



ISSUE

Preserving patient access to needed prescription drugs

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 these conditions, finding the right medication can be difficult and often takes time. Once they find the one that works for them, it's best for them to stay on it. When an insurance company or a pharmacy benefit manager (PBM) changes their formulary for financial reasons, it can force a patient to change drugs, which 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, nothing currently prohibits PBMs or insurers from changing the drugs they cover during the contract year. This practice is sometimes called "non-medical switching."

Legislation is needed to protect patients by prohibiting insurers from practicing this non-medical switching. The patient is bound by the contract year; the insurer provider 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 by ensuring patients receive the care they need. The proposed legislation 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 needed 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 tools to control drug costs with the rights of patients to receive the medications they need and signed up for.