



ADVOCATE TOOLKIT



Physicians Know
Best For Patients,
Not Bureaucrats.



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Welcome

WHO WE ARE

Patient Access for Florida unites organizations committed to public policy to strengthen patient protections and appeals processes, specifically in the areas of streamlining step therapy and fail first protocols, simplified prior authorization, protection against discriminatory plan designs, providing continuity of care for stable patients, and offering an appeals process for medical exceptions. The coalition unites all types of stakeholders—patient, healthcare professionals, and business organizations—to ensure a unified strategy to address these issues.

Healthcare professionals have the expertise to know what is best for patients and must have access to a full range of therapeutic options to use as they see fit for their patients. They should not have to jump through burdensome bureaucratic hoops to secure the most appropriate therapy. Ultimately, healthcare professionals, not bureaucrats, should make the determination of the best course of treatment and medications for a patient. We need to ensure Florida's patients are receiving the *right medication at the right time*.

PATIENT ACCESS FOR FLORIDA CHAMPIONS

The goal of the **Patient Access for Florida** campaign is to involve key stakeholders in raising awareness about the importance of protecting the patient/physician relationship and ensuring patients have access to the right medicine at the right time by engaging a variety of organizations and individuals to serve as **Patient Access for Florida** Champions. As a respected leader in your community, we recognize the importance of involving you in this effort and we invite you to join us.

By becoming a **Patient Access for Florida** Champion, you're empowering your community with the knowledge they need to help strengthen patient protections in Florida. From sharing information with your friends and family and spreading the word about **Patient Access for Florida** on social media to serving as a spokesperson, we welcome your involvement. Let us know the ways in which you'd like to support the **Patient Access for Florida** campaign by filling out and returning the *Ways to Engage* form.

Patient Access for Florida is fully engaged in the conversation. Join us today at www.PatientAccessFL.com or via our social media channels: [Facebook](#), [Twitter](#), and [YouTube](#).





Issue & Solution

THE ISSUE

Access restrictions can prohibit a provider from prescribing what they believe is the best therapy option for a patient. It is imperative certain access protections be implemented.

Protections such as continuity of care, adequate product selection, and ensuring a clear and simple path for healthcare professionals to navigate the prior authorization process are essential to patient health.

Physicians should not be burdened with administrative roadblocks to securing the most appropriate therapy.

Ultimately, healthcare professionals, not bureaucrats, should make the determination of the best course of treatment and medications for a patient.

Patients already face many challenges in remaining compliant with their medication regimens. Without these protections, unnecessary barriers to needed drug therapies could deter patients from adhering to their therapeutic regimens.

THE SOLUTION

Ensure Florida's patients have access to the right medication at the right time.

Require standard forms for a physician to utilize when seeking a prior authorization for a patient's medication, which reduces paperwork and allows for more time to treat patients.

Allow for the ability of a physician to override policy "Fail First/step therapy" protocols, when the physician believes it is in the best interest of the patient.

Increase access to an appropriate range of medication options and to newly approved medications pending approval by the managed care organization.

Allow for continued access to a medication even if the health plan changes the list of medications it will cover, if the patient requests and the patient's physician agrees.



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Frequently Asked Questions

What does the proposed bill do?

The proposed bill provides basic protections for patients who are subject to a prior authorization or Fail First protocol in their prescription drug coverage. The bill will also streamline the paperwork process that doctors use to obtain authorizations for prescriptions for their patients.

What are the major provisions of the bill?

1. Streamlining Step Therapy and Fail First Protocols

Streamlining Step Therapy protocols ensures that physicians have a clear pathway to navigate health plan's step therapy protocols. Under a 'fail first' or 'step-therapy' program, patients cannot receive the drug their physician believes is the best medicine for the patient until they try and fail on older and cheaper drugs. Step therapy programs can be impediments to timely care and are contrary to medicine's best practice of getting the right medicines to the right patient at the right time.

2. Simplified Prior Authorization

This legislation would require each insurer in the state to develop a standard prior authorization form to be used for all requests. Standardization will minimize costs to the state and maximize the efficiency of the prior approval process, while keeping our doctors in the clinical setting instead of navigating time-consuming and inefficient paperwork. In most cases, the prior authorization request is eventually approved but only after considerable delay and administrative expense that is a hardship for patients and a burden for physicians.

3. Protection against Discriminatory Plan Designs

This legislation seeks to prohibit insurers from discriminating against vulnerable populations through such means as exclusion of certain therapies or conditions, differential reimbursement rates or cost sharing benefits, clinical prerequisites or heightened administrative requirements based on a patient's disease or disability, or burdensome exceptions processes.

In addition, this legislation would also prevent discrimination on the basis of such variables as expected length of life, disease, or health condition. The concept behind this legislative language is a response to a disturbing decision by the state of Oregon to severely restrict access to cancer treatments for patients based on the severity of the illness.

4. Providing Continuity of Care for Stable Patients

If a person with a chronic condition is stabilized using a particular drug therapy, that patient should



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be allowed to continue on that medication as long as it is working and reviewed periodically by their physician. Patients who are seeing such positive results should not be forced to change medications based on the calendar or administrative changes in their coverage plans without the ability to appeal those bureaucratic decisions. This legislation would allow a patient who has maintained continuous enrollment in a managed care plan to receive continued coverage for a medication that is continuously prescribed and is considered safe for the treatment of their condition.

