



March 1, 2018

Washington State Senate
416 14th Ave. SW
Olympia, WA 98504

Dear Senator:

On behalf of the Epilepsy Foundation and our affiliate in Washington, Epilepsy Foundation Northwest, we urge you to restore Senate Bill 6147 to its original form. As originally introduced, the 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. These protections must be afforded to every insurance consumer in the state regardless of where they purchase insurance. However, if the House amendment version is passed, it would not provide the necessary patient protections Washingtonians need and deserve.

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 Bill 6147, in its original form, would create 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. Under the House amendment, insurers will be permitted to continue the harmful practice of non-medical switching of medications so long as they provide enrollees with a separate written notification of the substitution process, including a timeline for standard and

expedited review as well as the availability of internal reviews. This does not go far enough to protect patients with chronic conditions who rely on their medication, and it chips away at physician-directed care by allowing insurers to override a prescription medication decision made by a medical doctor after consultation with and examination of the insured individual. Beneficiaries cannot change plans mid-year based on coverage changes by insurers, and in turn, insurers should not be permitted to unilaterally change the terms of the health insurance coverage during the plan year.

We urge you to support the bill in its original form, without any amendments limiting these consumer protections. The notification requirement does not go far enough to protect consumers in the state, and leaves patients vulnerable to dangerous mid-year coverage changes. The medical stability of individuals with chronic conditions depends on the protections contained in Senate Bill 6147 in its original form, without the House amendment.

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 Northwest urge you to reject the House amendment and restore Senate Bill 6147 to its original form. Please do not hesitate to contact Angela Ostrom, Chief Legal Officer & Vice President Public Policy, at 301-918-3766 or aostrom@efa.org with any questions or concerns.

Sincerely,



Sharon Cupp
Executive Director
Epilepsy Foundation Northwest



Philip M. Gattone, M.Ed.
President & CEO
Epilepsy Foundation