



ISSUE

Stop insurers from forcing patients to switch medications mid-year (SF 328, HF 294)

MMA Position

The MMA supports legislation that prohibits insurers and health plans from forcing a patient to change to a new drug mid-contract year, if the drug the patient is receiving is effective.

Background

Patients often choose their insurance company or health plan based on the medications they need and whether an insurer covers those medications. This is especially true for patients with chronic conditions such as MS, rheumatoid arthritis, epilepsy, or mental illness.

For many patients with chronic conditions, finding the right medication can be difficult and often takes time. Insurance companies or pharmacy benefit managers (PBMs) often change their formularies during the year for financial reasons, yet a patient cannot change their insurer until their contract is complete. This practice is sometimes called “non-medical switching.” The patient is forced to change drugs, with very little notice. This practice can lead to serious harm for some patients. Once an effective medication is found, an insurer should not be able to force patients off that drug. Also, in the end, it can increase the overall cost of treatment for the patient.

Patients are bound by the terms of their insurance company’s contract and cannot change coverage until the next open enrollment period. Yet, nothing currently prohibits PBMs or insurers from changing the drugs they cover during the contract year.

Efforts are needed to control drug costs, but forcing patients to use a drug other than what works for them is not cost-effective. Legislation is needed to protect patients by limiting insurers from practicing non-

medical switching for patients on a medication that works for them.

The MMA acknowledges the role that formularies and preferred drug lists can play in reducing costs, but this must be balanced with the patient’s right to receive the coverage they signed up for and the care they need. The proposed legislation is a balanced approach because it would only apply to a patient who is currently receiving a drug therapy. Nothing in the legislation would prohibit PBMs and insurers from changing formularies for all other enrollees.

Talking Points

- Patients deserve to have access to the effective medications that were covered when they enrolled in their insurance plan.
- Patients are bound to the terms of the contract with a health insurer. And yet nothing in state law prohibits the insurer or PBM from changing the patient’s drug coverage for medications they are already on, even in the middle of a contract year.
- This legislation balances the need for cost-controlling measures, with the rights of patients to receive the medications they need and expect to receive as part of their treatment.