

2017 Legislative Session
Support SB 528/ SB 530 by Senator Steube
FAIL FIRST/STEP THERAPY

While health insurance utilization management (restrictions on access) procedures such as fail first/step therapy may be appropriate measures to control costs, they have also been over-utilized under the cloak of confusion surrounding health care and to the detriment of numerous patients across Florida.

- Patients too often fall through the coverage cracks and are denied or delayed care based on a lack of standards that allow bureaucratic policies to trump professional health providers' clinical expertise.
- Healthcare professionals have the expertise to know what is best for patients and must have access to a full range of therapeutic options to use as they see fit for their patients.
- Physicians have said that in 85-95% of the time, fail first protocols are the correct course of treatment for their patients.
- However, in the small segment of patients that fail first, a transparent appeals process is needed for the patients – and right now, that is not happening.
- Unfortunately, without proper safeguards, many patients and their healthcare providers must jump through bureaucratic hoops to secure the most appropriate therapy.
- Legislation will be filed that levels the playing field between insurers and doctors and their patients, by strengthening patient protections and appeals processes, specifically in the areas of streamlining step therapy and fails first protocols and simplified prior authorization.

Specifically:

- This legislation will a *limited* approach and simply sets up an appeal process for those rare cases when a health plan's step therapy and fail first protocols interfere with the patient's access to the medications prescribed by a patient.
- Fail First/Step Therapy IS NOT ELIMINATED.
- A procedure is established for a physician to appeal for the following specific criteria:
 - The patient has used the drug before and it did not work.

- In some cases when a patient changes from one insurance company to another – maybe due to a job change – the patient is required to go back and use a drug that they've previously tried and failed on it.
- Based upon sound clinical evidence, the physician believes that the drug will be harmful to the patient because of the patient's clinical or medical condition/history.

FACTS:

- Insurance commissioners in states that have implemented similar measures were contacted
 - They said the laws passed in their states were not the basis of insurance rate increase requests.
- Further, a complete review of rate filings in other states were conducted—more than 6600 pages of rate filings.
 - No rate filing has mentioned fail first reforms as a reason for any increase in rates.

Ultimately, healthcare professionals, not bureaucrats, should make the determination of the best course of treatment and medications for a patient.