



**National
Multiple Sclerosis
Society**

February 10, 2018

Senator Vicki Schmidt, Chair
Senate Public Health and Welfare Committee
Re: SB 304 Proponent

Chair Schmidt and Committee Members:

I appear today on behalf of the National Multiple Sclerosis Society regarding SB 304. The National MS Society fully supports SB 304, which proposes to improve the laws regarding step therapy protocols for prescription drugs. The passage of SB 304 will have a significant, positive impact on people living with and affected by multiple sclerosis.

Multiple sclerosis (MS) is a chronic, often devastating disease of the central nervous system. The disease course is unpredictable and varies from person to person. Symptoms range from numbness and tingling in the extremities, to blindness and paralysis. Multiple sclerosis (MS) is typically diagnosed between the ages of 20 and 50, when most are raising families, advancing careers and maximizing their earnings. Yet studies show that only 40% are in the workforce ten years after their diagnosis, many others must transition to part-time employment to accommodate their disease.

MS can also be accompanied by a variety of life altering symptoms such as bladder problems, vision problems, and issues with gait, spasticity and extreme fatigue. These symptoms also often require physician or specialist prescribed medications. The initiation of treatment with an FDA-approved disease-modifying treatment is recommended as soon as possible following a diagnosis of MS.

Step therapy protocols require that patients must try at least one medication selected by their insurer before the plan will grant coverage for the drug originally prescribed by the healthcare provider. Through this method, insurers often require a patient to try an alternate drug or service, before they will cover the physician directed option. There are over a dozen MS drugs available (ranging from \$50,000 to \$91,000), which often subjects these specialty drugs to carrier/pharma negotiations. These negotiations ultimately determine the step therapy protocols created by an insurance carrier. Lacking in transparency, these protocols can significantly impact people living with MS.

Step therapy policies vary in terms of their requirements. Some plans require patients to go through the step therapy process again if the drug they are currently on is moved to a non-preferred status. Some plans impose step requirements on stable patients. Step therapy may require patients to not only fail one treatment, but several. The time delay before a patient can access their preferred treatment may be relatively lengthy (e.g. 90 days).

These practices involve a significant administrative burden to providers. These providers also bear sole responsibility for their patients' bad outcomes. When patients are required to cycle through and document a "step"—or in some cases, more than one step—the process may result in substantial delays in receiving the

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treatment deemed appropriate by their healthcare provider. This process may affect patients' ability to immediately start treatment, or in some cases, their ability to continue to access their treatment. Prolonging ineffective treatment may result in disease progression for patients, increased trips to the emergency room, hospital stays and time away from work.

The National MS Society believes that step therapy protocols should make sense, and that they should not result in detrimental delays in accessing appropriate medications. Furthermore, the Society believes that individuals should not be required to fail on similar mechanisms of action, drugs in the same pharmacological class, similar routes of administration, or a medication they have failed previously.

The patient protections found in SB 304 advances the step therapy standards in Kansas to more closely resemble the vision that the Society has for the appropriate utilization of step therapy protocols. Specifically, this bill will require health insurance providers in the state of Kansas to establish guidelines governing the use of their step therapy protocols based on clinical practice guidelines and provides for transparency of protocols and processes.

SB 304 also places requirements on the information that must be made available to a patient's healthcare provider when a step therapy protocol is utilized and the time frame within which an override request by the healthcare provider must be acted upon. This bill requires the following:

- Insurers that utilize step therapy protocols must make the process for an override accessible on their website;
- Override requests and appeals must be acted upon by the insurer within 72 hours of receiving them, except in emergency situations where they must be acted upon by the insurer within 24 hours of receiving them;
- If an insurer fails to act upon a request to appeal within these time limits, the requested exception will be granted; and
- It also specifies when a physician exception request will be granted.

SB 302 will ensure that patients and their healthcare providers have access to the information that they need to navigate through the step therapy process and that the step therapy process is both expedient and transparent. This will protect patients by preventing insurers from arbitrarily denying coverage for medically-necessary medications.

Sincerely,

A handwritten signature in blue ink that reads "Kari A. Rinker". The signature is written in a cursive, flowing style.

Kari Rinker, MPA
Senior Advocacy Manager
National MS Society

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