5. Offering an Appeals Process for Medical Exceptions

This legislation would require health plans providing Essential Health Benefits (EHBs) to have procedures in place that allow an enrollee to request and gain access to clinically appropriate drugs not covered by the health plan. If a person finds their medicine is not covered by their plan, they should have access to a fair process for handling exceptions and appeals, including expedited for urgent or emergency medical conditions as well as continued benefits during the appeal.

How do doctors feel about this bill?

The physician community is in full support of this bill. They understand that the paperwork and administrative barriers prevent them from treating and caring for their patients.

Managed care plans tell us that the costs will increase if this bill passes. Is that true?

States that have implemented these policies have given their patients and providers the tools to better control their own health care at zero cost to the state. The bill does not ban any activity. It simply sets up guidelines for insurers to provide for an override process in the event that patient health or safety may be an issue, so there should be no additional costs to them.

Why can't a doctor prescribe the medicine he or she wants for their patient?

Insurance companies set up "fail first" programs to start patients on less expensive medications before beginning them on the drug the physician believes is the appropriate medicine for the patient.

The bill mirrors language in other states that establishes the three criteria for doctors to ask for an override are very simple and as follows:

- The medication has been ineffective for the patient.
- The patient's medical history indicates that the drug will not work.
- The drug may do harm to the patient.



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Sample Patient Testimonial

Edith Gendron
Orlando, FL

- “My physician has been treating me for ten years. She knows what my diagnoses are, and how to best treat and cure those illnesses that can be cured. To have my excellent care disrupted with fail first and prior-authorization bureaucratic action is unconscionable and unacceptable.”
- As a Type II diabetes patient prescribed Victoza, Edith had to go through a prior-authorization process twice with her new insurer to receive the same medicine she had been taking, forcing her to go weeks without medication. Her other option was to fail first on a medication that she had never taken and wasn’t prescribed to her.
- A health advocate was a necessity for her in wading through the complications of the system.



Her Story

Edith’s physician prescribed Victoza for treating her Type II diabetes. She was using this medication when covered by her insurance company. However, upon transfer to a new insurance company, she was unable to obtain a refill in a timely manner due to their determination that this medication needed a prior-authorization. Edith was unable to afford the cost of the medication. She was forced to go two weeks without her medicine or fail first on a medication that she was not prescribed.

Patients in our state suffer because they have to adhere to limitations on access to medications, prioritizing health secondary to cost. These restraints on access to treatment do not protect patients; they only serve to interfere with the doctor-patient relationship. The treatment decision should be between the doctor and the patient, without bureaucratic interference.



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Social Media Cheat Sheet

Below are simple tools to help promote the **Patient Access for Florida** campaign on your social media networks, including hashtags and sample social media posts.

ONLINE:

Facebook: facebook.com/PatientAccessFL

Twitter: @PatientAccessFL

YouTube: youtube.com/PatientAccessFL

CAMPAIGN HASHTAG:

#RightMedicineRightTime

TOPICAL HASHTAGS:

#FailFirst

#StepTherapy

#Patients

#Florida

#Sayfie

SAMPLE FACEBOOK POSTS:

Healthcare professionals have the expertise to know what is best for patients and must have access to a full range of therapeutic options to use as they see fit. Join @Patient Access for Florida today to ensure Florida's patients receive the right medicine at the right time. www.PatientAccessFL.com

#RightMedicineRightTime

SAMPLE TWEETS:

Join @PatientAccessFL to protect the doctor/#patient. relationship. #FL patients need #RightMedicineRightTime

#Florida's patients need #RightMedicineRightTime. Join @PatientAccessFL today to ensure #PatientAccess.

If you are planning any social media activities, including Twitter Chats and blog posts about patient access issues, please let us know. Please feel free to contact Courtney Cox at (850) 224-0174 or CourtneyC@MooreCommGroup.com with any questions.





Ways to Engage

Patient Access for Florida champions are critical to raising awareness about the need for ensuring patient access in Florida and there are many ways you can help spread the word. Please let us know how you'd like to help.

- Provide a written testimonial
- Testify at legislative committee meetings
- Attend in-person meetings with legislators
- Send emails to legislators
- Make phone calls to legislators
- Participate in Patient Access for Florida events
- Support Patient Access for Florida on Digital Media
- Become a Patient Access for Florida Spokesperson
- Submit an opinion editorial or letter to the editor about Patient Access for Florida to your local newspaper

Are there other ways you'd like to promote **Patient Access for Florida** that aren't listed?

Name: _____

Email: _____

Phone: _____

Address: _____

Please fill out the form and return to Courtney Cox at CourtneyC@MooreCommGroup.com or fax to (850) 224-9286. For questions please call (850) 224-0174.

We look forward to working with you throughout this campaign and thank you again for your commitment to ensuring patient access in Florida by sharing news about **Patient Access for Florida** with those in your community.





Share Your Story

Patient Access for Florida champions are critical to raising awareness about the need for ensuring patient access in Florida. If you have had an experience with patient access issues in Florida and would like to share your story with us, please use the form below.

Name: _____

Email: _____

Phone: _____

Address: _____

Circle One: Patient Physician Caretaker Other: _____

Please tell us about your experience with patient access issues in Florida.

Please fill out the form and return to Courtney Cox at *CourtneyC@MooreCommGroup.com* or fax to (850) 224-9286. For questions please call (850) 224-0174.

We look forward to working with you throughout this campaign and thank you again for your commitment to ensuring patient access in Florida by sharing news about **Patient Access for Florida** with those in your community.

