The high cost of drugs has set up an elaborate system by vendors, insurance companies, and manufacturers to control and manipulate costs. This elaborate system, including step therapy and prior authorization requirements, causes excessive burden to the physicians trying to provide the best and most appropriate care, leading to physician burnout from more time dealing with third-party intermediaries and less with providing patient care.

**IMPROVING PATIENT ACCESS TO TREATMENT**

**ISSUE OVERVIEW:** Medication step therapy is a protocol used by insurance companies that requires a patient to try and fail on other medications before the medication initially prescribed by the physician will be covered. Insurance companies often use step therapy as a way to avoid paying for more costly medications. These and other tactics, like prior authorization and drug switching, interfere with evidence-based medicine and physician decision-making.

Gastroenterologists treat disorders of the bowel that produce an inflammatory response and for which biologics, oftentimes administered in the physician’s office and reimbursed under Part B, are the primary treatment. Step therapy and prior authorization protocols are problematic generally, particularly where physician-administered drugs are concerned. In many cases, patients receiving drugs covered under Part B are especially vulnerable, many with serious or life-threatening conditions.

Delays in getting appropriate treatments can mean prolonged symptomatic periods and irreversible damage, making a “fail first” approach to treatment inappropriate.

**LEGISLATIVE ASK:**

Cosponsor the “Improving Seniors’ Timely Access to Care Act of 2019” (H.R. 3107), sponsored by Reps. Suzan DelBene, Mike Kelly, Roger Marshall and Ami Bera, that would increase transparency and streamline prior authorization in the Medicare Advantage program.

Cosponsor the “Safe Step Act” (S. 2546/H.R. 2279), sponsored by Reps. Raul Ruiz and Brad Wenstrup, and by Sens. Lisa Murkowski and Doug Jones, which would amend the Employee Retirement Income Security Act of 1974 (ERISA) to require a group health plan to establish an exception to medication step-therapy protocol in specified cases.