



Health Department

February 4, 2020

House Committee on Health
900 Court St. NE - HR F
Salem, Oregon 97301

Re: HB 4102 - Requires coordinated care organizations to report specified information to Oregon Health Authority regarding requests for prior authorization.

Chair Salinas, Vice-Chairs Representative Hayden and Representative Nosse, and members of the Committee, my name is Toni Kempner and I manage HIV Services for Multnomah County Health Department. I am submitting this letter on behalf of our department. Thank you for the opportunity to share feedback regarding HB 4102.

The proposed requirement for insurers to report claim and drug prior authorization approval and denials to the State, and to provide authorization criteria and processes is a welcome clarification for treating many patients. However, there are unwanted impacts for patients living with HIV. This population is especially vulnerable and not clinically appropriate for step therapy due to their immediate and chronic prescriptive needs. Delays in approval for treatment or requirements to try other drugs first can be fatal for this patient population. Indeed, it is inappropriate to resort to generic substitutions and step therapy in HIV treatment based upon resistance patterns, HIV viral load suppression mandates, side effect management, and adherence challenges.

The proposed bill would allow plans to exclude certain drugs including antiretrovirals, and would also allow prior authorization (going through coverage and utilization review prior to prescribing the preferred regimen) and step therapy (starting on a less expensive treatment regimen and requiring the patient to “fail” one or more plan drugs prior to moving to the prescriber’s chosen regimen). Many important considerations, including the person’s adherence to medications, drug-drug interactions, concomitant medical conditions, and side effect profiles are taken into account when choosing the best regimen. It is medically crucial to have all options on the table when prescribing and to be able to start those drugs quickly, with no barriers to access.

To quote the Executive Director of the American Academy of HIV Medicine Bruce Packett:

“We’ve seen how health plans, managers and payers often ignore guidelines and best practices when no rules are in place to protect HIV treatment. Barriers are put in place to drive patients onto potentially less well-tolerated or less effective medications with possible long-term health implications. Considering the overall medical costs of complications that can arise from being on certain HIV drugs long term, or from

treatment failure, the savings the administration is hoping for may in fact not be there at all.”

In addition to the impact this bill would have on medications for people living with HIV, its unrevised implementation would affect patients' choice of service. It is essential that clients living with HIV have the right to select primary and specialty care providers outside of their region due to disclosure issues and lack of provider access to meet their needs. This may include selecting a clinic outside their network coverage. Multnomah County Health Department continues to serve patients throughout the State where we are out of network for various CCOs, yet patients are unable to secure health care for HIV in their communities or have significant fear of disclosure in their small rural communities. In fact Oregon Health Authority mandates that 100% of Oregonians diagnosed with HIV are in medical care within 30 days and that service provision should be *culturally specific and (delivered by clinicians) experienced in HIV specialty care*.

In summary we ask that Bill HB 4102 is approved with the caveat that patients living with HIV are carved out of this bill, so they are not negatively and catastrophically impacted by its implementation.

Thank you,

Toni Kempner
Senior Manager, HIV Services
Multnomah County Health Department