

Senate Health and Human Services Committee
200 E Colfax Avenue
Denver, CO 80203

March 30, 2023

Honorable Members of the Senate Health and Human Services Committee,

On behalf of the 1.2 million Colorado residents with doctor-diagnosed arthritis, thank you for the opportunity to submit testimony in support of HB 1183, which addresses step therapy protocols. This legislation will align Medicaid's existing step therapy protocols with commercial plans to reduce administrative burden for health care professionals, save money on unnecessary care, and improve health outcomes for Medicaid recipients living with complex medical conditions. Coloradans on Medicaid will have the same common-sense criteria for step therapy exceptions that are in place for commercial plans.

The Arthritis Foundation understands utilization management tools such as step therapy can play a role in helping payers manage costs, but when these processes are overly burdensome, they can pose a significant hurdle for patients and impede patient-centered care.

Step therapy practices can require people with arthritis to try lower-cost medications before permitting more expensive treatments, despite a physician's recommendations for treatment. As a result, patients can often only access the drug their physician feels will be most effective after they have failed on the drug required by the payer. When a person changes insurance or a drug they are currently taking is moved to a non-preferred status, the person may be put through this step therapy process again. Some step therapy protocols also impose these requirements on patients remaining on stable treatments.

The complexity and length of these processes often leads to delays in treatment, particularly when patients switch from one plan to another and those plans have different protocols. Step therapy protocols should be streamlined to allow for flexibility, including timely override of requirements, appeal of denials and in circumstances where a patient is changing plans, ensure the new plan does not need to repeat previously completed step therapy processes.

A survey of more than 1,400 patients conducted in 2016 by the Arthritis Foundation revealed that over half of all patients reported having to try two or more different drugs prior to getting the one their doctor had originally ordered. Step therapy was stopped in 39 percent of cases because the drugs were ineffective, and 20 percent of the time due

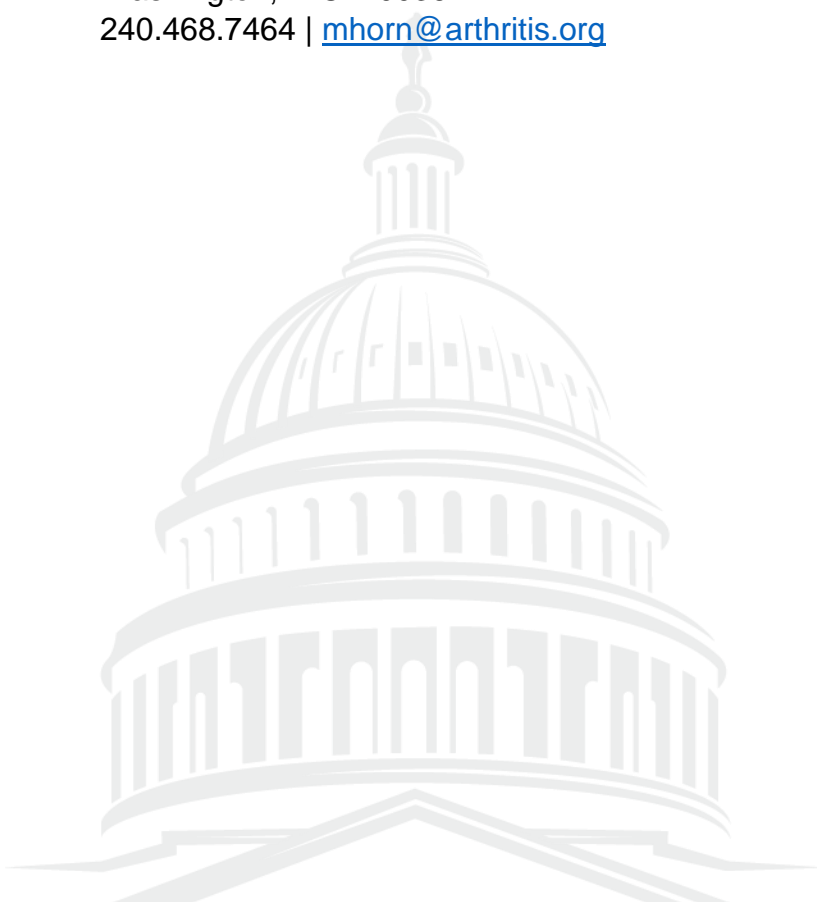
to worsening conditions. Incredibly, nearly a quarter of patients who switched insurance providers were required to repeat step therapy with their new carrier.

For chronic patients living with arthritis, it can take months or even years to find the treatment that works best. Interruptions to ongoing treatment can result in negative health consequences and unnecessary delays and patients may miss work or become permanently disabled as a result.

The Arthritis Foundation thanks the committee for their consideration of HB 1183 and urges all members to support this critical legislation.



