patient faces the choice to either pay increased out-of-pocket costs that can total hundreds or even thousands of dollars or abandon the treatment that has been keeping their condition stable and switch to an alternative treatment option. Unfortunately, this switch can lead to disease progression, symptom re-emergence or debilitating side effects.

HF 626 ensures that Iowans retain access to their essential medical treatments by restricting negative changes to a patient's formulary. To address the concerns of insurers, this bill has been amended to apply only to each plan year. This allows insurance companies to continue managing their formularies as they see fit in the long term, while also ensuring Iowa patients have access to the medications they were promised when choosing their health plan during the enrollment period. This bill simply protects Iowa's most vulnerable patients – those with lifelong, often debilitating conditions, who remain with the same insurance company and who continue to be prescribed a particular medication by their clinician throughout the plan year. On behalf of the Alliance for Patient Access, we would like to thank you for consideration on this important issue and urge you and fellow members to hear the bill in committee.

Sincerely,

Sakeer Hussain, MD
Heartland Oncology and Hematology
Council Bluffs, IA

Spas Kotev, MD
Mercy Iowa City
Iowa City, IA

Lynn Rankin, MD
UnityPoint Health
Des Moines, IA

Michael Brooks, MD
Cedar Rapids, IA

Jason Kruse, DO
Broadlawns Medical Center
Des Moines, IA