



February 9, 2018

**Attn:**  
**Chair Segebart**  
**Members of Senate Human Resources Committee**

Dear Chair Segebart and Members of the Senate Human Resources Committee:

On behalf of the Epilepsy Foundation and our local chapter, Epilepsy Foundation of Iowa, we urge you to support Senate Study Bill 3003. This bill would prevent insurers from changing the terms of health plans, as they relate to prescription drug coverage, mid-year. Without this bill, health plans are free to end or change coverage for a particular medication mid-year, leaving beneficiaries with higher out-of-pocket costs or no coverage at all for a therapy. This is exceptionally concerning for individuals with epilepsy because epilepsy medications are not interchangeable and they rely on them to maintain seizure control.

The Epilepsy Foundation is the leading national voluntary health organization that speaks on behalf of the at least 3.4 million Americans with epilepsy and seizures. We foster the wellbeing of children and adults affected by seizures through research programs, educational activities, advocacy, and direct services. Epilepsy is a medical condition that produces seizures affecting a variety of mental and physical functions. Approximately 1 in 26 Americans will develop epilepsy at some point in their lifetime. For the majority of people living with epilepsy, epilepsy medications are the most common and most cost-effective treatment for controlling and/or reducing seizures, and they must have meaningful and timely access to physician-directed care. Epilepsy medications are not interchangeable and treatment of epilepsy is highly individualized. There is no “one size fits all” treatment option for epilepsy, and the response to medications can be different for each person. Maintaining seizure control with minimal side effects requires careful evaluation and monitoring by physicians and their patients. To change, limit, or deny access to medications could be extremely dangerous.

Senate Study Bill 3003 would be an important protection for health care consumers. Individuals select a plan based on the coverage details and it is unfair that insurers can unilaterally change provisions of a plan throughout the year. Insurers express the need to change coverage for medications mid-year to accommodate for changes in the market; however, these costs should not be passed onto the beneficiaries who have contracted to purchase a plan based on specific terms. Beneficiaries cannot change plans mid-year based on these coverage changes by insurers.

This issue is particularly important to the epilepsy community because people living with epilepsy who have their medications switched, or who experience a delay in accessing their medication, are at a high risk for developing breakthrough seizures and related complications including death. Limits to physician-directed care can also significantly increase medical costs

related to preventable seizures, along with lost wages and productivity, not just for the individuals living with epilepsy but also their families and communities.

The Epilepsy Foundation and the Epilepsy Foundation of Iowa urge you to support Senate Study Bill 3003. Please do not hesitate to contact Angela Ostrom, Chief Legal Officer & Vice President Public Policy, at 301-918-3766 or [aostrom@efa.org](mailto:aostrom@efa.org) with any questions or concerns.

Sincerely,



Roxanne Cogil, BS, CBIS  
Executive Director  
Epilepsy Foundation of Iowa



Philip M. Gattone, M.Ed.  
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Epilepsy Foundation