Testimony of The Arthritis Foundation

Re: H.B. No. 7148 AN ACT CONCERNING THE STATE BUDGET FOR THE BIENNium ENDING JUNE THIRTIETH, 2021, AND MAKING APPROPRIATIONS THEREFOR

March 5, 2019

Chairwoman Osten, Chairwoman Walker, Members of the Committee,

Thank you for the opportunity to submit testimony on H.B. No. 7148, an act concerning the state budget for the biennium ending June thirtieth, 2021 and making appropriations therefor.

In 2014, Connecticut was among the first states in the country to make necessary reforms to step therapy that help break down barriers to care for people with arthritis. However, a proposed measure to introduce step therapy in the state Medicaid program in the Governor’s budget seeks to reverse those reforms and create a new obstacle for a highly vulnerable population: the chronically ill.

The Arthritis Foundation is the Champion of Yes. Leading the fight for the arthritis community, the Foundation helps conquer everyday battles through life-changing information and resources, access to optimal care, advancements in science and community connections. We work on behalf of over 690,000 Connecticut adults and 3,400 children who live with the chronic pain of arthritis every day.

As background, step therapy or fail first policies 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, fail first protocols can lead to delays in access to the medications that offer the greatest potential medical benefit to people with arthritis.

The Governor’s budget proposes introducing step therapy to the Medicaid program as a cost-savings measure to include certain drug classes that with drugs for the treatment of atopic dermatitis, rheumatoid arthritis, plaque psoriasis and inflammatory bowel disease. The Arthritis Foundation often hears from our community that navigating step therapy protocols is a significant burden on them and their providers. Expanding step therapy in a vulnerable population like the Medicaid program could be particularly impactful and impose significant
barriers to care. Medicaid patients already often encounter difficulties finding providers that accept their insurance, introducing more burdensome protocols could exacerbate this issue.

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. Moreover, studies show that what is saved in initial drug costs is spent many times over when patients who were once stable on medications have a flare, causing hospitalizations, lost work time, and permanent physical damage. This could be especially true for a vulnerable population such as those enrolled in Medicaid.

Time is of the essence when fighting a serious disease or chronic condition such as arthritis. This proposal would unnecessarily delay access to patents who are facing a severe or life-threatening illness by ensuring timely access to the right medications. Instead, we would urge the state to focus on ways to help Medicaid patients better navigate their health care treatment options, which could lead to better adherence and health outcomes, and lower overall system costs.

We ask that step therapy is not expanded to these new drug classes and disrupt the access to care that is so important to patients across Connecticut. Please do not hesitate to reach out if we can provide more information or if you have any questions. I can be reached at MBartlett@arthritis.org or (518)-217-6257.

Sincerely,

Mary Bartlett
State Director, Advocacy & Access