



The Honorable Andrea Salinas  
Chair, House Committee on Health Care  
State Capitol, Room E  
Salem, Oregon 97301

RE: Chronic Disease Coalition Supports HB 4102

Dear Chair Salinas and members of the House Committee on Health Care,

The Chronic Disease Coalition is a nonprofit organization that represents patients with a wide range of chronic health conditions, including diabetes, multiple sclerosis, rheumatoid arthritis and kidney disease, to name just a few. On behalf of our 1,000+ members and allies in Oregon, we urge you to support HB 4102, which would help protect patients from utilization management practices, preserving the doctor-patient relationship and ensuring patient access to timely treatment.

Patients with chronic conditions often require regular, expensive treatment to effectively manage their condition – treatment that their insurance company would rather not cover. As a result, insurers across the nation have implemented so-called “utilization management” protocols, including prior authorization and step therapy to mitigate health care costs. Unfortunately, these practices cut costs at the expense of patients, who experience delays in treatment or are forced to abandon the treatment recommended by their doctor by trying and failing on less effective medications before receiving coverage of the doctor-prescribed medication.

Patients subjected to harmful utilization management practices are delayed in accessing effective treatment, and research indicates that prolonged ineffective treatment leads to negative health outcomes and increases overall long-term health care costs.<sup>2</sup>

In recent years, utilization management practices have increased drastically. An analysis conducted by Avalere Health found that employer plans covering 12 medications used to treat psoriasis, Crohn’s and colitis, increased their use of utilization management protocols by 42 percent.<sup>1</sup> Every day, more patients are being exposed to these practices and suffering the consequences of this harmful insurance industry tactic.

House Bill 4102 seeks to reform utilization management protocols by requiring insurance companies to be more transparent and put patients before profits. If passed, HB 4102 would improve patient outcomes by:

- Allowing patients to maintain prescription drug coverage for 12 months should the medication continue to be effective and based on clinical best practices, providing patients with continuity of care
- Allowing patients to continue treatment regimens that have already been approved for a reasonable and customary length of time not less than 90 days

- Continuing to require reimbursement for a prescription drug that is benefiting the patient, even if it is removed from the formulary after the end of an enrollment period
- Creating a clear, accessible and convenient process for the prescribing practitioner to request a step therapy exception through a web-based portal and permitting a patient's step therapy history to follow them, preventing a repetitive step therapy process

HB 4102 ensures that utilization management protocols are fair, transparent and evidence based. This legislation would ensure that patients can access effective treatment prescribed by their doctor. Patients would no longer be required to wait weeks for approval (or denial) of treatment, but instead would work alongside their doctor through a transparent exceptions process and receive a timelier response. Not only does this provide clarity for the patient managing their chronic condition, but it ensures that insurance companies are not able to take advantage of patients, risking patients' health to increase their bottom line.

We strongly urge you to support HB 4102 and protect the doctor-patient relationship.

Sincerely,



Scott Bruun  
Executive Director  
Chronic Disease Coalition

<sup>1</sup>Avalere. *PlanScape Review of Formulary Coverage of Selected Treatments, 2015-2017*.

<sup>2</sup> Iuga, A. O., & McGuire, M. J. (2014). Adherence and health care costs. *Risk management and healthcare policy, 7*, 35-44. doi:10.2147/RMHP.S19801