



**National  
Multiple Sclerosis  
Society**

January 28, 2017

Senator Vicki Schmidt, Chair  
Senate Public Health and Welfare Committee  
Re: SB 69 Proponent

Chair Schmidt and Committee Members:

I am writing on behalf of the National Multiple Sclerosis Society regarding SB 69, which establishes necessary administrative detail, clarity and accountability for KanCare providers in patient claims and appeals processes. Specifically, SB 69 requires the development of standards for prior authorization procedures, requirements and limitations for healthcare services and prescriptions and that those standards be utilized uniformly across managed care organizations.

The National MS Society believes that its passage would have a positive impact on Kansans living with chronic illness and disability who receive healthcare through the KanCare program. Access to quality healthcare and access to MS medications are the focus of much of our organization's advocacy efforts. We see SB 69 as one step toward improving that access.

Multiple sclerosis (MS) is a chronic, often devastating disease of the central nervous system. The disease course is unpredictable and varies from person to person. Symptoms range from numbness and tingling in the extremities, to blindness and paralysis. Multiple sclerosis (MS) is typically diagnosed between the ages of 20 and 50, when most are raising families, advancing careers and maximizing their earnings. Yet studies show that only 40% are in the workforce ten years after their diagnosis. Others must transition to part-time employment to accommodate their disease. KanCare providers deliver necessary healthcare to many of these people.

MS can also be accompanied by a variety of life altering symptoms such as bladder problems, vision problems, and issues with gait, spasticity and extreme fatigue. These symptoms also often require physician or specialist prescribed medications. In fact, the initiation of treatment with an FDA-approved disease-modifying treatment is recommended as soon as possible following a diagnosis of relapsing MS.

Timely access to recommended procedures (such as MRIs) and life improving prescription medications have been proven to prevent disease progression, number and severity of relapses, and loss of function. Complicated, non-transparent prior-authorization practices not only pose a burden to providers, but can delay access to procedures and medication by weeks or even months. This process may affect patients' ability to immediately start treatment, or in some cases, their ability to continue to access their treatment. Prolonging ineffective treatment (and delaying appropriate treatment) may result in disease progression for patients, increased trips to the emergency room, hospital stays and time away from work.



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Last year, the understanding and importance of timely access to physician prescribed prescription drugs in KanCare was affirmed by the Kansas legislature, with the passage of House Sub SB 402. This legislation, signed by Governor Brownback, created patient protections in the use of step therapy.

Step therapy protocols require that patients must try at least one medication selected by their insurer before the plan will grant coverage for the drug originally prescribed by the healthcare provider. Through this method, insurers often require a patient to try a lower-cost drug or service, before they will cover a more expensive option. Since MS drugs range from \$71,000 to nearly \$87,000 per year or more, these protocols often affect people living with MS.

The patient protections passed in House Sub SB 402 included 1) a 30 day trial for MS drugs, 2) establishment of a physician step therapy exception or override process, 3) a timely response to physician requested step therapy exception, 4) requirement that step therapy rules and regulations established by KDHE be authorized by the Kansas Drug Utilization Review Board, and 5) a report to the legislature on step therapy savings in KanCare due January 2017.

To our knowledge, no rules and regulations or MCO directives have been created surrounding the use of step therapy, nor does the cost savings report exist. Requests to receive information and provide feedback about the implementation of step therapy and how patient protections would be adhered have gone unanswered. Information about the MS 30 day trial cannot be found. Additionally, there is no mechanism for monitoring adherence to override request response time. Statutes pertaining to patient protections in healthcare are meaningless if providers and patients are not aware of said protections. That is why the National MS Society finds the transparency and provider education provisions requested in this bill of importance.

In closing, I would like to respectfully urge the committee to support SB 69 and consider amending it to provide direction and clarity surrounding access to prescription drugs and the use of step therapy.

Sincerely,

A handwritten signature in blue ink that reads "Kari A. Rinker". The signature is written in a cursive, flowing style.

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