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**NEW JERSEY LOCAL
CHAPTER LEADER**

Sawsan Najmeh, MD, FACR

March 10, 2020

Dear Honorable Chair Pou, Vice-Chair Cryan, and Senate Commerce Committee Members:

Re: Please Reform Unfair Non-Medical Switching Practices to Improve Patient Care – S1128

The Association of Women in Rheumatology (AWIR) promotes the science and practice of Rheumatology, fosters the advancement and education of women in rheumatology, and advocates for access to the highest quality health care and management of patients with Rheumatic diseases. While there are no cures for Rheumatic diseases, medical research breakthroughs have led to treatments and therapies that can dramatically improve the quality of life for those living with rheumatic diseases.

AWIR advocates for reforms that improve patient access to treatments at both the state and federal level; and has a Local Chapter in New Jersey comprised of providers of rheumatology from across the state.

AWIR supports Senate Bill 1128 which requires health insurance carriers to provide continued coverage of prescription drugs for covered persons diagnosed with a complex or chronic medical condition such as rheumatoid arthritis. The bill provides that a carrier shall not set forth limitations on maximum coverage of prescription drug benefits; subject the covered person to increased out-of-pocket costs; or move a drug for a covered person to a more restrictive tier, except during open enrollment periods.

Health plans and Pharmacy Benefit Managers (PBMs) are putting profits before patients, forcing patients to abandon their current therapies for potentially less efficacious ones. This practice is known as “non-medical switching.”

Treatment decisions should arise from the course of the doctor-patient relationship, not from health plans that are unlicensed to practice medicine, and do not directly evaluate patients. Providers are the only party exercising expertise in medical decision-making that sufficiently takes the patient's health outcomes into account. Switching between non-identical treatments can cause medical complications, symptom resurgence, or new side effects. This can hurt patients and, ironically, increase overall health care costs. Patients who suffer disruptions in continuity of care often suffer adverse events that require hospitalization, emergency room visits, and other care.

S1128 requires plans to provide continued coverage of a prescription drug in instances where the drug was previously covered by the health carrier and the prescribing provider is continuing to prescribe the drug for a patient’s medical condition or disease. AWIR asks that you support S1128 to increase protections for patients with complex and chronic medical conditions by allowing them to remain stable on their current course of treatment prescribed by their provider.

We thank you in advance for your time and consideration of our request. Should you have any questions, please direct them to Heather.Kazmark@naylor.com or (847) 264-5930.

Sincerely,



Grace C. Wright, MD
AWIR, President