



MIDWEST HEMOPHILIA ASSOCIATION

To: Kansas Public Health and Welfare Committee

From: Mark Cox, Executive Director, Midwest Hemophilia Association

Re: KS SB341

On behalf of the Midwest Hemophilia Association, I write in strong opposition of Senate Bill 341 which removes patient protections against adverse cost containment measures via written testimony. Individuals with bleeding disorders require access to products and treatments prescribed by their health care providers. When a patient is stable on a certain factor product or other prescription, it can be detrimental to the patient's care if they must try an alternative product because of a payer's step therapy / fail first requirements.

For Kansans living with bleeding disorders (Hemophilia A and B, von Willebrand's Disease) clotting factor is treatment necessary for preserving life. Asking that a patient switch to a different medication to lower costs from a current successful protocol could result in joint damage and complications from inhibitor development. We recognize that step therapy and fail first measures are in place to control costs for many medications. But as for clotting factor, it is important to note that there are no generic equivalents available. Due to the biologic nature of these medications, they do not all work equally for all patients.

Insurers claim that step therapy helps to lower health care costs while maintaining or possibly improving care quality. In some cases, step therapy has played a clear role in achieving these outcomes. But in other situations, data clearly shows that step therapy can have the opposite impact. Step therapy can delay or lower care quality. Since step therapy requires patients to try one or several medications before being covered for the drug selected by their health care provider, it can delay access to optimal therapy. In the course of these delays, patients may experience disease progression, a serious risk for anyone living with a debilitating illness. Along with potentially delaying optimal therapy, step therapy can be so burdensome that patients end up receiving no treatment at all. Studies have shown this to be the case in up to 1 in 5 patients.

Step therapy is a one-size-fits-all policy and for many physicians and patients it has become a barrier to getting the right care at the right time. Step therapy can undermine physicians' ability to effectively treat patients, lower quality of care, and lead to set backs and disease progression for patients.

Sincerely,

Mark H. Cox
Executive Director

*...Improving the quality of life of those affected with hemophilia and
bleeding disorders...*

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