

February 26, 2021

Honorable Representative Rachel Prusak  
Chair, House Committee on Health Care  
Oregon State Capitol  
Salem, OR

**RE: House Bill 2517 – Support**

Dear Chair Rachel Prusak,

The Arthritis Foundation thanks you for your sponsorship of House Bill 2517, alongside Representative Bill Hansell, and hope you will encourage your fellow members of the House Committee on Health Care to support the bill. This bill would help restore the balance between an insurer's oversight and the provider's discretion to ensure Oregon patients receive the most appropriate treatment for their condition. House Bill 2517 seeks to ensure that utilization management protocols are fair, transparent, evidence-based, and best support the health needs of the patient. In addition, House Bill 2517 establishes time frames surrounding the usage of utilization management protocols.

An increasing number of health insurers are using utilization management protocols, such as step therapy or fail first policies that require patients to try and fail one or more formulary covered medications before providing coverage for the originally prescribed non-formulary or non-preferred medication. Rather than taking into account the needs of the individual patient, insurers determine drug sequences based on cost and expectations about potential treatment responses within a generalized patient population.

As a result, utilization management protocols can lead to delays in access to the medications that offer the greatest potential medical benefit to people with arthritis. Arthritis is a chronic, degenerative disease, and delays in treatment can worsen disease progression and even cause permanent damage and disability. In some cases, patients may have no alternate therapy for an extended period of time if the drug that was initially prescribed was rejected. Accordingly, the standard time frames created by HB 2517 will ensure timely access to the vital medications patients need.

Further, arthritis is a complex disease to treat and a drug may work well for one person but not for another who has the seemingly same disease profile. Personalized, individual care is critical for people with arthritis. The required fail first drugs may cause adverse reactions or complications to the patient due to side effects or other drugs they may be taking to treat the disease or comorbidities. There is currently no consistency in how insurers establish and apply fail first protocols.

On behalf of the more than 838,000 adults and 3,400 children in Oregon with arthritis, the Arthritis Foundation strongly urges the House Committee on Health Care to support HB 2517 to ensure that providers have a say in what would be medically appropriate for their patient.

Sincerely,



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CC: Members, House Committee on Health Care

