



October 8, 2019

The Honorable Cindy Freidman  
Chair, Joint Committee on Health Care Financing  
Room 413-D, Massachusetts State House  
24 Beacon St.  
Boston, MA 02133

The Honorable Jennifer Benson  
Chair, Joint Committee on Health Care Financing  
Room 236, Massachusetts State House  
24 Beacon St.  
Boston, MA 02133

**Re: Support for H.1853/S.1235 – to Create Common-Sense Step Therapy Protections**

Dear Chairman Freidman and Chairman Benson,

On behalf of the 1-in-10 individuals in Massachusetts with one of the approximately 7,000 known rare diseases, the National Organization for Rare Disorders (NORD) thanks you for the opportunity to submit testimony in support of H.1853/S.1235, legislation that would implement common-sense patient protections pertaining to step therapy protocols.

NORD is a unique federation of voluntary health organizations dedicated to helping people with rare "orphan" diseases and assisting the organizations that serve them. We are committed to the identification, treatment, and cure of rare disorders through programs of education, advocacy, research, and patient services.

NORD believes strongly that all patients deserve the medical care that is best suited for their medical situation and will give them the best results. Based on the reports we receive from member organizations and individuals, step therapy (also known as fail first) is increasingly being applied by health plans in Massachusetts with little regard for a patient's treatment history and specific medical needs.

Step therapy is a procedure by which insurers (public or private) require patients to take one or more alternative medications before being put on the medicine preferred by their provider. While this is done by insurers as an attempt to control health care costs, it can often be applied inappropriately, without consideration of the clinical practicalities. As a result, in many cases, these requirements can delay appropriate treatment and ultimately increase costs, not lower them.

As the use of step therapy has increased, so has the need for states to ensure that these requirements do not needlessly interfere with appropriate care for patients. For instance, in some cases, patients switching insurance plans may be required to stop taking a successful treatment



and start taking a medicine that they have already failed on simply because the step therapy protocol does not take into account whether a patient has failed a medicine while covered by another insurer.

H.1853/S.1235 would address this issue by providing new protections for patients when health plans implement fail first policies. First, this legislation would require that step therapy protocols be based on medical criteria and clinical guidelines developed by independent experts. Second, it would exempt patients that have tried the required prescription drug under a previous health plan. Finally, it would specify certain conditions under which it is medically appropriate to exempt patients from step therapy and require insurers to grant or deny exemption requests within a specified timeframe.

In order to guarantee patient safety, Massachusetts needs to ensure that step therapy policies do not interfere with appropriate care. By implementing the protections created in H.1853/S.1235, your Committees will be protecting patients while still enabling health plans to achieve the cost saving benefits of step therapy when appropriate.

Thank you for the opportunity to comment on this legislation. For further questions, please do not hesitate to contact me at [ddelcarlo@rarediseases.org](mailto:ddelcarlo@rarediseases.org).

Sincerely,

/s/

Danielle Del Carlo  
Director of State Policy

CC: Members of the Joint Health Care Financing Committee