



**Tuesday, February 18, 2020**

**To: Members of the Pennsylvania House Consumer Affairs Committee**  
**Re: Pennsylvanians for Fair Health Coverage Supports House Bill 853**

Members of the House Consumer Affairs Committee:

I would like to thank the committee for this opportunity to provide information about the important problem of non-medical switching and explain why patients in Pennsylvania support House Bill 853.

My name is Suzanna Masartis, and I am the Executive Director of the Community Liver Alliance, an organization that provides support and education to those experiencing liver illnesses and their caregivers. The Community Liver Alliance leads Pennsylvanians for Fair Health Coverage, a coalition of 24 state-based and national patient and provider advocacy groups that are working to ensure that commercial health insurance coverage will be concrete over the course of each year.

As a coalition, we know that insurers in Pennsylvania are free to put additional restrictions on health coverage, raise out-of-pocket costs, or even remove coverage of a treatment or service altogether at any time during the contract year. Pennsylvanians need House Bill 853 to prohibit non-medical switching and ensure that health insurers will always honor their contracts.

Continuity of care – consistently receiving the same medication that works for a patient – is critical for treating and managing all kinds of illnesses, and that is exactly what non-medical switching disrupts. Continuity of care is particularly important for patients with one or multiple chronic conditions – such as cancer, epilepsy, liver conditions, and mental illness – who depend on certain prescription medications to stay healthy and lead a normal life.

Every patient considers the side-effects of different medications when choosing a treatment plan that is right for them, and non-medical switching takes that choice away from patients and makes them vulnerable to life-altering side-effects. A 2019 study from the Alliance for Patient Access found that 86 percent of people who had been non-medically switched agreed that the insurer's switch disrupted the treatment plan that had already been decided in consultation with their doctors.

When an insurance plan abruptly drops coverage of a medication or increases out-of-pockets costs, patients are forced to switch from their current medications or pay more to remain on them. These coverage reductions do not consider the health and wellbeing of patients. Insurance companies reduce coverage to save money, and they expect patients to quietly suffer the consequences. According to the same Alliance for Patient Access study, nearly 40 percent of patients who had been non-medically switched said that the new medicine was not as effective, and almost 60 percent experienced a complication from the new medication.

Even small changes to a treatment plan can jeopardize a patient's stability. Every additional visit to the doctor, hospital stay, and trip to the emergency room costs individual patients and the Pennsylvania state healthcare system.



The Partnership to Fight Chronic Disease estimated in 2015 that 7.7 million Pennsylvanians live with one or more chronic diseases – meaning more than half of our neighbors are the most vulnerable to the dangers of non-medical switching.

People who have experienced non-medical switching once live in fear that it will happen to them again. The process of finding a medication that is right for a patient is often a frustrating trial and error process, and it is unacceptable that insurance companies can force patients to experience this over and over again just for the sake of saving corporate money.

House Bill 853 would put an end to this. This bill preserves the flexibility for insurers to use generics and remove treatments deemed unsafe by the FDA while still ensuring that treatment decisions are made only by doctors and patients. This is a common-sense protection for patients - California, Texas, Maine, and Illinois have already passed similar bills to ban non-medical switching in their states.

Pennsylvanians who depend on certain medications choose their insurance plan and pharmacy benefits very carefully, but insurers can pull the rug out from under these individuals and families whenever they so choose, with no regard for the health of patients. Patients aren't able to change their health plan mid-year, and insurers should be held to the same standard.

Please support House Bill 853 to protect people in Pennsylvania from unfair midyear health coverage reductions that jeopardize the wellbeing of stable patients. Thank you for your time.

Sincerely,

Suzanna Masartis  
Executive Director of the Community Liver Alliance