

Kansas State Legislature – Committee on Health and Human Services

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HB 2157 – Establishing restrictions on the use of step therapy protocols by health insurance

Chair Landwehr, Vice Chair Eplee, and Members of the Committee on Health and Human Services, thank you for the opportunity to provide testimony in support of HB 2157, which would establish procedures for step therapy protocols by health insurance plans, and to share how such utilization requirements impact those who live with multiple sclerosis (MS).

MS is an unpredictable, often disabling disease of the central nervous system that disrupts the flow of information within the brain, and between the brain and body. Symptoms vary from person to person and range from numbness and tingling to walking difficulties, fatigue, dizziness, pain, depression, blindness and paralysis. The progress, severity and specific symptoms of MS in any one person cannot yet be predicted, but advances in research and treatment are leading to better understanding and moving us closer to a world free of MS. Nearly 1 million people in the United States, and 2.3 million worldwide, are currently living with MS.

Step therapy or “fail first” policies are a form of utilization management that health plans may use as a mechanism to purportedly control costs by dictating the order in which patients take certain therapies. Step therapy protocols require that patients must try one or more medications selected by their insurer before the plan will grant coverage for the drug originally prescribed by the healthcare provider. Under HB 2157, an exception criterion would be established to prevent adverse medical reactions to step therapy protocols. By providing exception criterion, as well as an expedient timeline for response from health insurance plans, we are ensuring that individuals with MS are less likely to experience a lapse in treatment or an ineffective drug.

Patients (including people with MS) and healthcare providers have voiced concern regarding the potential adverse effects of step therapy, when it is not paired with protections for patients. Step therapy protocols do not take into account detailed conversations between healthcare providers and patients as they discuss the right medication for each person, factoring in things like efficacy, dosage, route of administration and side effects.

In addition, step therapy protocols may involve significant paperwork and documentation from healthcare providers and patients. Staff in provider offices must dedicate time to communicating with insurance companies to find out whether a prescribed drug will be covered—or appealing treatments that are denied. The time providers spend on these often-burdensome processes affects the office workflow and leaves them with less time to treat patients. This process is not only challenging for providers, but also a challenge for patients, who may spend many hours working with their provider’s office to access the prescriptions

they need. The 72 hour response time required of health insurance plans in HB 2157 would help to solve this issue and avoid a lapse in treatment.

When patients are required to cycle through and document a “step”—or in some cases, more than one step or medication—the process may result in substantial delays in treatment deemed appropriate by their healthcare provider. This process may affect patients’ ability to immediately start treatment, or in some cases, their ability to continue a treatment that has been effective. Prolonging ineffective treatment (and delaying the medication initially prescribed by the healthcare provider) may result in disease progression for patients. For those with diseases such as multiple sclerosis, which may be severe or debilitating, delaying treatment can lead to serious outcomes such as the irreversible accumulation of disability.

According to “The Use of Disease-Modifying Therapies in Multiple Sclerosis: Principles and Current Evidence,” a consensus paper by the Multiple Sclerosis Coalition, evidence supports the initiation of treatment with an FDA-approved disease-modifying therapy (DMT) as soon as possible following a diagnosis of relapsing MS. It can take years following an MS diagnosis to find the most effective course of treatment and when a patient does, they should remain on that drug uninterrupted. Considering the cost of MS medications, patients cannot afford to take drugs out of step order and without coverage. The exceptions protocol of HB 2175 provides healthcare providers with an evidence-based framework for ensuring that their patients living with MS will have access to the DMT most aligned with their disease progression.

Although insurers utilize step therapy to control cost, research has demonstrated that step therapy can in fact lead to higher spending over time. For example, while Georgia’s Medicaid program initially saved \$20 per person per month after introducing step therapy protocols for schizophrenia medications, the state ultimately ended up spending \$32 per person per month on outpatient care, due to the use of ineffective medications by patients (Clinical Therapeutics, 2008, as cited in Health Affairs, 2016). The use of ineffective treatment has been associated with higher costs due to additional office visits, increased drug costs, and the possibility of additional treatment or hospitalization. Additionally, in the case of MS, effectiveness of the drug should not be the only factor considered. The risk profile of the medication as well as side effects and the ability for an individual to adhere to the medication must also be considered.

The National MS Society urges this committee – and the larger legislative body – to pass HB 2157 this session. Allowing individuals, especially those with chronic diseases such as MS, access to step therapy protocol exceptions will not only improve their quality of life. We urge you to protect the residents of Kansas and ensure that they receive the best care possible.

Thank you for your time and consideration of this matter. Please contact me if I can be of further assistance: corbin.mcgee@nmss.org or (630) 470-2875.