



2016 Legislative Agenda

HB2319

Prescriptive Continuity of Care

Preventing Switching Medical Therapies for Stable Patients for Non-Medical Reasons

Limiting the ability of health care plans to switch medical therapies for stable patients

WHAT IS NON-MEDICAL SWITCHING

- Non-medical switching occurs when a patient who has been stabilized on a treatment regimen is forced to switch his or her therapy for the purpose of reducing costs for a health plan.
- Non-medical switching put patients at risk of severe recurrence of symptoms of their mental illness.
 - *A 2014 study on the effect of Medicaid formulary restrictions on schizophrenia patients found, 'Doctors are induced by formulary restrictions to switch to alternative therapies even when there are no indicator that the current treatment is ineffective (Goldman, DP, Dirani R, Fastanau J, et al. Do Strict Formularies Replicate Failure for Patients with Schizophrenia? Am J Manag Care. 2014; 20(3),p219-228).*
- Patients can be forced off their treatment by increasing out-of-pocket costs on previously covered medications – making the treatment financially inaccessible – or removing the treatment from coverage altogether.

HOW DOES SWITCHING IMPACT PATIENTS and the HEALTHCARE SYSTEM?

- It can take years for a person living with mental illness and other chronic and complex conditions to find a treatment regimen that effectively manages their illness with minimal side effects.
- Switching stable patients off their treatments for non-medical purposes leads to health consequents that translate to increased ER visits, hospitalizations, physician visits, and lab tests – driving up healthcare costs.

HB2319 PROTECTS STABLE PATIENTS AND OUR HEALTHCARE SYSTEM

HB2319 protects stable patients by keeping out-of-pocket costs stable, limiting formulary changes for existing enrollees who are stable on a treatment regimen, and guaranteeing treatment coverage for new enrollees who are stable on certain therapies.

- HB2319 will ensure
 - Consistent Out of Pocket Costs: Out of pocket costs for prescription drugs will not go up, except during open enrollment periods.
 - Consistent Coverage: Insurers will not be able to make formulary changes that force stable patients off of treatments previously approved for a plan.
 - ❖ *In August 2015, CVS announced it will exclude 124 products from its 2016 formulary list. Express Scripts also announced it would keep 80 drugs off its 2016 formulary list.*
 - Protection for New Patients: Would allow patients who move to a new plan to continue receiving medication they are currently stable on for treatment of their illness.