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Senator Neil Breslin
Chair, Insurance Committee
172 State Street, Capitol Building
Room 430C
Albany, NY 12247

RE: GHLF Supports S.2849 – Prohibits a health plan from making prescription drug formulary changes during a plan year

Dear Chairman Breslin:

The Global Healthy Living Foundation (GHLF) is an Upper Nyack, NY based 501(c)(3) patient group that works to improve the quality of life for people with chronic disease, often focusing on those least able to advocate for themselves. As a patient organization, GHLF represents more than 100,000 chronically ill people across the country, many of whom have rheumatoid arthritis and take complex specialty drugs like biologics. GHLF thanks you for sponsoring S.2849 and fighting for the protections it provides New Yorkers from predatory “bait and switch” tactics from insurance companies.

Our sickest and most vulnerable members of society rely on the expensive therapies that insurers label “specialty drugs.” The patients that use these types of drugs have incredibly complex disease profiles and often have several comorbidities. Together with their physicians, they select very specific treatment options based on disease progression, disease activity, individual immunogenicity issues, lifestyle preferences (infusion vs. self-injected), and associated out-of-pocket costs. When the patients in our community are selecting an insurance plan, they often select a plan based primarily on whether that plan offers their particular drug at an affordable out of pocket cost. With that in mind, surely you can understand how horrified our community members are when after just months into their contract year, they are notified that their treatment is no longer available at the same copay or coinsurance rate.

Left with no other option, and now trapped in the health plan, the patient is financially induced to switch their therapy to the drug that the insurer has newly anointed with the feasible out-of-pocket costs. The patient advocacy community recognizes this scenario as nonmedical switching. Mid-year formulary changes may reduce costs for the insurer but as a result of being switched from their original, provider-prescribed medication, patients may experience additional side effects, symptoms, disease progression, and even relapse. Beyond the immeasurable impact of this unnecessary suffering, the negative effects of non-medical switching can result in additional medical appointments, emergency room visits and even hospitalization, thereby actually increasing overall healthcare utilization costs.

Although there may not be cures for many of the diseases that “specialty drugs” treat, they can be controlled in most people. Early, aggressive therapy to stop or slow inflammation in the joints can prevent or reduce painful symptoms, prevent or reduce joint destruction and deformity, and prevent or lessen disability and other complications. By prohibiting mid-year formulary changes and preventing disruptions to effective therapy, S.2849 protects thousands of people from inhumane business practices.

As patient advocates, our core concerns are to vigilantly protect safety and the physician-patient relationship. We act as informed and responsible consumers in the state and when we sign a contract for a specified duration of time, we honor our end of the deal. We pay our monthly premiums on time and fulfill our obligation to cover deductibles. In return, we are only asking to receive the promised services for the promised price. S.2849 protects the vulnerable and ensures that will happen. The negative effect from mid-year formulary changes and nonmedical switching on patients is outsized compared with the small economic efficiencies realized by the insurance industry.

On behalf of those that are too weak to speak and too sick to fight, we ask that your committee look favorably on this patient-centric, compassionate, and desperately needed legislation. As patient advocates, it is our duty to advocate for policies that make healthcare more accessible and make the system as streamlined as possible for patients and physicians to achieve positive outcomes. For these reasons, we strongly support S.2849 and we ask that you place it on the Insurance Committee agenda for the next meeting. We stand ready to connect you with members of our community that stand to benefit from adoption of these protections.

Respectfully,



Corey Greenblatt, MPH
Manager of Policy and Advocacy
Global Healthy Living Foundation

