Minnesota Medical Association

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Members of the House Health Finance & Policy Committee,

On behalf of the more than 11,000 members of the Minnesota Medical Association, I am writing to encourage strong support of HF 58, authored by Rep. Steve Elkins.

As a family physician, I treat many patients who have chronic health conditions that require the use of ongoing medications – patients with asthma, high blood pressure, cystic fibrosis, diabetes, and more. For these patients it is critical that we find and maintain the right treatment, so their condition does not worsen.

It is extremely worrisome and frustrating when a patient, who is stabilized on a medication, is told by their insurer or pharmacy benefit manager (PBM) that they need to change their medication because the insurer or PBM has made a change to their formulary or preferred drug list.

For some patients, changing from one drug to another in the same drug class can be accomplished with limited disruption or effort. But for patients with certain conditions, like mental illness, multiple sclerosis, and others, changing medication mid-treatment can put that patient at severe risk, and result in additional costs due to new office visits or lab tests. There is nothing in current law that prohibits an insurer or PBM from changing their formularies at any time during the year.

The MMA appreciates that formularies play a useful role in reducing the cost of prescription drugs. But formulary changes that disrupt the continuity of medication for patients with chronic conditions are harmful to patient health and an enormous source of additional cost and administrative burden to healthcare professionals. Why should an insurer or PBM be able to no longer cover a drug that has been working for my patient? My patient cannot choose to go to another insurer until the end of his or her enrollment year.

Article 2 of HF 58 does two important things. First, it requires insurers and PBMs to use a real-time prescription benefit standard that is being developed by the National Council for Prescription Drug Programs. The NCPDP is the national prescription drug standards development organization currently referenced in law. This tool would inform prescribers in real-time what drugs are covered.

Second, Article 2 allows patients who are taking a covered medication that is working for them to maintain coverage for that medication through the remainder of their contract year. This bill does not prohibit PBMs from changing their formularies throughout the year. They can always add new drugs when they believe there is benefit. They can always add a new generic when it becomes available. They can also always add new drugs that may be more cost-

effective for a patient. This bill would, however, prohibit insurers or PBMs from forcing a patient to switch medications during the contract year.

On behalf of the MMA, I urge your support of HF 58 to protect patients from harmful formulary changes and to preserve continuity of coverage for prescription medications.

Sincerely,

Randy Rice, MD

President, Minnesota Medical Association