Melissa Horn
Director of State Legislative Affairs
Arthritis Foundation
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March 28, 2023

The Honorable Rhonda Fields
Chair, Senate Health & Human Services Committee
Colorado General Assembly
200 E Colfax Avenue
Denver, CO 80203

RE: Support for HB 23-1183 – Step Therapy Protocol Reform

Dear Chair Fields,

On behalf of the Movement Disorders Policy Coalition, I am writing in support of HB 23-1183. This legislation is critical in ensuring patients – including those with movement disorders – can access the therapies their health care provider prescribes, in a timely and appropriate manner by providing clear exemptions and approval timelines when step therapy is required.

The [Movement Disorders Policy Coalition](#) (MDPC) serves as a platform from which stakeholders, including health care providers and patients, can provide input on policy decisions impacting patient-centered care for those living with movement disorders. As a coalition of stakeholder groups across the movement disorders space, MDPC advocates at the federal, state, and health plan levels for key health reforms that increase access to personalized care for patients with movement disorders including tardive dyskinesia, Parkinson’s disease, essential tremor, Tourette Syndrome, dystonia, ataxia and Huntington’s disease.

Step therapy is a utilization management tool used by health insurance plans to contain health care costs. Sometimes called “fail first,” step therapy protocols require a patient to try and fail one or more medications, often at lower cost to the insurer, before he or she can access the medication prescribed by their healthcare provider. These step therapy protocols interfere with the physician-patient relationship, delaying accessing appropriate care, and in turn leading to increased burden on both patients and their health care providers.

People living with movement disorders manage complex conditions and treatment regimens, and already experience significant challenges in everyday life. Timely and effective therapy is paramount to ensuring these patients can successfully manage their disease and have quality of life. Therefore, treatment decisions for these patients should be considered on an individual basis, based on the patient’s health care status and clinician’s expertise, rather than based on insurer step therapy protocols. Patients with movement disorders need direct, continuous access to the medications that have been demonstrated to treat both the physical and mental health symptoms of their condition.

*Movement Disorders
Policy Coalition
2020 K Street NW, Suite 505
Washington, DC 20006*

The course of care prescribed by physicians and other healthcare providers is the foundation of patient-centric care. When health care plans interfere with that process and limit the course of treatment, it jeopardizes the patient's overall health.

HB 23-1183 would improve patient access by requiring insurance companies to establish a clear and convenient process for patients and providers to request exceptions from step therapy protocols. While the bill does not prohibit the use of step therapy or limit the number of steps that an insurer can require, it does outline specific instances where an exception to step therapy protocols would be granted. Clear guidelines, improved accessibility, and more efficient response times to step therapy appeals will aid in improving access to medications and protecting the provider-patient relationship that is critical to successful care.

On behalf of the Movement Disorders Policy Coalition and our membership, we ask that you support HB 23-1183 and thank you for your leadership on this important issue. If we can provide further details or answer any questions, please reach out to Josie Cooper at jcooper@allianceforpatientaccess.org.

Sincerely,



Josie Cooper
Executive Director
Movement Disorders Policy Coalition

Co-Signing Organizations:

Alliance for Patient Access
Caregiver Action Network
Clinical Neurological Society of America
Depression and Bipolar Support Alliance
HD Reach
National Ataxia Foundation
Parkinson & Movement Disorder Alliance
Parkinson's Foundation
The Michael J. Fox Foundation for Parkinson's Research

*Movement Disorders
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2020 K Street NW, Suite 505
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Senator Rhonda Fields, Chair
Senator Joann Ginal, Vice-Chair
House Health & Insurance Committee
Colorado General Assembly
200 E Colfax Avenue
Denver, CO 80203



March 30, 2023

Support HB23-1183: Revising Prior Authorization for Step-therapy Exceptions

Chair Fields and Honorable Members of the Senate Committee,

On behalf of Rocky Mountain Cancer Centers (RMCC) we would like to thank you for the opportunity to submit written testimony in **support of HB23-1183: Revising Prior Authorization for Step-therapy Exceptions**. Passage of this bill would place guardrails around the processes of prior authorization for step-therapy by:

- Requiring the department of health care policy and financing to grant prior authorization exemptions to step therapy in certain cases;
- Creating an efficient and timely exemption approval decision timeline and appeal process;
- And requiring coverage for the prescription drug prescribed by the recipient's prescribing provider if the prior authorization request for a step-therapy exception request is granted.

For more than 30 years, we at Rocky Mountain Cancer Centers have delivered world-class care to patients across the Colorado Front Range. Because we focus solely on providing state-of-the-art treatment for cancer and diseases of the blood, we're able to bring deep experience and expertise to every personalized treatment plan. Our team of 50+ specialized physicians and 50+ advanced practice providers across 39 locations are impassioned about providing timely access to the most appropriate care directly within the communities where the patients reside. This includes advocating for community-based access to precision medicine for all of the patient populations that we treat.

