



ISSUE

Preserving patient access to prescription drugs

MMA Position

The MMA supports legislation (SF1006) that prohibits health plans from forcing a patient to change drugs once a therapy has begun and to create a community solution for providing real-time notification for drug coverage decisions.

Background

Patients often choose their health plan based upon a plan's coverage of the medications that work for them. That's even more likely for patients with chronic conditions such as MS, arthritis, epilepsy or mental illness. For many of these conditions, forcing a patient to change a drug therapy because an insurer or pharmacy benefit manager (PBM) has a better financial deal can cause direct harm to the patient and add to the overall cost of treatment. Patients are bound by the terms of the health plan they've selected and cannot change coverage until the next open enrollment period. Yet, nothing currently stops PBMs or health plans from changing their drug formularies mid-year and requiring patients to switch drugs. Sometimes called "non-medical switching," changes to a drug's coverage or benefit class can lead to compromised care by requiring patients to switch from medications with demonstrated effectiveness to ones that may not provide the same therapeutic benefit.

Legislation is needed to prohibit health plans and PBMs from forcing a patient who is currently receiving a drug therapy from changing drugs until the end of the patient's contract year.

The MMA acknowledges the important role that formularies and preferred drug lists can play in reducing costs. The proposed legislation would only apply to a patient who is currently receiving a drug therapy. Nothing in the bill would prohibit PBMs and health plans from changing formularies for all other enrollees.

Legislation is also needed to establish a working group of stakeholders – including physicians, other prescribers, health plans, and PBMs – to assemble a tool by which a prescriber can receive real-time responses from a health plan regarding coverage of a prescription to a patient. Physicians are often open to prescribing a drug that is covered by the patient's insurance, though it is often difficult to know which drugs are covered until after a denial. The Legislature can assist by convening interested parties to discuss solutions that work for all prescribers, patients and payers.

Talking Points

- Patients deserve to have access to their 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 stops the insurer or PBM from changing the patient's drug coverage for drugs they are already on, even in the middle of a contract year.
- Drugs that were covered one month suddenly are no longer covered without the patient or physician receiving notification prior to a denial of a prescription.
- Physicians are often open to writing prescriptions for drugs that are on the preferred drug list, but it's difficult to know which drugs are covered until a prescription is denied by the insurer or PBM. Partnering to create a community-wide tool to give prescribers real-time information about drug coverage could lead to lower costs and fewer hassles for patients.