



March 2, 2023

The Honorable Joseline Peña-Melnyk
Chair, House Health and Government Operations Committee
House Office Building, Room 240
Annapolis, Maryland 21401

Re: Support for House Bill 785 - Health Insurance – Step Therapy or Fail–First Protocol – Revisions

Dear Chair Peña-Melnyk,

On behalf of the nearly 150 physician members of the Maryland Dermatologic Society, we are writing to share our support for **House Bill 785**. This legislation would be a critical step to ensure patients have access to their prescription medicines. Pursuant to **House Bill 785**, health insurers would be required to expeditiously grant a step therapy override determination request if, in the professional judgment of the prescribing physician, the step therapy requirement would be medically inappropriate for that patient.

Step therapy protocols, a cost containment tool used by health insurance plans, require patients to try one or more prescription drugs before coverage is provided for a drug selected by the patient's health care provider. We understand the need to contain health care costs, but a 2022 survey of our membership found the following:

- 78% of respondents indicated their patients pay more out of pocket because of the Step Therapy process.
- 91% of respondents indicated that Step Therapy has INCREASED rates of non-adherence to treatment plans as compared to those not undergoing Step Therapy procedures.
- 74% of respondents indicated Step Therapy policies have resulted in forced drug switching, treatment gaps, and cessation of effective therapy "Always" (35%) and Usually (39%)

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- 61% of respondents indicated that insurers invoke Step Therapy protocols between 5-20 times per month, with 62% indicating that this causes upwards of 5-30+ hours a month to respond to step therapy protocols.
- 36% of respondents indicate they have full time staff to work on Step Therapy and another 14% considering hiring staff dedicated to handling Step Therapy.

Requiring patients to try and fail treatments jeopardizes the health of patients, potentially resulting in dangerous consequences. In some instances, health plans force patients to return to the same treatments that have proven to be ineffective when tried previously under a different health plan. The decision to change plans may occur through no fault of the patients but rather an employer's decision to change plans.

We appreciate the opportunity to provide written comments on this important public health issue and urge your support for **House Bill 785**. As physicians, our number one priority is the health and welfare of our patients. The enactment of this legislation will improve access to prescription medications that are in the best interest of the patient. For further information, please contact Russ Kujan, executive director, Maryland Dermatologic Society at 410-539-0872.

Sincerely,



Chikoti Mibenge Wheat, MD, FAAD
President
Maryland Dermatologic Society