Since we are treating so many individuals in our communities, our practice has a full team dedicated to processing prior authorization requests and applying for step therapy exemptions daily to ensure that our patients receive the most appropriate care. These proposed improvements to both utilization management processes such as prior authorization in state-based health plans will have a marked impact on our team's ability to process these administrative requests in a timely manner.

Utilization management processes like prior authorization and step-therapy were originally intended to be a check and balance for high cost and uncommon procedures; however, it is now used commonly to restrict access to care. More recently, prior authorization requirements for cancer treatments have significantly increased, leading to delays in needed care, adverse outcomes for patients, interference with the physician-patient relationship, and increases in overall health care costs as patients try and fail multiple costly treatment options before qualifying for the most appropriate drug.

Step Therapy, can be especially detrimental to patients in cancer treatment by extending time to treatment, interfering with clinic workflows, often leads to treatment abandonment and adverse outcomes. The variabilities in patient response, especially among cancer patients, mean that treatments must be carefully considered and individualized for each patient. Some therapies, for example, may carry higher risk of adverse side effects for some patient or interact poorly with other prescribed medications that are taking. Patients with cancer don't have the luxury of failing an insurer-preferred drug first because failure can mean disease progression or an early death.

Without guardrails to protect the patient, these protocols would take clinical decision making out of the physician's hands and give it directly to the insurance company. In many instances, those reviewing the prior authorization requests have no direct knowledge of the patient, insufficient training in the most up to date clinical evidence, and/or lack specialized expertise in cancer care.

Additionally, it is incredibly important for the patient that this bill places guidelines around the timeliness of prior authorization exemptions responses and provides coverage for the prescription drug prescribed by the patient's provider. Without a deadline for a clear and transparent response to a prior authorization request, the process can drag out deliberations for a long-time, causing delays that severely diminish patient outcomes and by ensuring coverage for the drug, the bill puts the decision making back in the hands of the provider without adding financial burden to the patient.

If you have any further questions regarding the impact of prior authorization and step therapy has on cancer patients, please do not hesitate to reach out. We welcome the opportunity to be a further resource for you. Thank you for your time, and we hope that you will consider joining us in our support for this measure.

Sincerely,

A handwritten signature in blue ink that reads "Timothy Murphy". The signature is written in a cursive style with a large, sweeping initial "T" and a distinct "M".

Timothy Murphy, MD
Practice President
Rocky Mountain Cancer Centers



March 24, 2023

The Honorable Rhonda Fields
Chair, Senate Health & Human Services
SCR 357
Denver, CO
80203

RE: HB23-1183– Prior Authorization for Step Therapy Exception

Dear Senator Fields,

Susan G. Komen is pleased to support House Bill 1183, Prior Authorization for Step Therapy Exception. This bill will align Colorado Medicaid’s existing step therapy protocols with the state-regulated commercial health plans to reduce administrative burden on healthcare professionals, improve the lives and health outcomes of Colorado Medicaid recipients, and save money for the state.

Komen is the world’s leading nonprofit breast cancer organization representing the millions of people who have been diagnosed with breast cancer. Komen has an unmatched, comprehensive 360-degree approach to fighting this disease across all fronts—we advocate for patients, drive research breakthroughs, improve access to high quality care, offer direct patient support and empower people with trustworthy information.

Step therapy, also referred to as “fail first,” requires a patient to first try a preferred (often generic alternative) drug and have that drug fail them prior to receiving coverage for their originally prescribed drug. Step therapy is a method of utilization management that health plans employ to control costs; despite the potential impact it might have on patient treatment adherence and health outcomes.

Unfortunately, most step therapy protocols rely on generalized information regarding patients and their treatments as opposed to considering unique patient experiences and responses to different treatments. Navigating an appeal can be confusing and time consuming for patients and their healthcare providers, sometimes taking weeks or even months, which can lead to medical setbacks and disease progression.

Last year, Colorado passed HB 22-1370, which provided step therapy exceptions for state-regulated health plans, joining 32 other states and 7 Medicaid programs.

This legislation will bring clarity and consistency to health care providers and decrease delays in treatment for our most vulnerable populations. Patients and physicians should have the opportunity to choose the best course of treatment without the burden of harmful insurer cost containment policies.



As committed partners in the fight against breast cancer, we know how deeply important it is for all cancer patients in Colorado to have access to the treatments and medications they need on a timely basis. For these reasons, we are pleased to support HB23-1183.

If you have any questions or require additional information, please don't hesitate to reach out to me directly: cfallabel@komen.org

Sincerely,

Christine Fallabel

A handwritten signature in black ink, appearing to read "Christine Fallabel".

