

# **2025\_Mets Step Therapy Testimony 1.pdf**

Uploaded by: Angelica Katz

Position: FAV



**Written Testimony Supporting SB 921  
Submitted to the Senate Finance Committee  
02-26-25  
By Susan G. Komen**

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Senator Beidle, Senator Hayes and Members of the Senate Finance Committee, thank you for the opportunity to provide testimony in support of SB 921, which prohibits the use of step therapy protocols for advanced or metastatic cancer treatments and the associated conditions caused by the patient's treatment. My name is Angelica Katz, and I am the Regional Manager of State Policy & Advocacy for Susan G. Komen®.

Komen is the world's leading nonprofit breast cancer organization representing the millions of people who have been diagnosed with breast cancer. Komen has an unmatched, comprehensive 360-degree approach to fighting this disease across all fronts—we advocate for patients, drive research breakthroughs, improve access to high quality care, offer direct patient support and empower people with trustworthy information. Komen is committed to supporting those affected by breast cancer today, while tirelessly searching for tomorrow's cures. We advocate on behalf of the estimated 6,270 people in Maryland will be diagnosed with breast cancer and the 830 who will die from the disease in 2025 alone.

Metastatic breast cancer is an advanced stage of breast cancer where tumor cells have spread to other parts of the body, such as the bones, liver, lungs, or brain. Nearly one-third of women diagnosed with metastatic breast cancer in the U.S. live at least 5 years after diagnosis. Most of the more than 42,000 breast cancer deaths expected this year will be a result of metastatic breast cancer.

Although metastatic breast cancer cannot be cured, multiple treatments for the disease now exist, and all treatments have some side effects that must be managed. Treatment for metastatic breast cancer is highly personalized and must be based on decisions made between the patient and their healthcare providers, as they are most capable of determining the appropriate treatment for patients. Unfortunately, step therapy policies are particularly burdensome in oncology, given the individualized nature of modern cancer treatments.

Step therapy, also referred to as "fail first," requires a patient to first try a health plan preferred drug, have that drug fail them – meaning the treatment didn't work for the patient – before they can use the treatment their provider prescribed. This health plan tool is used in an attempt to control costs; despite evidence showing step therapy requirements often adversely impact a patient's treatment and health outcomes. Unfortunately, most step therapy protocols rely on generalized information regarding patients and their treatments and don't consider unique experiences, previous responses to treatments and any comorbidities.

A recently published analysis found that implementing step therapy protocols could increase the total costs paid by the insurer by 37 percent. Additionally, according to a study published in the American Journal of Managed Care, step therapy may create barriers for patients receiving their medication and ultimately result in higher medical utilization costs. These protocols should optimize affordable, effective, and appropriate access to care, and not lead to delayed treatments, poorer patient outcomes and increased medical costs.

Ensuring patients are receiving consistent and effective treatments is even greater in situations when treating patients with potentially life-ending diseases such as metastatic breast cancer, where any delays or deviations could be deadly.

As committed partners in the fight against breast cancer, we know how deeply important it is for metastatic cancer patients to have fair and equal access to the treatments that may save their lives. As such, we strongly support SB 921 and urge you to pass this critical legislation.

Thank you for your consideration.

# **SB0921\_FAV\_MedChi\_HI - Step Therapy or Fail-First**

Uploaded by: Danna Kauffman

Position: FAV



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Senate Finance Committee

February 26, 2025

Senate Bill 921 – *Health Insurance – Step Therapy or Fail-First Protocols – Drugs to Treat Associated Conditions of Advanced Metastatic Cancer*

**POSITION: SUPPORT**

The Maryland State Medical Society (MedChi), the largest physician organization in Maryland, supports Senate Bill 921.

