

SUPPORT SB622/HB1233
HEALTH INSURANCE - STEP THERAPY OR FAIL-FIRST PROTOCOLS

Background/The Problem: Step therapy policies often require that patients try and fail less effective treatments before the insurer will cover the treatment originally prescribed by the physician. Step therapy hurts Maryland patients, unnecessarily prolongs ineffective treatment, and prevents patients from immediately starting treatments that their physicians think best. Last year, as a result of MedChi advocacy to restrict the use of step-therapy, the Maryland Health Care Commission (MHCC) was charged with studying the issue and its impact on access and cost during the 2013 interim. MHCC issued a report in January 1, 2014, which included recommendations for limiting the use of step therapy, including grandfathering exemptions and requiring payors to incorporate step therapy approval and override processes in their automated preauthorization applications.

The Solution: SB622/HB1233 accomplishes four main goals:

- **Grandfathering Exemption:** Permits patients already managed by a drug prescribed within 365 days to continue with that treatment without having to restart step therapy protocols.
- **Override Processes:** Requires payors to incorporate step therapy approval and override processes in their automated preauthorization applications.
- **Non-Approved FDA Drugs:** Prohibits payors from requiring physicians to utilize prescriptions as a component of a “step-therapy” protocol that are not approved by the FDA for the intended use.
- **Duration:** Limits the use of a step therapy protocol to 30 days or any period agreed to by the insured’s or enrollee’s prescriber and the entity to determine the clinical effectiveness of the step therapy drug.

What to Do: Contact members of the Senate Finance Committee and House Health and Government Operations Committee and ask them to support Senate Bill 622 and House Bill 1233 to limit insurers’ use of “step therapy” and “fail first” protocols.