

April 26, 2018

The Honorable Robert W. Godshall
150 Main Capitol Building
PO Box 202053
Harrisburg, PA 17120-2053

The Honorable Thomas R. Caltagirone
106 Irvis Office Building
PO Box 202127
Harrisburg, PA 17120-2127



Subject: NPAF Support for HB 2113

Dear Chairman Godshall, Caltagirone and members of the Consumer Affairs Committee,

National Patient Advocate Foundation (NPAF) appreciates the opportunity to submit testimony reinforcing our strong support for HB 2113, legislation that would strengthen patient access to needed treatment and protect patients from the potential harms of non-medical switching due to overreaching coverage reduction practices.

NPAF represents the voices of millions of adults, children and families coping with serious and chronic illnesses nationwide as the advocacy affiliate of Patient Advocate Foundation (PAF). PAF provides direct case management, financial support and educational services to tens of thousands of primarily low-income patients and caregivers each year who are experiencing distressing financial, employment, insurance coverage, or material hardships because of their health conditions. Over the past ten years, PAF has provided personalized case management services to over 12,000 individuals and families facing serious and chronic illness in Pennsylvania.¹

Commercial health plans are currently allowed to change key components of a patient's insurance benefits mid-year which may result in higher amounts patients must pay for premiums, co-payments, coinsurance or deductibles. Such coverage reductions may force the patient to switch to an alternative, potentially less effective, treatment for non-medical reasons. Non-medical switching can prevent patients from accessing the therapies discussed and agreed upon with their physician to treat their condition in a timely and effective manner. Delays in accessing the most effective treatments can put patients' health and well-being at risk. HB 2113 would help patients in Pennsylvania by prohibiting health plans from making coverage changes during a plan year that deny or increase the cost of a treatment that a patient is already receiving.

We would like to draw the committee's attention to the unintended consequences of non-medical switching such as poorer health outcomes and greater use of other costly healthcare services when symptoms crises or other distressing complications arise. One recent study found that patients with

¹ Patient Advocate Foundation. Internal Patient Data Records. Jan 1, 2007 – Dec 31, 2017. Retrieved March 2018.

certain inflammatory conditions who were switched from their biologic therapies for non-medical reasons experienced significantly worse clinical outcomes, including poorly controlled symptoms and greater risk of disease flares. Additionally, patients who switched therapies in the study had a higher risk of inpatient hospitalizations, emergency department and outpatient visits.²

While coverage restrictions that lead to non-medical switching aim to reduce insurance plan costs, evidence indicates it does not always achieve that objective in practice. For example, studies in patients with depression and hypertension who incurred non-medical switching used more resources and experienced higher overall health care costs than those who did not.^{3,4}

Prescribed treatments – medications, diagnostic tests or other therapies – should be the result of shared- decision making between patients and their physicians based on what best meets the patient’s particular needs and circumstances. Insurance plan benefits should be clear, understandable and allow flexibility for considering the judgment and expertise of medical professionals and the impact on patients. HB 2113 will protect patients in Pennsylvania from harm caused by inappropriate coverage reductions in the middle of their plan year. This legislation will take important steps to ensure that patients receive complete and transparent information about their insurance plan benefits and avert the unintended consequences of non-medical switching.

We thank you for the opportunity to share our support for HB 2113 and strongly urge you to pass this important legislation out of the Consumer Affairs Committee. Please do not hesitate to contact Nicole Braccio, PharmD, Director of Policy at nicole.braccio@npaf.org or Donna Guinn, Eastern States Regional Field Director, at donnag.kaufman@npaf.org or 703-489-2727, if NPAF can provide additional details or assistance.

Respectfully submitted,



Rebecca A. Kirch, JD
EVP Healthcare Quality and Value

² Wolf D et al. Clinical Outcomes Associated with Switching or Discontinuation from Anti-TNF Inhibitors for Nonmedical Reasons. *Clinical Therapeutics*. 2017;39(4).

³ Wu EQ, Ben-Hamadi R, Yu AP, et al. Healthcare utilization and costs incurred by patients with major depression after being switched from escitalopram to another SSRI for non-medical reasons. *J Med Econ*. 2010;13:314–323.

⁴ Signorovitch J, Zhang J, Wu EQ, et al. Economic impact of switching from valsartan to other angiotensin receptor blockers in patients with hypertension. *Curr Med Res Opin*. 2010;26:849–860