



The Honorable Brad Roae
House Consumer Affairs Committee
462 Main Capitol Building
Room 205
Harrisburg, Pennsylvania, 17120

RE: Chronic Disease Coalition Supports House Bill 853

Dear Chair Roae and members of the Committee on Consumer Affairs,

The Chronic Disease Coalition is a nonprofit organization that represents patients with a wide range of chronic health conditions, including diabetes, multiple sclerosis, rheumatoid arthritis and kidney disease, to name just a few. On behalf of our 1,000+ members and allies in Pennsylvania, we urge you to support HB 853, which would help protect patients from unexpected, mid-year changes to their health care coverage.

People with chronic conditions often require regular, expensive treatment to effectively manage their condition – treatment that their insurance companies typically would rather not cover. As a result, insurers across the nation have implemented shortsighted practices like nonmedical switching to cut costs. Nonmedical switching occurs when insurers restrict or limit treatment coverage to include less expensive medications, forcing patients to abandon their current, effective treatment regimen or pay more out-of-pocket to access their doctor-prescribed medication.

Patients subjected to nonmedical switching are faced with immediate health risks, particularly those who require biologics or biosimilars to manage their condition, like patients with multiple sclerosis or rheumatoid arthritis. In these instances, switching medication may adversely neutralize the medication, rendering the original biosimilar or biologic ineffective.¹In effect, this can severely limit a patient's future treatment options. In these two examples, permanent and irreparable neurological or joint damage may occur.

A recent study highlighted by the Global Alliance for Patient Access also points out that nonmedical switching can lead to higher health care costs.¹ Patients who were nonmedically switched to a less expensive drug saw an increase in annual medical costs as high \$14,127, while patients who continued their treatment regimen only saw a \$238 increase in yearly expenses.²

House Bill 853 would help to protect patients from nonmedical switching practices by preventing insurers from making changes to their coverage mid-year. This bill ensures the following:

- Patients and their families can expect their benefits to remain concrete through the entire plan year, providing both treatment and financial stability and consistency

- Insurers can only alter covered benefits for commercially insured Pennsylvanians who are not already receiving a specific service or treatment
- Health plans may only alter coverage if a product or service is deemed unsafe by the U.S. Food and Drug Administration or when a prescription drug has been discontinued

House Bill 853 will help to ensure patients can access effective treatment prescribed by their doctor. Not only does this provide clarity for the patient managing their chronic condition, but it also ensures that insurance companies are not able to take advantage of patients, risking patients' health to increase their bottom line.

We strongly urge you to support HB 853 and ensure patients have access to the treatment prescribed by their doctor, not their insurer.

Sincerely,



Scott Bruun
Executive Director
Chronic Disease Coalition

¹ http://gafpa.org/wp-content/uploads/GAfPA_Fast-Facts_Non-Medical-Switching_January-2017-1.pdf²

²Institute for Patient Access: Cost-Motivated Treatment Changes: Implications for Non-Medical Switching. Washington, DC; October 2016.