

STEP THERAPY H.R. 2279, Safe Step Act

REQUEST

The Alliance of Specialty Medicine (Alliance) asks representatives to **cosponsor the bipartisan *Safe Step Act*** (H.R. 2279), introduced by Representatives Raul Ruiz, MD (D-CA) and Brad Wenstrup, DPM (R-OH).

BILL SUMMARY

The ***Safe Step Act*** (H.R. 2279) amends the Employee Retirement Income Security Act of 1974 (ERISA) to require a group health plan to establish an exception process to medication step-therapy protocol when the treatment is contraindicated, expected to be ineffective, likely to cause an adverse reaction, expected to decrease the individual's ability to perform daily activities or occupational responsibilities, or if the individual is stable based on the prescription drugs already selected. H.R. 2279 would require that requests be granted in a timely manner, within three days after receipt of the request or 24 hours where the life, health, and ability of the individual are jeopardized by the protocol.

BACKGROUND

A medication step-therapy protocol establishes a specific sequence in which prescription drugs are covered by a group health plan or a health insurance issuer. Step-therapy protocols may require patients to try and fail an insurer-preferred medication before being covered by the physician-prescribed medication. Many insurers have instituted this practice to help control the costs of expensive medications. However, while this practice may initially reduce insurer costs, it can have devastating health consequences for patients and ultimately lead to more expensive health care costs in the long run. Patients who are denied first coverage of medications recommended by their physicians can end up with poor health outcomes due to adverse health events which can lead to costly hospitalizations. In the era of personalized medicine, patients with chronic diseases such as inflammatory bowel disease, rheumatoid arthritis, cancer, psoriasis, or age-related macular degeneration may respond differently to various medications used to treat these diseases.

In 2017, the Alliance conducted a survey of specialists, finding:

- More than 85% have experienced an occasion during which a stable patient was asked to switch from his or her medication by the insurer even though there was no medical reason to do so.
- 70% reported that their patients were unable to follow recommended treatment plans due to out-of-pocket costs.
- Nearly 95% report needing to change a prescription to a different medication due to delay tactics from insurers related to the original prescription.
- More than half reported that it took longer than 3 days to get a patient the proper medication.

CONTACT

To cosponsor H.R. 2279, please contact Erin.Doty@mail.house.gov (Rep. Ruiz) or Greg.Brooks@mail.house.gov (Rep. Wenstrup).