This bill exempts from step therapy protocols a prescription drug that is used to treat a symptom of or a side effect from the treatment of the insurer's treatment of Stage Four advanced metastatic cancer. Maryland already exempts from step therapy the treatment of advanced metastatic breast cancer. Therefore, exempting prescription drugs that treat a symptom or a side effect is a common sense extension of this existing protection and one that should be easily implemented by insurers given the primary diagnosis of Stage Four advanced metastatic cancer. As such, MedChi requests a favorable report.

**For more information call:**

Danna L. Kauffman  
J. Steven Wise  
Andrew G. Vetter  
Christine K. Krone  
410-244-7000

**2025 MdAPA SB 921 Senate Side.pdf**

Uploaded by: Jennifer Navabi

Position: FAV



**To:** Senate Finance Committee

**Bill:** Senate Bill 921 – Health Insurance - Step Therapy or Fail-First Protocols - Drugs to Treat Associated Conditions of Advanced Metastatic Cancer

**Date:** February 26, 2025

**Position:** Favorable

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The Maryland Academy of Physician Assistants (MdAPA) strongly supports *Senate Bill 921 – Health Insurance - Step Therapy or Fail-First Protocols - Drugs to Treat Associated Conditions of Advanced Metastatic Cancer*. The bill would prohibit Medicaid and state-regulated plans from requiring a step therapy or fail-first protocol before covering a prescription drug that is used to treat a symptom of, or a side effect from, treatment of stage four advanced metastatic cancer. Use of the prescription drug must be consistent with best practices and supported by peer-reviewed medical literature.

Patients should not have to wait for the most effective form of treatment. Step-therapy practices can prolong ineffective treatment, increase costs, and negatively impact health outcomes. For people facing advanced metastatic cancer, they should be able to access medication to manage their symptoms without delays.

We ask for a favorable report. If we can provide any further information, please contact Robyn Elliott at [relliott@policypartners.net](mailto:relliott@policypartners.net).

# **SB921\_MDWomensCaucus\_FAV**

Uploaded by: Maryland Women's Caucus

Position: FAV

DEL. DANA JONES, DISTRICT 30A  
*President*

DEL. MICHELE GUYTON, DISTRICT 42B  
*1st Vice-President*

DEL. JENNIFER WHITE HOLLAND, DISTRICT 10  
*2nd Vice-President*

DEL. SARAH WOLEK, DISTRICT 16  
*Secretary*



DEL. LINDA FOLEY, DISTRICT 15  
*Treasurer*

DEL. KAREN R. TOLES, DISTRICT 25  
*Parliamentarian*

DEL. JACQUELINE T. ADDISON, DISTRICT 45  
*At Large*

DEL. KYM TAYLOR, DISTRICT 23  
*At Large*

**WOMEN LEGISLATORS OF MARYLAND**  
**THE MARYLAND GENERAL ASSEMBLY**

February 24, 2025

To: Senator Pamela Beidle, Chair  
Senator Antonio Hayes, Vice Chair  
Finance Committee

The Maryland Women's Caucus is proud to express our unanimous support for **SB0921: Health Insurance - Step Therapy or Fail-First Protocols - Drugs to Treat Associated Conditions of Advanced Metastatic Cancer**. This critical legislation is essential in ensuring that Marylanders battling stage four metastatic cancer receive timely, effective treatment without unnecessary barriers that could jeopardize their health and well-being.

As you are aware, metastatic cancer patients face significant challenges in accessing appropriate and life-sustaining treatments. Step therapy or fail-first protocols, which require patients to try and fail on insurer-preferred medications before accessing the treatment initially recommended by their provider, can have devastating consequences for individuals with late-stage cancer. For Maryland women and families impacted by metastatic cancer, delays in receiving the right medication can result in worsening conditions, unnecessary suffering, and reduced survival rates. SB0921 eliminates this harmful delay by ensuring that prescribed medications aligned with best practices can be accessed immediately when deemed necessary by the treating provider.

Cancer treatment is not one-size-fits-all, and for many patients—particularly women—treatment must be tailored to individual medical histories, genetics, and unique responses to therapy. By removing the burdensome step therapy requirement for certain drugs treating metastatic cancer side effects, this bill prioritizes patient-centered care, allowing physicians to act in the best interests of their patients without interference from insurance-mandated protocols.

