

Rep. Donna Oberlander, members of the Consumer Affairs Committee, I thank you for this opportunity to testify on behalf of Pennsylvania patients. Other than practicing as a pediatrician in Pennsylvania, I have no conflict of interest. I paid my own way to come here today, as I do for every advocacy trip and I do not speak on behalf of my employer.

House Bill 853 is vital to protecting the health and well-being of patients, especially those with serious chronic medical problems.

Let me start with a story. Ryan was diagnosed with complex partial seizures at age 17, and for most of the last 20 years he has been well controlled on Topomax and Lamictal. Initially, he had excellent coverage for brand names of both, but his out of pocket cost for the brand name shot up suddenly and unexpectedly to \$320 for a 3 month supply, compared to \$10 for the generic. Ryan switched to generics three separate times during the middle of the policy year. With two of the three switches, he suffered breakthrough seizures. For those listening who are unaware, having a seizure not only is a life-threatening event while driving a car, or operating any mechanical or sharp implements, a breakthrough seizure prevents epilepsy sufferers from driving for 6 months. He also suffered accentuated side effects of memory decline and dizziness, and intense worry of having a seizure at a dangerous time. These were affecting his personal and professional life. Ryan is a staunch self advocate. During the time of trying to advocate to get back on brand name, he suffered the disruptive and frustrating process of having to make multiple calls per week, lasting upwards of 30 minutes to his insurance company. There are 133,000 epileptic patients in Pennsylvania <https://www.cdc.gov/epilepsy/data/index.html>. There are 7.7 million patients with at least 1 chronic disease, and almost half of those have more than 1 chronic disease most necessitating medication.

<https://www.fightchronicdisease.org/states/pennsylvania> Not all of those patients can advocate as well as Ryan. Non-medical switching is dangerous to their health, and destructive to their well-being as well as their pocketbooks.

I have seen dozens of affected children personally and am here to tell this committee, and all of Pennsylvania that we must protect treatment decisions made between physicians and the patients for whom they care so that patients get the appropriate access that they deserve at a reasonable cost.

For Pennsylvanians who are living with chronic health conditions, coverage changes allowed by non-medical switching can devastate health and finances. Coverage, when purchased, must remain fair – My patients cannot change plans during the policy year, insurers should not be able to change formulary coverage during the policy year for treatments and services the patient is receiving.