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My name is Gayle M Taylor-Ford, LSCSW, LCAC, I serve on the Board of Directors of the International Pain Foundation (iPain) and owner of Therapy Services, LLC based out of Burlington, KS. I am here today to oppose passage of SB 341 as written. Through my work with the iPain Foundation, I am dedicated to empowering patients to become self-advocates and educating patients and public on the challenges chronic pain patients live with on a daily basis. I am here to speak on behalf of the 900,000 pain patients living in Kansas who know the challenges of access to proper and timely care.

Step therapy practices in many cases are unethical and take decision making away from prescribers who have had the benefit of examining the patient, reviewing blood work, test results, etc., and transferring these decisions to the insurance company representatives. This is a person making the decision who may or may not (in most cases not) be a doctor. This person who is making medical decisions on YOUR care or denial of care based on the mighty dollar.

One of the biggest challenges we hear about most from our pain community is access to care involving delays. We are seeing an increase in patients who are facing restrictions to medication and less invasive options such as chiropractic and physical therapy through step therapy and delays in prior authorization practices by insurance companies. Therefore, we oppose SB341.

We have supported step therapy bills in other states, such as California, Arizona, New Jersey, New York, Louisiana, and Connecticut, which allow a prescribing provider, based on his or her professional judgment, to request a step therapy override determination from a health plan or insurer on behalf of a patient. Poor step therapy practices need to be limited to help eliminate the often cruel practice, which denies access to critical life giving medication for chronic pain diseases.

We are looking to support step therapy bills which address the problems of step therapy by specifically focusing on patients in pain to highlight the inadequacies of the practice because a pain patient can tell immediately whether a pain medication is working or not, and they should not be forced to stay on medicine which does not relieve their pain. The International Pain Foundation adamantly believes that applying step therapy protocols rigidly to a pain patient is not in the patient's best interest and simply creates undue challenges to pain patient.

Additionally, any cost savings that the state is actually looking at by enacting this type of Step Therapy legislation has been shown to actually increase costs. Even though potentially the number of dollars spent on medication may have decreased that is offset by the increased number of emergency visits and increased phone calls, and office visits to the provider because of medication that is not working or undue side effects of medications that are not as effective as what could have been prescribed.

Personally, my Husband was diagnosed in early December 2015 with MS. It took more than two months to start actual MS medication because the Neurologist, who is an MS Specialist, had to get prior authorization in order to prescribe the type of therapy he needs. This is due to Step Therapy and prior authorization rules. So in the mean time they had him take IV Steroids that cause terrible side effects and swelling because they could not get him the medication that he actually needs in a timely manner. By the time he finally got the medication the Neurologist prescribed, he was so ill and weak that four days later he ended up in the hospital for four days. Time in the hospital that likely could have been avoided if he had been able to have the original medication in a timely manner.

The International Pain Foundation provides community based support services that address the immediate needs of pain patients. The International Pain Foundation's ultimate goal is to allow chronic pain patients the ability to perform their regular activities in the community and to bolster society's ability to provide full opportunities and appropriate supports for its pain citizens. It is our goal to shed light on the unethical treatment of pain patients, especially women, minorities and economically disadvantaged patients, whom studies have shown are either disproportionately undertreated, or go untreated for pain.

In conclusion, we are not in support of KS SB341 as it is currently being proposed.

Thank you for your time,

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