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Kansas Rheumatology Alliance

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Ms. Walters:

We are writing you on behalf of Kansas Rheumatology Alliance, a group of rheumatology specialists in South Central Kansas who advocate for state of the art care for our patients. We have been made aware of Senate Bill No. 341 and are opponents of this bill, as we have some profound concerns about how this bill would adversely impact the care of our patients.

First of all, while having safeguards in place to minimize contraindications, drug-drug interactions, and other potential errors is laudable in theory, this process sets the stage for some unintended consequences. In general, placing complex decisions regarding drug therapy in the hands of non-physicians is simply irresponsible. 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. All of us have personally witnessed this when private insurers, often driven by up-front cost considerations or by which pharmaceutical company they have contracted with, have mandated therapies that simply don't make sense for our individual patients. The premise that a non-physician insurance company employee sitting miles away in an office can trump the decision of a trained health care provider sitting in the same room with the patient he or she has managed for years is absurd.

Step therapy can lead to increases in cost. In a study comparing spending on schizophrenia medications in Georgia's Medicaid program, step therapy saved the state \$19.62 per member per month (PMPM) in atypical antipsychotic expenditures. However, these savings were "accompanied by a \$31.59 per member per month increase in expenditures for outpatient services." As a result, step therapy did not

have the intended effect of reducing overall costs; rather, it increased health care costs. The notion that cutting costs up front for medications that are likely to be less effective for our patients is short-sighted.

Finally, step therapy is certain to result in increased administrative burdens, not only for our practices but also for the Medicaid staff. When private insurers mandate step therapy and force us to resort to appeals and peer to peer reviews, it wastes time for us as providers attempting to care for patients in an already burdensome healthcare environment. This would also result in tying up the staff of the Kansas Medicaid system. This exercise in futility could be avoided if providers were allowed to prescribe the therapy they deem to be appropriate for each patient.

As healthcare providers, we are all interested in containing costs, and we factor economic considerations into the care of our patients every day. At a certain point, however, we feel strongly that the most cost-effective therapy is the therapy that best prevents disease complications and optimizes the function and productivity of each patient. Placing such decisions into a cookie-cutter format while leaving the complex cognitive skills a health care provider possesses out of the picture is simply ill-advised and ill-conceived. Please take these points into consideration when deliberating about Senate Bill No. 341. Thank you for your time and consideration.

Sincerely,

Kansas Rheumatology Alliance

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