Additionally, SB0921 supports Maryland families caring for loved ones with stage four cancer, reducing the emotional, physical, and financial toll associated with treatment delays and insurance denials. The stress of navigating a cancer diagnosis is already overwhelming—no patient or family should be forced to battle insurance providers to access the medication that could improve their quality of life or extend survival.

For these reasons, the Maryland Women's Caucus strongly urges the Finance Committee to issue a favorable report for SB0921. Thank you for your time and consideration. We appreciate your commitment to protecting the health and well-being of Marylanders.



**2025 ACNM SB 921 Senate Side.pdf**

Uploaded by: Robyn Elliott

Position: FAV



**Committee:** Senate Finance

**Bill Number:** Senate Bill 921 – Health Insurance - Step Therapy or Fail-First Protocols - Drugs to Treat Associated Conditions of Advanced Metastatic Cancer

**Hearing Date:** February 26, 2025

**Position:** Support

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The Maryland Affiliate of the American College of Nurse Midwives (ACNM) supports *Senate Bill 921 – Health Insurance - Step Therapy or Fail-First Protocols - Drugs to Treat Associated Conditions of Advanced Metastatic Cancer*. The bill would prohibit state-regulated private insurers and Medicaid from requiring a step therapy or fail-first protocol for coverage of prescription drugs used to treat side effects treatment of stage four advanced metastatic cancer. Use of the prescription drug must be consistent with best practices and supported by peer-reviewed medical literature.

Treatment of stage 4 metastatic cancer is often focused on prolonging life rather than curing the disease. For patients, their quality of life depends on effective management of the side effects of their cancer treatment.<sup>i</sup> They should not face delays in effective management of those side effects because of step therapy or fail-first protocols requirements of their insurer.

We ask for a favorable report. If we can provide any further information, please contact Robyn Elliott at [relliott@policypartners.net](mailto:relliott@policypartners.net) or (443) 926-3443.

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<https://www.cancercenter.com/stage-four-cancer>

**DG Written Testimony\_SB0921.docx.pdf**

Uploaded by: Senator Gile

Position: FAV

DAWN D. GILE  
Legislative District 33  
Anne Arundel County

Finance Committee

Chair

Anne Arundel County  
Senate Delegation



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THE SENATE OF MARYLAND  
ANNAPOLIS, MARYLAND 21401

**Testimony in Support of SB0921 - Health Insurance - Step Therapy or Fail-First Protocols  
- Drugs to Treat Associated Conditions of Advanced Metastatic Cancer**

Madame Chair, Mr. Vice Chair, and fellow members of the Senate Finance Committee:

SB0921 is more than legislation—it is a vital lifeline for patients fighting metastatic cancer. This bill stands against the cruel practice of step therapy for medications prescribed to treat conditions associated with metastatic cancer.

Step therapy—often called “fail first”—forces patients to try a cheaper, health plan-preferred drug before they can access the treatment their doctors have prescribed. This process not only undervalues the expertise of medical professionals but also places profit over the very lives of our constituents. It is a practice that can mean a delay in effective treatment, causing needless suffering and, in some cases, life-altering harm.

Metastatic breast cancer is the most advanced stage of this devastating disease. While we have yet to find a cure, effective treatment can and does offer hope—hope that nearly one-third of women in the United States have seen by surviving at least five years after diagnosis. These statistics are not mere numbers; they represent real lives, real struggles, and real victories over seemingly insurmountable odds.

Maryland has made commendable progress by imposing safeguards around step therapy protocols. However, these protections have not reached all who need them. Patients battling metastatic cancer—and those enduring the severe side effects that come with it—are still left vulnerable. Conditions such as intense pain, crippling fatigue, lymphedema, relentless nausea, nerve damage, and dangerous declines in white blood cell counts are not secondary issues; they are critical challenges that affect quality of life every single day.

