

PSPA Testimony in Support of HB2113

- Good morning members of the committee and thank you for the opportunity to speak on such an important consumer protection issue. My name is Katie Kugler. I am president of the Pennsylvania Society of Physician Assistants, and I am here to ask you to stand with the medical community and our patients in support of House Bill 2113.
- The Partnership to Fight Chronic Disease estimates that 3 million Pennsylvanians live with two or more chronic conditions. That's about one in four of our neighbors. It means our state is brimming with people whose health, work productivity and livelihoods likely depend on the care they receive from their healthcare providers – and reliable access to specific therapies and medical services.
- It also means our state is full of people who have suffered, or will suffer, when their insurance plan abruptly reduces their coverage, forcing them off the medical care they rely on or forcing them to pay new and high out-of-pocket costs.
- As a physician assistant, I know firsthand the long and difficult process patients go through to find care that keeps them medically stable. Once a course of care is found, it often becomes their lifeline, as an untreated or improperly treated condition can be extremely detrimental to a patient.
- Sure, the theory is that patients can just pay a lot out-of-pocket or switch to another insurer-preferred therapy or service. But the reality is very different.
- Any simple or small change in a treatment plan can jeopardize a patient's stability, causing harmful side effects that can result in patients requiring more visits to their healthcare provider, more stays in the hospital, as well as more trips to the emergency room.
- When faced with paying out of pocket for a medication or treatment that is working well for a patient, many cannot afford to do this and will forgo treatment leading to potentially serious health problems.
- These health outcomes make this bait-and-switch practice by insurers not only an unfair but also dangerous.
- I would like to share a patient story that shows how insurer mandated medication changes can detrimentally affect patients' health and lead to exponential healthcare costs.
 - A 71 year old woman with multiple medical conditions including emphysema was stable on a regimen of inhalers. Midyear the patients insurance changed the formulary and

one of her inhalers was no longer covered, therefore it had to be changed. Over the next two weeks she had increasing trouble breathing. Courses of additional medications failed to improve her shortness of breath which led her to call 911 to go to the emergency room. Her oxygen level was low and she couldn't even walk to the bathroom 10 feet away without stopping to catch her breath, therefore she was admitted to the hospital. On the third night of her admission, despite multiple medications and treatments, she became disoriented and her oxygen level dropped below the safe level therefore she was emergently intubated and transferred to the Intensive Care Unit on a ventilator. In total she required two weeks of hospital care, three of which were in the ICU, and ten days of inpatient rehabilitation care before being able to return home. She received 6 weeks of outpatient physical therapy and was started on 4 new medications as a result of complications from this hospitalization.

- Patients aren't able to change their health plan mid-year, so insurers should be held to the same standard. I ask that you support House Bill 2113 to ensure that my patients and others across the state are treated fairly.
- Please act to protect the health of commercially insured Pennsylvanians who rely on the benefits they were promised during open enrollment. Thank you.