



**National
Multiple Sclerosis
Society**

February 18, 2020

To: Members of the House Consumer Affairs Committee
Re: Support for House Bill 853

Members of the House Consumer Affairs Committee:

Thank you for the opportunity to express support for House Bill (HB) 853. The National MS Society believes that passage of HB 853 would have a positive and meaningful impact on many Pennsylvanians who are living with multiple sclerosis. We urge you to support this legislation, which would ensure continuity of care by prohibiting health plans from altering coverage that a patient is already receiving during a plan year. This includes, dropping coverage of a prescription drug or increasing the out-of-pocket cost that a patient must pay for a prescription drug, during the plan year.

Multiple sclerosis (MS) is an unpredictable, often disabling disease of the central nervous system. MS interrupts the flow of information within the brain, and between the brain and body. Symptoms range from numbness and tingling to blindness and paralysis. The progress, severity and specific symptoms of MS in any one person cannot yet be predicted. There is no cure for MS and since the disease is not fatal, a person can live with the disease their entire life. Nearly 1 million people are living with MS in the United States, according to a study funded by the National MS Society.

“Non-medical switching” refers to changes health insurers make to prescription drug benefits during the plan year, for reasons that are unrelated to patients’ health or safety. Such changes can force stable patients to switch drugs or even stop taking a needed medication. These insurance changes may include moving a prescription to a higher cost-sharing tier, increasing out-of-pocket costs by moving from co-pay to co-insurance, adding utilization review requirements (such as step therapy or prior authorization) or removing a prescription from a drug formulary. When out-of-pocket costs increase, or additional utilization management requirements are added, a patient may be forced to change medications due to financial constraints or access barriers, rather than for medical reasons.

It is inherently unfair for one party of a contract to make changes during a contract period. When patients enroll in a health plan, they sign a contract for an entire year. Often, people with MS base their decision to enroll in a health plan on the available information about the medications they need to treat their disease. Changes to plan design or drug tiers in the middle of the plan year leave patients with limited options such as paying more for their medications, finding an alternate therapy, or foregoing treatment altogether. Health plans usually make formulary changes to lower costs, which can result in stable patients losing access to their medications. Changing medicines for non-medical reasons can cause adverse reactions, or diminished response to medication treatment. This can lead to disease progression, reduced functional capabilities and a lower quality of life for



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patients, and higher overall healthcare costs due to increased emergency room and physician visits and hospital admission.

Research shows that early and ongoing treatment with a disease-modifying therapy (DMT) is the best way to slow the course of disease and disability from relapsing forms of MS and protect the brain from damage due to MS lesions. MS can also be accompanied by a variety of life altering symptoms such as bladder problems, vision problems, and issues with gait, spasticity, and extreme fatigue. It can take years for a person living with MS to find the most effective course of treatment for their set of symptoms. Any change to a treatment plan that is not made for medical reasons must be understood as potentially harmful and can put the patient's health at risk. In addition, changing a person's medication can sometimes cause adverse reactions or side effects. For this reason, the National MS Society supports measures that prevent insurers from making changes to health benefits, including prescription drug benefits and formularies after the plan year has begun.

Thank you for the opportunity present our support for HB 853, to ensure that people with MS have uninterrupted access to the medications they need to live their best lives. Please contact me at mara.brough@nmss.org or 267-765-5104 with any questions.

Sincerely,

Mara Brough
Senior Advocacy of Manager
National Multiple Sclerosis Society