I urge you to remember the story of a Susan G. Komen advocate from Baltimore—a dedicated bus driver whose world was upended when her cancer advanced. The excruciating pain forced her to leave her job, stripping her of security and dignity. Her story is a stark reminder that the struggle to access appropriate medication is not merely an administrative hurdle—it is a battle that can determine a person's ability to live with dignity.

Today, we have the opportunity to declare that no patient, especially not one facing the relentless challenge of metastatic cancer, should be forced to navigate bureaucratic obstacles in accessing

life-saving medications. By supporting SB0921, you choose compassion over cost-cutting, dignity over delay, and life over red tape.

I implore you to join me in standing with those who need us most. Let us ensure that our healthcare system is a system that cares for its people, not one that stands in the way of their recovery and hope.

Per the Fiscal Note, SB0921 would have minimal impact, but would generate a slight amount of additional revenue without additional expenses. For these reasons, I respectfully request a favorable report on SB0921.

**DOCS-#238865-v1-SB\_921\_League\_Oppose\_Mandate.pdf**

Uploaded by: Matthew Celentano

Position: UNF



15 School Street, Suite 200  
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February 26, 2025

The Honorable Pam Beidle  
Chair, Senate Finance Committee  
3 East  
Miller Senate Office Building  
Annapolis, MD 21401

**Senate Bill 921 – Health Insurance - Step Therapy or Fail-First Protocols - Drugs to Treat Associated Conditions of Advanced Metastatic Cancer**

Dear Chair Beidle,

The League of Life and Health Insurers of Maryland, Inc. respectfully opposes *Senate Bill 921 – Health Insurance - Step Therapy or Fail-First Protocols - Drugs to Treat Associated Conditions of Advanced Metastatic Cancer* and urges the committee to give the bill an unfavorable report.

The League and our members are committed to finding ways that all screenings and medically necessary services are covered when appropriate, but we unfortunately cannot support this approach, especially without premium impact analysis. While we agree with the intent of the legislation, we would offer that many, if not all of the services associated with metastatic cancer are already covered. To remove utilization management tools from carriers would only increase costs in a system that is already burdened by exploding, unjustifiable list price increases by drug manufacturers. The Maryland Health Care Commission has asked for carriers to provide data to address premium impact within this bill structure, but we do not have any formal recommendations or analysis as of yet.

Under the ACA, each state must pay for every health plan purchased through the Maryland Health Benefit Exchange, the additional premium associated with any state-mandated benefit beyond the federally mandated essential health benefits. This means, should the Commissioner include the mandate in the State benchmark plan, the State would be required to defray the cost of the benefits to the extent it applies to the individual and small group market ACA plans.

The League opposes any additional mandated benefits to Maryland's law. Mandated benefits add cost to health insurance policies in our state and limit the ability of insurers to design benefits to best meet the needs of enrollees. Given the potential impact to health insurance costs in the State, Maryland law includes a statutory framework for review and evaluation of proposed mandated benefits by the Maryland Health Care Commission under § 15-1501 of the Insurance Article. The law requires the assessment of a proposed

mandate for the social, medical and financial impact of the proposed mandate and equips the General Assembly with such information as the extent to which the service is generally utilized by a significant portion of the population; the extent to which the insurance coverage is already generally available; if coverage is not generally available, the extent to which the lack of coverage results in individuals avoiding necessary health care treatments; if coverage is not generally available, the extent to which the lack of coverage results in unreasonable financial hardship; and the level of public demand for the service. Before adopting this or any other mandated health benefit, we urge the Committee first request an evaluation of the proposed benefit to facilitate an informed decision.

For these reasons, the League urges the committee to give Senate Bill 921 an unfavorable report.

Very truly yours,

A handwritten signature in black ink, appearing to read "Matthew Celentano", with a long horizontal flourish extending to the right.

Matthew Celentano  
Executive Director

cc: Members, Senate Finance Committee