



**Testimony of the Commissions on Women, Children, & Seniors
Commission on Equity & Opportunity
Submitted to the Insurance and Real Estate Committee
February 21, 2019**

Senator Lesser, Representative Scanlon, Ranking and other distinguished members of the Insurance and Real Estate Committee, thank you for the opportunity to provide testimony on the above referenced bills. My name is Steven Hernández and I am the Executive Director of the Commissions on Women, Children & Seniors & Equity & Opportunity.

Regarding HB 7124/SB 838: Acts Concerning Insurance coverage for Mammograms and Breast Ultrasounds. New England has the highest rate of breast cancer among the regions of the U.S. In 2017, the rate of new invasive breast cancer among Connecticut women was 137 per 100,000. This is the second highest rate in the country, just after New Hampshire. It is estimated that about 430 Connecticut women will die per year from breast cancer. Breast cancer is the second-leading cause of cancer-related death in women in Connecticut and is the leading cause of cancer-related death among Hispanic women.

When breast cancer is found early, it is easier to treat and cure. Getting regular mammograms is the best way to find breast cancer early. Mammograms sometimes discover signs of cancer up to three years before it can be felt by a physical exam. About 85% of breast cancers occur in women who have no family history of breast cancer. This devastating disease can affect anyone and this legislation fairly allows all women to be covered for this essential service. When not covered by insurance, many women neglect their recommended annual breast screenings due to cost. National studies have shown that providing full coverage for mammography

significantly increases screening rates, which in turn allows for earlier detection and improved treatment outcomes.

In 2016, New York passed similar legislation that prohibits insurers from requiring cost-sharing for women who get breast cancer screening. Connecticut needs to follow suit in order to protect its women, particularly women of color, from late detection and associated adverse outcomes of this debilitating disease.

Regarding **HB 5859: An Act Prohibiting Certain Health Carriers from Requiring the Use of Step Therapy for Covered Drugs that are Prescribed to Treat Cancer**. This bill aims to ensure those facing a cancer diagnosis are able to access treatment that is effective, therapeutic, and personalized to their case as quickly as possible without barriers. Under step therapy, plans are permitted to require patients to attempt a less expensive treatment option before they can be prescribed a more expensive one - regardless of the efficacy of the treatment or a Doctor's medical recommendation. For those with chronic conditions, like cancer, access to proper personalized treatment as quickly as possible is important for their quality of life and can be crucial for survival. The Commission on Women, Children, and Seniors supports this bill.

The intent of step therapy policy is to lower prescription drug costs by having patients explore less expensive treatments first. However, step therapy could have a negative impact on patients with chronic health conditions. Patients should not be forced to try a treatment that is not known to work for them and their case simply because it is less costly before they are able to try a treatment their provider can recommend. Further, treatments for chronic or life-threatening conditions are not always easy to begin, end, or switch. Different treatments need different considerations for time - and some patients don't have time to waste on ineffective treatments.

While most reasonable people would agree with trying less costly treatments first, the important distinction and "nuance comes when there might be specific reasons where a patient or doctor feels like the more expensive drug would work better. So it all depends on what the harm would be if they tried the less expensive one first." Doctors and patient advocacy groups

have said insurance companies often insist on step therapy regardless of past medication failures or shortcomings. ([STAT News](#))

Medical professionals and experts in the field (especially medical oncology) are strongly opposed to step therapy including professional associations like the American Medical Association, the American Society of Clinical Oncology, the American Society for Radiation Oncology, and the American Cancer Society Action Network.

In a stark statement, Community Oncology Alliance Medical Director Fred Schnell, MD, shares his opposition to step therapy: “The choices really can be life-or-death choices. A bad choice can lead to bad outcomes that are not reversible. Patients may never recover from a bad choice.” Drug manufacturers have voiced similar opposition: “The Pharmaceutical Research and Manufacturers of America (PhRMA) said it has “serious concerns” with the new policy, arguing that the program would only delay access to needed medicines.” President of the American Cancer Society Cancer Action Network, Chris Hansen notes the particularly harmful impact of step therapy for patients with cancer. He stated: “Patients with cancer should not be forced to ‘fail first’ on a drug that is known not to work for them before they are allowed to take the recommended treatment.”

Members of the Committee, thank you for your time today on this important issue. This issue certainly impacts those with cancer but it goes beyond cancer. Folks diagnosed with chronic conditions are frequently subject to step therapy practices as well. While their conditions may not be life or death, their quality of life is severely impacted if they cannot access the treatment or medication that would be best for them and their case. A less effective treatment affects their daily quality of life, it impacts their ability to work, to go to school, and to take care of family. One year on a less effective, less helpful treatment, can feel like a waste. We see this especially for conditions like rheumatoid arthritis, a chronic and quite costly condition. We’ve heard from folks in the RA/chronic illness community that they sometimes feel envious of patients with cancer – because there are often more treatments, more resources, more options, and fewer barriers for those patients with cancer. This bill is a great start, but I urge you all to consider the negative impacts of step therapy on *all* chronic conditions, not just cancer.

States across the country, including California and Indiana, are passing and introducing similar legislation to stop step therapy for chronic conditions, particularly cancer. When seeking care for chronic conditions, especially ones that may be life or death like cancer, patients need timely access to the most effective treatment recommended by their doctor, not by their insurance company. There is no reason to delay or deny a patient access to therapy that has the best chance of curing them or improving their quality of life.

Thank you for your attention, and we look forward to working with you on these and other initiatives.