

HHS Committee Testimony March 10, 2016

Rep. Barbara Bollier, MD

Opponent against SB341

Mr. Chairman and members of the committee:

Thank you for allowing me to testify on SB 341. Today I would like to share information about care-givers and their decision-making process for prescribing medication to patients. Then I will discuss the bill before you and why, in order to support it, I recommend a necessary amendment to ensure quality care of our Kansas citizens who participate in KanCare.

Physicians attend four years of medical school and from 3 to 11 years of a residency training program before they start their practice. What they are taught to do during all of those years is to evaluate their patients, make a diagnosis, and offer a treatment plan. Sounds simple when you put it in just those few words. But any of us who have been to the doctor for care know that it isn't always so easy. And once things are figured out, you trust that your physician is going to recommend the best treatment plan for you as an individual. It is more than frustrating if this treatment plan isn't what your insurance company deems "allowable". But with private insurance you have a mechanism to protest and potentially change the company's ruling.

So why would a physician make a decision for treatment that he or she knows is not allowable by an insurance company? I can speak from my own experience as a physician: because it is what is best for the patient. Why would I prescribe a blood pressure medicine that costs \$310 more per month than another? It might be because the more expensive one works better; on another note, it could be related to the dosing schedule. Even though both drugs might be just as effective, I know that taking a pill 4 times a day won't happen with my patient. I thus have an ineffective treatment unless I find a drug that is taken once or twice a day, something we all know is much more likely result in success. If I choose the medicine that requires four doses a day and the patient ends up ultimately requiring hospitalization because the illness gets significantly worse, I have then spent WAY more money from the system than if I had just prescribed the more expensive medication up front. Another reason for the more expensive medication might be side effects. Frequently the newer, more expensive medications have significantly fewer side effects, or have eliminated a side effect that interferes with a patient's life or health. It might interact differently with other medications that the patient needs. Or that particular patient may just not respond as well to the less expensive medication as compared to the more expensive one. All of these are appropriate reasons to utilize a more expensive medicine.

I visited with a representative from a prominent national insurance company about the step therapy program they have in place. The goals are essentially the same as are present in this bill: to encourage less-expensive drugs treatments to be used first. But there is a highly significant difference in their step therapy plan than the one offered in this bill. In the private

plan, the physician can petition and receive an exemption for the patient. The representative's comment to me when I was asking about their program exclaimed, "Oh, you HAVE to offer a way for exceptions!" and I said to her that, no, you do not and that is how our KanCare bill has been written. She just couldn't believe it!

Another problem with having no opportunity for exceptions would be when a patient has a drug therapy regimen established prior to using KanCare. The bill requires that a patient will begin treatments using the least expensive medication and might go through weeks or even months of treatment before being allowed to use the drugs that were already established as being most effective. WHY would we do that to any of our citizens? The cost would be immense not just in potential dollars spent on hospitalizations or ER visits, but also lost work days and even loss of employment.

When the Affordable Care Act first came to the forefront, one of the peoples' greatest concerns was possible interference with physician decision-making. People were adamant that the Government should not interfere with the physician-patient relationship! While Step Therapy is not ideal in my estimation, I could support it if there is a place for exceptions, thus maintaining the integrity of physician decision-making for patient care.

Thank you for your time and I hope that you will join me in not supporting this bill as it is currently written. I am happy to respond to questions.