

Patients Need the Right Medicine at the Right Time.



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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