



July 31, 2018

Jim L. Ridling, Commissioner  
Alabama Department of Insurance  
PO Box 303351  
Montgomery, AL 36130

**RE: EHB Benchmark Plan Revisions**

Dear Commissioner Ridling:

The Epilepsy Foundation and the Epilepsy Foundation of Alabama appreciate the opportunity to submit comments on Alabama's EHB Benchmark Plan Revisions. We are concerned with the proposal to reduce the number of anticonvulsant medications that must be offered by 30 percent and urge you to amend the prescription drug EHB benchmark to ensure that individuals with epilepsy have access to an adequate range of therapeutic options.

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 well-being 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. Seizures can be life threatening, particularly when frequent or poorly controlled. Approximately 1 in 26 Americans will develop epilepsy at some point in their lifetime. People living with epilepsy must have meaningful and timely access to expert physician-directed care in order to promptly identify seizure type and best treatment options. 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, resulting in breakthrough (unexpected) seizures, accidents, or death.

The Epilepsy Foundation and Epilepsy Foundation of Alabama strongly oppose changes to minimum essential health benefits that individual and small business health plans operating in the state are required to cover. We are concerned this could lead to less meaningful coverage for individuals living with epilepsy. Failure to have access to the appropriate medication can result in increased or breakthrough seizures, injury, accidents, additional medical and hospitalization costs, loss of earnings, and even cause an unexpected death. The mortality rate among people with epilepsy is two to three times higher than the general population and the risk of sudden death is 24 times greater.

We at the Foundation are sympathetic to the challenges states encounter in trying to combat the opioid crisis facing our nation and understand that states must act to protect citizens. Removing the number of anticonvulsant medications that must be offered in the state, however, is not a solution to this problem. Epilepsy medications are non-opioid, non-narcotic and show limited potential for abuse. Many epilepsy medications are Schedule V that, by definition, do not have the same abuse properties as other



scheduled medications including opioids and narcotics. While we are not aware of any research to suggest people with epilepsy abuse their epilepsy medication, we do know firsthand the dramatic consequences of delaying or restricting access to epilepsy medications.

The very health and wellbeing of most individuals with epilepsy is dependent, to a great extent, on their antiepileptic medications. Thus, people with epilepsy and their medical providers are very concerned about the availability and access to an adequate range of anti-epileptic drugs. This is due to the unique nature of epilepsy and different response to each medication. The individualized, often syndromic, response to anticonvulsant medications make prescribing medications for individuals with epilepsy much different than prescribing medication for hypertension or gastrointestinal reflux disorder, for instance. A number of factors, including age, gender, daily routine, and type of seizure, can change the medication plan from one individual to another. For some, a medication may help control seizures, but the side effects stand in the way of adherence and productivity by impacting cognitive ability, mood, and memory. While their seizures may be under control, they are not able to lead prolific lives due to the debilitating side effects of that specific medication. This is why access to a wide range of therapeutic options is particularly important for the epilepsy community.

We believe that the individual patient is central to therapeutic decisions and that their treating physician should be the final arbiter of what is an appropriate medication and what is deemed clinically significant for the individual. Because of the potential for complications by restricting the number of anticonvulsants required to meet the essential health benefits obligation, health plans, and the state, could end up paying much more in acute health care expenditures while increasing the medical risk for individuals.

The Epilepsy Foundation and the Epilepsy Foundation of Alabama believe that restricting access to anticonvulsants is unnecessary and contrary to the best interest of individuals living with epilepsy. We therefore respectfully request that you amend the proposed plan to reduce the number of anticonvulsant medications that must be offered in the state and preserve access to a wide range of anticonvulsant medications for individuals in Alabama. Please do not hesitate to contact Abbey Roudebush, Government Relations Manager at our national office at 301-918-3784 or [aroudebush@efa.org](mailto:aroudebush@efa.org) with any questions.

Sincerely,

A handwritten signature in black ink that reads "MMKelley".

Mary Michael Kelley, M.Ed., M.P.A.  
Executive Director  
Epilepsy Foundation of Alabama

A handwritten signature in black ink that reads "Peg M Gattone".

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