2/12/2020

Chairman Vickery:

Please accept the following as my written testimony in support of HB 2598.

As a physician, I am writing this letter to passionately voice my concerns with the increasing role of Pharmacy Benefit Managers (PBMs). My concerns are primarily patient safety, restriction of access to critical medications, and financial motives of these companies ahead of patient outcomes.

As a specialist physician in the field of rheumatology, I am faced with daily interactions with PBMs and the impact of these entities on patient care. As PBMs have been increasingly more prevalent they seem significantly more focused on practice standards that consequently remove quality, patient satisfaction, and improved care standards in exchange for their own profits. As with other fields of medicine that utilize newer, more expensive medications, including biologics, rheumatologists have significantly advanced the care of our patients by incorporating these medications rapidly into practice with dramatically improved outcomes. However, the reality of practicing contemporary medicine includes not only the joy of improving patient's lives but also the hassles and frustrations of the many impediments to being able to ensure my patients receive these treatments. Specifically, the practice of some of these PBMs have led to significant patient safety concerns, prioritization of medicine access based on PBMs negotiated financial benefits, and significant increases in time physicians and staff spend trying to get approval. This indirectly increases cost and leads to decrease in quality of patient care as well as increased physician burnout.

While I understand the purpose of oversight and control when it comes to utilization of expensive resources in medicine, I have a firm belief that the physicians, who have taken an oath to put the patient's well-being first, are the best to decide which treatments are appropriate. I can site many examples of PBMs rejecting utilization of medications which I deemed most appropriate simply because the patient has not tried several other "preferred" medications. In reality, the designation of preferred is often based on certain drug manufacturers having provided steep discounts or hidden rebates and kick-backs to the PBMs to mandate utilization of their drugs over competitors. This egregious practice is highly unethical in regards to putting profits above patient well-being. It is also not consistent with scientifically driven clinical decisions. Further, the lack of transparency decreases the ability to provide oversight of these PBMs, hence increasing risk of corruption and cost passed on to patients. While sometimes the choice of a few medications are similar enough to not make a significant clinical impact, more often the PBMs are grouping medications in classes and labeling them "therapeutically interchangeable" when in fact the mechanisms and safety risks are quite different. This leads to very dangerous situations in which the PBMs will not approve a drug that would be more effective and safer until the preferred medications have been tried. I would strongly argue that this is akin to practicing medicine without a license in that the people making these decisions are not licensed clinicians, have no specific specialty training, and have never met or examined the patients to even determine the appropriateness of denying access for the medication that the patient's doctor deems appropriate. Many times the preferred drugs may have specific safety concerns or may not even work in the same manner. Other times, PBMs and insurers utilize internal physician review to determine appropriateness of choices. Most often the physicians making the decisions are not only paid by the PBMS and insurers, and hence by definition have a conflict of interest, but they are also often not experts in the fields they are judging. I recently was denied utilization of a medication for a severe autoimmune condition (lupus) by a general pediatrician whose experience in managing adults with lupus, much less in understanding the complex immunologic mechanisms of the medications for this disease, was lacking.

Another concern with PBMs is the delay in access to critical medications they create. Most diseases have improved outcomes with rapid and effective disease control. In many rheumatic conditions, such as rheumatoid arthritis and psoriatic arthritis, irreversible damage can occur in weeks to months of aggressive disease activity. The approval process for access to medications managed by PBMs can add days and weeks and sometimes even months. This clearly puts patients at risk for worse outcomes.

Finally, in addition the direct patient safety concerns with PBM decisions and their hidden financial motives, the downstream impact of PBMs on the practice of medicine should also be mentioned. PBMs are increasing time and staff hours required for the acquisition of medications. Clinicians, nurses and office managers are spending hours weekly navigating the applications and appeals processes for each patient needing these critical medications. Patients also have significantly fewer choices of pharmacies from which they can receive these medications. The patients are mandated to utilize PBMs over their preferred local pharmacies (which can often get the same medications at the same cost or cheaper, with better quality service). Mail order delivery creates safety concerns with theft, delay, dangerous temperature fluctuations. This also leads to the inability of local pharmacists to manage their patients directly. These community pharmacists, who often have spent years/decades managing the patients in their communities, lose critical oversight of their patients as well as lose the business to out of state centralized mail-order pharmacies. This can lead to significantly decreased customer/patient satisfaction and amplifies the risk for safety concerns.

In summary, my concerns with PBMs are primarily patient safety, restriction of access to critical medications, and financial motives of these companies ahead of patient outcomes. I regret that I am not available to testify directly to those interested in hearing the concerns of physicians in regards to PBMs. However, I would make myself available for follow up as I am passionate about keeping the best care of my patients as my highest priority.

Sincerely,

Kevin M. Latinis, MD/PhD
Latinis Rheumatology
Kevin.latinis@psnmo.net
913-708-5795
14641 Briar Street
Leawood, KS 66224