April 1, 2019

The Honorable Cathy Osten, Co-Chair
The Honorable Toni Walker, Co-Chair
Appropriations Committee
Legislative Office Building, Room 2700
Hartford, CT 06106

Re: H.B. No. 7148 AN ACT CONCERNING THE STATE BUDGET FOR THE BIENNIAUM ENDING JUNE THIRTIETH, 2021, AND MAKING APPROPRIATIONS THEREFOR.

Dear Senator Osten, Representative Walker,

The Dermatology Nurses’ Association writes to you today regarding H.B. No. 7148 AN ACT CONCERNING THE STATE BUDGET FOR THE BIENNIAUM ENDING JUNE THIRTIETH, 2021, AND MAKING APPROPRIATIONS THEREFOR. Specifically regarding the Department of Social Services and proposed savings under the Medicaid Program through expanding Step Therapy.

Current Public Act No. 12-118 allows for an override process to step therapy that is convenient to use by the health care providers and expeditiously granted if clear criteria have been met. The new recommendations in the Pharma Provisions Budget Summary to expand step therapy will compromise this process and threatens to restrict access and decrease therapy choices for patients. This could put patients’ health at risk and potentially creates long-term health care issues in the process. Absent significant patient protections, we urge the Appropriations Committee to withdraw their recommendation to expand step therapy from the Pharma Provisions Budget Summary for the sake of beneficiaries who rely on Medicaid to access needed care.

Our concerns grow from the direct negative experiences that many of the Dermatology Nurses’ Association’s members have had with step therapy. As a result of insurers’ step therapy (also known as “fail first”) policies in the commercial market, patients have experienced delayed and restricted access to needed treatments that can impact quality of care while health care providers have experienced significantly increased administrative burdens. At a time when policymakers are seeking reforms that empower and engage patients, and reduce needless provider burden, the recommendations to expand step therapy in the Pharma Provisions Budget Summary is a step in the wrong direction for Medicaid patients.
Fail first policies limit the options available for patients and health care providers to treat conditions, forcing individuals to try the treatment that is preferred by the insurance company (often an older, cheaper medicine) rather than the medication prescribed by the provider. Medical literature and news media are rife with data on the negative effects of these policies on patients and caregivers. Each patient has different needs, and often the treatment that best meets an individual’s clinical circumstances and preferences conflicts with an insurer’s one-size-fits-all step therapy requirement.

For example, a patient with psoriasis may require a disease-modifying biologic medication to control symptoms and prevent flaring of disease. However, step therapy rules could force a patient to first try an older, cheaper medication that could lead to increased exacerbation or prolong the patient’s suffering due to lack of improvement. Patients with many other complex diseases that involve treatment with provider-prescribed medications – such as cancer, macular degeneration, Crohn’s disease or colitis, multiple sclerosis, and neurological disorders – face similar barriers under fail first policies.

Exceptions must be made for patient characteristics and current treatment, including if the provider believes the recommended course of action by the carrier could cause harm to the patient. In general, patients must be able to have access to alternative treatments if the first line option is not optimal or is contraindicated. Patients with moderate to severe disease who are stable on current therapy must be able to remain on their current treatment without penalty. Forced switching of therapy poses a significant risk to the patient for disease flares and immunogenicity due to a loss of effectiveness of the prescribed medication should the original medication be resumed at a later time... In the event that a patient switches insurance plans, he or she should not be forced to repeat the step therapy process if he or she went through that process with the last insurance plan.

Despite the well-recognized patient access risks of step therapy, the recommendations to expand step therapy in the Pharma Provisions Budget Summary lacks basic patient safeguards that should be included in any utilization management policy. This includes a lack of adequate standards and transparency to ensure that any step therapy policies are clinically appropriate, and evidence based. Also lacking is a timely and accessible process for patients to seek exceptions to a step therapy requirement, and protections against potential increases in cost sharing for some patients. Additionally, the expanded step therapy recommendations lack clarity around treatment “grandfathering,” which casts uncertainty on the ability to continue treatment with ongoing therapies.

Policies that sacrifice the health of patients in the hope of cutting program costs undermine the promise Medicaid represents for so many individuals. We ask members of the Connecticut General Assembly to encourage the Lamont administration to consider alternative solutions such
as clinically appropriate utilization management that incorporates evidence-based guidelines designed with the input of medical practitioners, patients and advocates. By strengthening the critical provider-patient relationship rather than insurance companies’ bottom lines, the Connecticut General Assembly can improve the Medicaid program through sensible, effective and tailored reforms.

Thank you for your consideration and feel free to contact us should you have questions or need further information.

Sincerely,

Linda J. Markman
On behalf of
Dermatology Nurses’ Association