



March 17, 2017

The Honorable James B. Eldridge
Senate Chair
Joint Committee on Financial Services
Massachusetts State House
24 Beacon Street, Room 218
Boston, MA 02133

The Honorable Aaron Michlewitz
House Chair
Joint Committee on Financial Services
Massachusetts State House
24 Beacon Street, Room 254
Boston, MA 02133

Dear Chairman Eldridge, Chairman Michlewitz, and Members of the Joint Committee on Financial Services:

On behalf of the Epilepsy Foundation, our affiliate in Massachusetts, Epilepsy Foundation of New England and the more than 65,000 people living with epilepsy in the Commonwealth, we urge your support, and the scheduling of an early hearing, of Senate Bill 551 and House Bill 492. We urge an early hearing because this issue was heard last session by this Committee and, perhaps more importantly, the bills helps to assure people get needed medications in a timely manner, provides continuity of care and increases compliance. People living with epilepsy who experience a delay in accessing their medication, are at a high risk for developing breakthrough seizures and related complications including death.

These bills support a critical priority for the epilepsy community – open access to physician-directed care and treatments. They would place limits on step therapy protocols used by insurance companies. Step therapy protocols require patients to try and fail on a series of medications before they are actually allowed to use the medication originally prescribed by their health care provider. The bills would not prohibit these techniques completely, limit the number of steps an insurer can impose, or prioritize the prescribing of brand name drugs over generics. Instead, they would require a clear appeals process and provide certain circumstances when a health care provider and patient can override an insurer's step therapy requirements. Completely limiting access to certain medications is dangerous to patients, especially individuals living with epilepsy, and it leads to higher overall health care costs.

The Epilepsy Foundation is the leading national voluntary health organization that speaks on behalf of more than 3 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.

People living with epilepsy who have their medications switched, or, as stated earlier, 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.

Selection of the appropriate medication to prevent seizures is determined by a number of variables, including type of seizure, seizure frequency, age, gender, and other health conditions. Determining the right medication for a particular person may require trial-and-error, along with close observation of blood levels and side effects. For these reasons, physicians and their patients need to be assured that the full array of treatment options is available without onerous utilization management protocols like step therapy. The treating physician is in the best position to make the judgment about which medication is most appropriate.

The Epilepsy Foundation and the Epilepsy Foundation of New England oppose policies intended to restrict access to physician-directed care. These policies unnecessarily prolong ineffective treatment and/or prevent individuals from accessing the treatment that their physicians, who provide care based on their expert knowledge and experience, think is best.

The Epilepsy Foundation and the Epilepsy Foundation of New England urge you to support S. 551 and H. 492. Please do not hesitate to contact Bill Murphy, Director, Advocacy and Public Policy at Epilepsy Foundation New England at murphy@epilepsynewengland.org or 617-506-6041, ext. 104 with any questions or concerns.

Sincerely,



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cc:

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