



Written Testimony Supporting HB 1087
Submitted to the Health and Government Operations Committee
02-28-25
By Susan G. Komen

Delegate Pena-Melnyk, Delegate Cullison and Members of the Health and Government Operations Committee, thank you for the opportunity to provide testimony in support of HB 1087, 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 who 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 HB 1087 and urge you to pass this critical legislation.

Thank you for your consideration.