Christine Fallabel, MPH
Regional Manager, State Policy & Advocacy



VISION HEALTH
ADVOCACY COALITION

March 29, 2023

The Honorable Rhonda Fields
Chair, Senate Health & Human Services Committee
Colorado General Assembly
200 E Colfax Avenue
Denver, CO 80203

RE: Support for HB 23-1183 – Step Therapy Reform

Dear Chairwoman Fields,

On behalf of the Vision Health Advocacy Coalition, I am writing to support HB 23-1183. This legislation would protect Colorado resident's access to treatment by establishing a transparent and time-appropriate step therapy process. The proposed bill would support better access to medically appropriate treatments for patients with vision conditions.

The [Vision Health Advocacy Coalition](#) (VHAC) promotes patient-centered policies that make services, devices, and life-changing treatments more accessible for people with vision conditions such as thyroid eye disease, glaucoma, Sjögren's syndrome, macular degeneration, and diabetic retinopathy. Through our network of member organizations, VHAC encourages the advancement of ocular science and innovation, educates patients, healthcare providers, and policymakers about access challenges, promotes better vision care delivery, and advocates for access to prevention and appropriate treatment for all patients.

Inappropriate Step Therapy Protocols in Colorado Can be Dangerous for Vision Patients

Step therapy is a cost-saving tactic used by health insurance plans to contain costs by requiring patients to try and fail one or more medications before accessing medication prescribed by their physician. This practice, sometimes called “fail first,” often prioritizes cost savings over safe and effective treatments for individualized care.

Step therapy is especially burdensome to vision patients, who are then required to simultaneously manage their complex condition(s) and treatment regimens while also attempting to navigate the complexities of the health care system. They can be especially burdensome to those with severe vision impairment as they are more likely also to have type 2 diabetes, depression, stroke, hearing loss, and chronic kidney disease.¹

In Colorado, it has been found that more than 100,000 people have reported blindness or severe difficulty seeing even with glasses.² Unnecessary challenges placed on Colorado residents to access medically appropriate treatment for their vision condition(s) can lead to further vision

¹ “Looking Ahead: Improving Our Vision for the Future.” Centers for Disease Control and Prevention, Centers for Disease Control and Prevention, 7 Nov. 2022, <https://www.cdc.gov/visionhealth/resources/infographics/future.html>.

² “Vision Health Initiative (VHI).” Centers for Disease Control and Prevention, Centers for Disease Control and Prevention, 7 Nov. 2022, <https://www.cdc.gov/visionhealth/data/state-profiles/colorado.htm>.

damage and irreversible vision loss and further exacerbate their overall health. Interference and limitation on the part of health plans in this process put the patient's overall health at risk.

Patient-Centric Care for Vision Patients in Colorado is Essential

Not only do step therapy protocols interfere with access to appropriate care, but they greatly impact the core foundation of a patient-provider relationship. Treatment decisions for vision patients should be based on the health care provider's expertise on the unique challenges of their patients, as opposed to a one-size-fits-all insurer-driven step therapy protocol. Vision patients require uninterrupted access to appropriate physician-prescribed treatment(s) proven to manage their vision condition to ensure the quality of life and effective condition management.

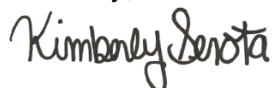
HB 23-1183 Protects Colorado Residents Against Unnecessary Step Therapy Protocols

HB 23-1183 would require the insurer to implement comprehensive guidelines, including an exemption process and a clear, timely response requirement for insurers to respond to these exemption requests. Establishing and implementing a more streamlined process will benefit all Colorado residents. Importantly, while this bill streamlines the prior authorization process, it does not prohibit step therapy or the number of steps an insurer can require.

It is estimated that by 2050, without adequate interventions, vision impairment and blindness will increase by 150%. The overall cost of vision problems will increase by \$157% to \$373 billion.³ Legislation to protect vision patients and ensure appropriate access to care is imperative to improve overall vision health and lower future costs to the system. We urge you to support this legislation to protect Colorado residents with vision conditions.

Your leadership on this important issue does not go unnoticed. On behalf of the Vision Health Advocacy Coalition and our membership, we urge your support for HB 23-1183 to protect patients. If we can provide further details or answer any questions, please contact Kimberly Serota at kserota@allianceforpatientaccess.org.

Sincerely,



Kimberly Serota
Program Director
Vision Health Advocacy Coalition

Co-Signing Organizations:

Alliance for Patient Access
Endocrine Nurses Society
Lupus and Allied Diseases Association, Inc.
National Alliance for Eye and Vision Research
Prevent Blindness
Sjögren's Foundation
TED Community Organization
U.S. Pain Foundation

³ "Looking Ahead: Improving Our Vision for the Future." Centers for Disease Control and Prevention, Centers for Disease Control and Prevention, 7 Nov. 2022, <https://www.cdc.gov/visionhealth/resources/infographics/future.html>.