



## ISSUE

# Stop insurers from forcing patients to switch medications mid-year

## MMA Position

Legislation is needed to prohibit insurers and health plans from forcing a patient to change to a new drug mid-contract year, once a therapy has begun.

## Background

Patients often choose their insurance company or health plan based on the medications that work for them and whether an insurer covers those medications. This is especially true for patients with chronic conditions such as MS, rheumatoid arthritis, epilepsy, or mental illness.

For many patients with chronic conditions, finding the right medication can be difficult and often takes time. Once an effective medication is found, an insurer should not be able to force patients off that drug. When an insurance company or a pharmacy benefit manager (PBM) changes their formulary for financial reasons, a patient is forced to change drugs, a practice that can lead to serious harm. Also, in the end, it could increase the overall cost of treatment for the patient.

Patients are bound by the terms of their insurance company's contract and cannot change coverage until the next open enrollment period. Yet, currently, nothing prohibits PBMs or insurers from changing the drugs they cover during the contract year. This practice is sometimes called "non-medical switching."

Efforts are needed to control drug costs but forcing patients to use a drug other than what works for them is not the way to do it. Legislation is needed to protect patients by prohibiting insurers from practicing non-medical switching. The patient is bound by the contract

year, and the insurer should be as well.

The MMA acknowledges the role that formularies and preferred drug lists can play in reducing costs, but this must be balanced with the right of patients to receive the care they need. The proposed legislation is a balanced approach because it would only apply to a patient who is currently receiving a drug therapy. Nothing in the bill would prohibit PBMs and insurers from changing formularies for all other enrollees.

## Talking Points

- Patients deserve to have access to effective medications in a timely manner.
- Patients are bound to the terms of the contract with a health insurer. And yet nothing in state law prohibits the insurer or PBM from changing the patient's drug coverage for medications they are already on, even in the middle of a contract year.
- This bill balances the need for cost-controlling measures with the rights of patients to receive the medications they need and expected to receive as part of their treatment.