



February 12, 2019

Attn:

**Rep. Tom Moore, Chair
HF204 Sub-Committee**

Dear Chair Tom Moore and HF204 Sub-Committee Members:

On behalf of the Epilepsy Foundation, we urge you to support House File 204. This bill would prevent insurers from forcing individuals who are stable on medications to switch medications for purely cost-driven reasons. Without this bill, health plans are free to end or change coverage for a particular medication mid-year or institute step therapy, 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.

HF 204 would be an important protection for health care consumers. Individuals select a plan based on the coverage details and their particular coverage needs. It is unfair that insurers can unilaterally change provisions of a plan throughout the year or force changes in medications. HF 204 would protect patients who have been on a drug for at least six months and whose drugs had previously approved by the carrier. 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 Iowa urge you to support HF 204. Please do not hesitate to contact Laura Weidner, Vice President, Government Affairs & Advocacy, at 301-918-3766 or lweidner@efa.org with any questions or concerns.

Sincerely,



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