



National
Multiple Sclerosis
Society

May 3, 2021

Honorable Chair Senator Deb Patterson
Honorable Vice-Chair Tim Knopp
Committee members Senators Beyer, Heard, and Manning Jr.

RE: SUPPORT HB 2517 Utilization Management in health care

Chair Patterson, Vice Chair Knopp, Senators Beyer, Heard, and Manning Jr.,

I am writing today on behalf of the National Multiple Sclerosis Society in support of the commonsense reforms to health care utilization management found in HB 2517.

MS is an unpredictable, often disabling disease of the central nervous system. MS interrupts the flow of information within the brain and between the brain and body. Symptoms range from numbness and tingling to blindness and paralysis. There is currently no cure for MS and since the disease is not fatal, a person can live with the disease their entire life. Research shows that early and ongoing treatment with a disease-modifying therapy (DMT) is the best way to slow the course of disease and disability from relapsing forms of MS. Nearly 1 million people in the United State and 2.3 million worldwide are currently living with MS.

Step Therapy and Prior Authorizations are forms of utilization management health plans may use as mechanisms to control the order in which patients take certain medications or the type of medication they can be prescribed. Step therapy protocols require that patients must try one or more medications selected by their insurer before the plan will grant coverage for the drug originally prescribed by the healthcare provider. If a physician prescribes a drug outside of the step-edit order, it may not be covered unless a drug on the step-edit order is tried and failed first. Prior Authorizations require physicians ask insurance companies before undertaking certain medical procedures or prescribing certain medications, often repeatedly for the same medication.

Utilization management practices, such as prior authorization and step therapy, are important tools to contain costs and ensure quality of care. However, they can often result in delayed treatment, abandonment of treatment, and higher administrative burdens. **For patients living with serious or chronic illnesses like MS, prolonging ineffective treatment (and delaying access to the right treatment) may result in increased disease activity, loss of function, and possible irreversible progression of disability.**

Following a diagnosis of relapsing MS, the initiation of treatment with an FDA-approved disease-modifying treatment is recommended as soon as possible. Movement from one disease-



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modifying treatment to another should occur only for medically appropriate reasons as determined by the treating clinician and patient.

House Bill 2517 is a continuation of previous session efforts and further discussions between stakeholders, which have endeavored to ensure that utilization management protocols are fair, transparent, evidence-based, and best support the health needs of the patient. The key concerns addressed by HB 2517 are to prevent treatment delays and treatment abandonment.

Primarily, this bill improves the efficiency of this process to support better patient outcomes by:

- Allowing patients living with chronic conditions to maintain a prior authorization for their prescription drug coverage for 12 continuous months. By removing the requirement to seek PA again and again for the same drug, there will be less disruption in the treatment process for the patient. In some cases, disruptions can result in significant loss of health.
- Allowing patients to continue with treatments that have already been approved, for a reasonable and customary length of time not less than 60 days. Again, the PA process in this case can interrupt the treatment and result in loss of progress towards health.
- Creating a clear, accessible, and convenient process for the prescribing practitioner to request a step therapy exception and allowing a patients' Step Therapy history to follow them. This would spare patients the requirement of repeating step therapy or utilizing a step therapy protocol which has prior documented evidence of individual patient harm.
- Improving administrative processes by; having requests be made via a standardized online portal; providing process information and rationale behind decisions; providing prior notification on process changes; and by listing all drugs, devices, and services which are subject to utilization management protocols.

HB 2517 does NOT seek to ban prior authorization nor step-therapy, but rather to institute common sense reforms to the processes which would ensure patient protections and make the processes more transparent, efficient, and fair. Please do not hesitate to contact me if you have any questions on this issue and its connections to persons living with Multiple Sclerosis. Previous years versions of this bill enjoyed bipartisan support. **We thank and urge the committee to support and pass HB 2517.**

Regards,

A handwritten signature in blue ink, appearing to read 'Seth Greiner', with a large, stylized flourish at the end.

Seth Greiner
Senior Manager, Advocacy