

# Protect Illinoisans From Unfair Coverage Changes:

## Support House Bill 4146 to Ensure Reliable Health Plans

Primary sponsors: L. Fine – P. Bellock – G. Harris

### Supporters of HB 4146:



## HB 4146 Amends the Managed Care Reform and Patient Rights Act to Ensure Health Plans Deliver the Policies They Sell

### COMMERCIAL PLANS CAN CHANGE COVERAGE AT ANY TIME DURING THE POLICY YEAR.

Families in Illinois carefully shop for a health plan that covers the benefits they need. But no laws in Illinois prohibit insurers from changing coverage during the course of the policy year – when they are locked into their plan. Commercial plans are free to:

- ✓ Increase copays and out-of-pocket costs;
- ✓ Enact more restrictions on your coverage;
- ✓ Remove coverage of a prescription medication altogether.

### COVERAGE REDUCTIONS CAUSE NEGATIVE HEALTH OUTCOMES & INCREASE COSTS.

Midyear reductions in coverage often cause “non-medical switching” – the practice in which stable patients are forced off their original medications, regardless of clinician recommendations and health consequences.

- For Crohn’s patients, even voluntary switching is associated with loss of effectiveness within one year.<sup>i</sup>
- Rheumatoid arthritis patients who experience non-medical switching experienced 42% more ER visits and 12% more outpatient visits over six months.<sup>ii</sup>
- Switching treatments can lead people with epilepsy to experience breakthrough seizures.<sup>iii</sup>
- Nonadherence to treatment medication regimens contributes direct annual costs of \$100 billion to the U.S. health care system.<sup>iv</sup>

### HB 4146 WOULD PROTECT ILLINOISANS FROM UNFAIR COVERAGE REDUCTIONS.

Patients who rely on medications to keep their health stable should be able to shop for coverage without fear that their benefits will be changed or eliminated during the policy year. **House bill 4146 would prohibit insurers from making coverage reductions if:**

- ✓ The drug has been previously approved for coverage by the plan for a medical condition;
- ✓ The plan’s prescribing provider continues to prescribe the drug for the medical condition;
- ✓ The patient continues to be an enrollee of the health plan.

**Medicare extends the same protections to beneficiaries. In addition, California, Nevada, and Texas have already implemented similar policies. Illinoisans deserve the same protection.**

<sup>i</sup> Van Assche, Gert, Vermeire, Severine, et al. “Switching to adalimumab in patients with Crohn’s disease controlled by maintenance infliximab: prospective randomized SWITCH trial.” *Gut*. 2012 Feb;61(2):229-34.

<sup>ii</sup> Signorovitch et al. “Switching From Adalimumab To Other Disease-Modifying Antirheumatic Drugs Without Apparent Medical Reasons In Rheumatoid Arthritis.” *Ann. Rheum. Dis.* 2013;71:717.

<sup>iii</sup> Epilepsy Foundation. (2009). “In Their Own Words.” Available at <http://www.epilepsy.com/sites/core/files/atoms/files/In-Their-Own-Words.pdf>

<sup>iv</sup> Goldman, D.P., et al. (2004). “Pharmacy benefits and the use of drugs by the chronically ill.” *JAMA*. 291(19): 2344-2350.