



MEMORANDUM OF SUPPORT

S.2849 (Breslin)/A.2969 (Peoples-Stokes)

February 5, 2019

The New York Affiliates of Susan G. Komen strongly support S.2849/A.2969, legislation that would prohibit mid-year formulary changes. Komen Greater New York City and Upstate New York have long been committed to ensuring that all New Yorkers have access to the affordable, high-quality cancer treatments that may save their lives.

This bill ensures that all prescriptions breast cancer patients are currently taking will remain at the same formulary level and cost throughout the contract period. Consumers who buy a health insurance plan based on a specific drug formulary are often patients with chronic illnesses, such as breast cancer, that have worked with their health care team to find the best treatment plan for their specific needs.

Mid-year, non-medical switching takes treatment decisions out of the hands of doctors and patients and is not based on what is medically best for the patient. Rather the decisions are made by insurance companies based on what is best option for their bottom line.

Non-medical switching can have a devastating effect on breast cancer patients, as it does for all patients who rely on continuous therapies to manage their chronic conditions. As a cancer patient, finding the drug that keeps the cancer at bay is a godsend. Having that drug changed because it is no longer covered by insurance evokes fears and anxiety about the cancer coming back. Or worse, puts a patient at risk of financial ruin to stay on their treatment as originally prescribed. It's hard to imagine this anxiety unless you have walked in a cancer patient's shoes.

Research shows that this anxiety is not without cause. According to a 2016 report published in Current Medical Research and Opinion, "Non-medical switching was more often associated with negative or neutral effects than positive effects on an array of important outcomes. Among patients with stable/well controlled disease, non-medical switching was associated with mostly negative effects."

The negative consequences of using less effective drugs can range from unpleasant side effects to the recurrence or growth of their cancer. Further, the decision of an insurance provider to switch to a cheaper drug may in fact increase overall costs, proving to be a short-sided strategy. For example, physicians and health care administrators report that non-medical switching can raise administrative costs and produce poor disease outcomes, resulting in increased emergency room visits, hospitalizations, doctors' care, and laboratory tests.

Patients deserve compassion and empathy. Let's end unnecessary pain and suffering. Let's end mid-year formulary changes by passing this critical legislation and protect breast cancer patients in New York.

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