

Tuesday, February 18, 2020

To: Pennsylvania House Consumer Affairs Committee
Re: House Bill 853 Helps Patients Afford Treatments

Oral Testimony from Angie Santiago, Lead Financial Counselor at Sidney Kimmel Cancer Center at Jefferson University Hospitals

Introduction

- My name is Angie Santiago and I am the Lead Financial Counselor at the Sidney Kimmel Cancer Center at Jefferson University Hospitals. Thank you for scheduling this hearing and allowing me to share my experiences with non-medical switching.
- My job at the Sidney Kimmel Cancer Center is to help patients understand what their health insurance covers, and to give them options for additional financial support to help cover the costs of treatment, such as copay cards, foundations, and the hospital charity care program.
- Our center cares for 4,000 patients every year, and we started having problems with non-medical switching about a year and a half ago.

Non-Medical Switching for Cancer Patients

- Before non-medical switching, patients would normally be prescribed a treatment plan from their doctor and the prescription would be covered by medical benefits under a patient's health plan.
- That patient would be able to receive the treatment from the hospital pharmacy and, in most cases, medical benefits would cover a significant portion of prescription drug costs or allow patients to use a copay card, foundation assistance, or hospital charity care.
- However, non-medical switching allows insurers to re-categorize prescriptions as pharmacy benefits, and require that the prescription be filled through a specialty pharmacy outside of the hospital – all in the middle of a plan year when patients cannot switch to a different health plan.
- These switches have created bureaucratic problems and raised costs substantially for patients. I have worked with patients who have had to completely readjust how they receive and pay for their medicine in the few weeks between chemotherapy treatments.

The Impact of Non-Medical Switching

- Cancer patients suffer greatly from the financial impact of non-medical switching because of the debilitating nature of the disease. A cancer diagnosis often forces people to stop working fulltime and depend on disability payments or support from family members.

- Receiving medication from a specialty pharmacy on pharmacy benefits, as opposed to receiving medication from the hospital pharmacy on medical benefits, increases the cost to patients substantially.
- Most copays for cancer prescriptions from specialty pharmacies are \$80, and cancer patients are often prescribed multiple medications that they need to refill multiple times each month. This financial burden would be difficult for anyone, but it is even more difficult for cancer patients who are on a limited income.
- When a patient is receiving medication from the hospital pharmacy, the charge for the medicine can be delayed until the patient is able to pay. Specialty pharmacies won't send the medicine unless the patient pays up front.
- If a patient pays for one medicine, and then a doctor changes their prescription based on disease progression, patients can't get that copay back from the specialty pharmacy – the money is simply wasted.
- Additionally, the process of getting a prescription from a specialty pharmacy is convoluted and difficult. Patient health can be threatened by significant delays from the time the prescription is placed to the time the hospital receives the medicine. For one patient that was non-medically switched, I called the specialty pharmacy twice a day to make sure the patient didn't miss a treatment due to the bureaucracy.
- Patients who can't afford these costs have to either completely change their treatment plan or ration out their medication. When patients ration their medicine, their cancer progresses and they can experience serious side effects and loss of disease control.
- Because of non-medical switching, a patient's treatment plan is a compromise between what the doctor recommends, what the insurer chooses to cover, and what the patient can afford.

Please Support House Bill 853

- No one's treatment plan should be compromised because of their financial situation, and that's why I support House Bill 853.
- Non-medical switching hurts patients that are already hurting, both medically and financially. Health insurers should not be able to switch a treatment from medical benefits to pharmacy benefits in the middle of the coverage year – they should have to honor the contract they signed with a patient.
- Please support House Bill 853 to end non-medical switching and help patients in Pennsylvania afford treatments.