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The Honorable Joel Fry, Chair  
Human Resources Committee  
Iowa House of Representatives  
1473 195th Avenue  
Osceola, Iowa 50213

**RE: GHLF Supports HF 2089 – An Act Relating to Continuity of Care and Non-Medical Switching**

Dear Chairman Fry,

I write to express the Global Healthy Living Foundation's (GHLF) support of HF 2089, and to ask for you to support this legislation that would protect patients in Iowa from predatory "bait and switch" insurance company tactics. GHLF is a 20-year-old 501(c)(3) patient organization representing chronically ill patients and their caregivers across the country. GHLF works to improve the quality of life for patients living with chronic disease by making sure their voices are heard and advocating for improved access to care at the community level. Our patients suffer from chronic conditions including arthritis, psoriasis, gastrointestinal disease, cardiovascular disease and migraine.

Our sickest and most vulnerable members of society rely on the therapies that insurers label "specialty drugs." Patients who use these types of drugs have an incredibly complex disease, and often have several diseases. Together with their physicians, they select specific treatment options based on disease progression, disease activity, individual tolerance, the best administration (infusion vs. self-injected), and associated out-of-pocket costs. When patients in our community are selecting an insurance plan, they often select one based on whether it offers their drug at an affordable out-of-pocket cost.

Interfering with this time-consuming process of choosing a plan is a harmful practice called non-medical switching. Non-medical switching is when an insurer forces a patient to switch from their current medication to a different (but not generic) medication by either refusing to cover the prescribed medication any longer or increasing the out-of-pocket cost of the drug. This is done to increase the insurer's profit margin and without any medical reason.

Surely you can understand how horrified our community members are when after just months into their contract year, they are notified that their treatment, originally approved by the insurer, 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 forced to switch their therapy to the drug the insurer, with no medical license, has chosen for them without consulting the patient or their healthcare professional. These mid-year and year-over-year drug



changes increase an insurer's profit. As a result of being switched from their original, provider-prescribed medication, patients are subject to additional side effects, symptoms, disease progression, and even relapse. The drug they are forced to take may even be one that has failed them previously. Beyond the immeasurable impact of this unnecessary suffering, the negative effects of non-medical switching can result in additional medical appointments, lost work, emergency room visits and even hospitalization, thereby actually increasing healthcare costs personally and to the system

Although there may not be cures for many of the diseases that "specialty drugs" treat, people living with these diseases can live happy and productive lives. By prohibiting both mid-year and year-over-year formulary changes and preventing disruptions to effective therapy, Iowa's HF 2089 protects thousands of people from inhumane business practices and would instantly become the strongest protections against non-medical switching in the country.

As patient advocates, our core concerns are to vigilantly protect safety and the physician-patient relationship. Iowa patients act as informed and responsible consumers when they sign a contract for a specified duration, pay their premiums and deductibles, and don't breach the contract in other ways. The same cannot be said of insurers who use drug coverage as the bait and then switch to more profitable drugs after the patients are locked in. HF 2089 protects vulnerable, sick people and ensures they will not be duped into paying thousands more for drugs promised.

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 needed legislation. As a patient community, 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 HF 2089 and we ask that you do as well. We stand ready to connect you with members of our community in Iowa who will benefit from adoption of these protections.

Respectfully,



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