

Step Therapy: Instead of “Fail First,” Put Patients First

Congress: Support the Safe Step Act of 2019 (H.R. 2279)

- ✓ **Creates a clear and transparent process** for patients with employer-sponsored insurance to seek exceptions to step therapy.
- ✓ **Establishes a reasonable and clear timeframe** for override decisions and requires insurers to consider the patient’s medical history and the provider’s expertise in partnership with their own before denying a patient medically necessary treatment.
- ✓ **Bipartisan legislation** sponsored by Reps. Raul Ruiz, MD (D-CA), and Brad Wenstrup, DPM (R-OH)—medical professionals who have encountered step therapy in their own practices.
- ✓ **At least 56 bipartisan** co-sponsors to date.
- ✓ **House:** Co-sponsor H.R. 2279.
- ✓ **Senate:** Introduce companion legislation to H.R. 2279.

Step therapy—also known as “fail first”—is a troubling practice employed by a majority of insurers that forces patients to try therapies preferred by the insurance company before the therapy their doctor prescribed will be approved—even when doctors are certain the initial therapies won’t be effective. Step therapy ranks the financial benefit of insurers and pharmacy benefit managers above the judgment of healthcare providers, and poses unnecessary risk to patients’ health by delaying effective treatment. Step therapy is tantamount to **practicing medicine without a license**; we advocate that physicians be empowered to treat their patients appropriately and in accordance with accepted guidelines. Though many states have taken action on this topic, federal legislation is necessary to address this threat to the health of patients covered by ERISA plans.

Step Therapy Hurts Patients

A 2016 Arthritis Foundation survey found that most respondents experienced negative health effects from delays in getting on the right treatment. According to the survey:



Over 50% of all patients reported having to try two or more different drugs prior to getting the one their doctor **had originally ordered**



Step therapy was stopped in 39% of cases because the drugs were ineffective, and 20% of the time due to worsening conditions



Nearly 25% of patients who switched insurance providers were **required to repeat step therapy** with their new carrier

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Treatments for rheumatic conditions are not one-size-fits-all and must be carefully tailored to a patient's individualized needs. Many patients must try multiple drugs before finding one that works best for them. Step therapy unnecessarily draws out this process by requiring patients to try and fail drugs their doctors know will not be effective. This delay of care is a de facto denial of care. Further, patients may be subjected retroactively to step therapy when they change insurers, forcing them to step back and receive ineffective measures to document failure, even when they were already on effective therapy. For example, a patient currently on a biologic therapy that kept their disease controlled may be forced to switch off of that agent when changing insurers, to prove failure of a different "preferred" medication. This break in the continuity of care risks altering the impact of the drug that was working for the patient as well as the return of often debilitating symptoms. Patients often must try multiple drugs before finding one that works for them, so the **ability to remain on a drug that works—without having to go through step therapy—is critical.**

The American College of Rheumatology supports the bipartisan *Safe Step Act of 2019* (H.R. 2279), which puts patients first by establishing reasonable parameters for the use of step therapy.