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**Proponent: HB2157**

Thank you, Chairwoman Landwehr, and members of the Health and Human Services Committee, for allowing me to speak to you today regarding an ever-increasing problem for the safe and effective care of patients.

My name is Mark Allen. I am a gastroenterologist at St Luke's Hospital in Kansas City. I deal with diseases of the digestive system. I am a graduate of both Kansas University and KU Medical School. I completed my residency at St Luke's Hospital, where I was born and currently practice. I spent 3 years at the Mayo Clinic in Rochester, Minnesota and completed my gastroenterology fellowship in 1984. I am in my 37th year of practice. I live in Johnson County, Kansas. I have taken care of thousands of patients from both Kansas and Missouri.

I am here today to speak to you of the ever-increasing dangers of step-edit requirements imposed by insurance companies.

Step-edit or step-therapy is a policy that insurers use to compel the use of certain medications first, before another medication can be used. These fail-first policies require prescribers to use Drug A before they can use Drug B. Sometimes, there are even two step edits, in other words, fail Drugs A and B before you get Drug C.

When you come to my office to discuss which medication would be best for you, I address 3 things about any drug that I might prescribe.

1. Is it effective? Has it been shown so in clinical trials or prior experience?
2. Is it safe? Do the potential side effects outweigh the benefits?
3. Is it affordable? Sometimes there may be equivalent drugs where one is clearly a better value, and then some drugs are priced such that insurers will not even cover them.

Whether you or a member of your family has Crohn's disease, ulcerative colitis, diabetes, or multiple sclerosis, it is highly likely that you will be forced to follow step therapy.

Now, what kind of doctor am I to prescribe you a drug that might fail, even though it may be cheaper than a drug that will work? Isn't our goal together, as patient and doctor, to return you to good health as fast as possible?

Step edit policies get in the middle of doctor-patient relationships. They muddle the discussion. Those insurance companies are not sitting in the room with me and you, deciding on what drug will work the fastest and the safest.

What is worse is that step-edit policies can negatively affect the lives of the patients that we doctors' care for.

Let me give you an example:

Your daughter is 19 and she has been diagnosed with severe ulcerative colitis, one of the inflammatory bowel diseases which result in abdominal pain, cramping and persistent bloody diarrhea. These patients' lives can be miserable. Severe cases that fail timely medical therapy can lead to surgery and to the removal of the colon. I have seen too many cases of this disease that ruin young peoples' liver.

I decided that she needs a drug such as Remicade, but the insurance company policy states she must be given another drug such as Humira. In other words, I am forced to prescribe Drug A before Drug B – solely based on the cost and not based on the science or my 37 years of clinical experience. The insurance company is in fact, forcing a clinical decision that could result in the removal of her colon, if she is required to fail Drug A before Drug B even when my expertise says Drug B is best for her.

I have often wondered why are insurance companies and their medical directors exempt from malpractice liability when they are over-riding doctor's decisions?

The additional burdens that step-edit policies create, include:

1. Delays in starting the correct medication potentially leading to poorer patient outcomes.
2. Peer to peer requirements – where prescribing doctors are required to get an over-ride from an insurance company doctor. Typically, I will be talking to a doctor who is not in my specialty. This whole process takes time to coordinate the calls and takes me away from time devoted to patient care.
3. Increasing denials particularly to dose escalate a drug, even when drug levels are low, and the dose needs to be increased, which negatively affects patient care and outcomes.
4. Policies requiring a patient currently on a drug who is doing well, to switch to another drug which can potentially result in a flare-up of their disease, risk expensive hospitalization and potential surgeries.
5. The existing appeal process is terribly cumbersome and time consuming for the patients and their doctors. Despite insurance companies being requested to have internal review processes, only about one third of all denials are further appealed and reversed, according to a March 2011 GAO report. People just give up.

I am here today to support passage of HB2157 to restrict step-edit therapy so that doctors and their patients can choose the best therapy and not be forced to follow a fail-first system.

Thank you for your time.

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