

April 23, 2021

Honorable Representative Patricia Serpa  
Chair, Rhode Island Step Therapy Commission  
Rhode Island State Capitol  
Providence, RI

**RE: RHODE ISLAND LEGISLATIVE STUDY COMMISSION TO EXAMINE AND RECOMMEND GUIDELINES  
FOR STEP THERAPY PRESCRIPTION DRUG PROTOCOLS – Commission Report – April 14, 2021**

Dear Chair Patricia Serpa,

It is an honor to represent the Arthritis Foundation on the Rhode Island Study Commission to Examine and Recommend Guidelines for Step Therapy Prescription Drug Protocols. The Arthritis Foundation appreciates your leadership on this commission and on this issue by introducing House Bill 7504. The Arthritis Foundation is a leader in the step therapy space to ensure that insurance protocols are fair, transparent, timely, evidence-based, and best support the health needs of the patient. The Arthritis Foundation, in coalition with the patient and provider community, recognizes the need for reasonable step therapy protocols and does not advocate for a ban of step therapy. Instead, we advocate to restore the balance between an insurer's oversight and the provider's discretion to ensure patients receive the most appropriate treatment for their condition.

The Arthritis Foundation writes to you concerning the final report submitted to the commission on April 14, 2021. After numerous hearings, the commission heard testimony from patients and providers that step therapy can lead to delays in access to the medications that offer the greatest potential medical benefit to people with arthritis and other chronic conditions. Arthritis is a chronic, degenerative disease, and delays in treatment can worsen disease progression and even cause permanent damage and disability. In some cases, patients may have no alternate therapy for an extended period of time if the drug that was initially prescribed was rejected.

In addition, throughout the hearings, the commission heard that arthritis and other chronic conditions are complex diseases to treat, and a drug may work well for one person but not for another who presents with same disease profile. Personalized, individual care is critical for people with chronic conditions. The required "fail first" drugs required by insurers may be a suitable selection for some patients. However, for other patients, the "fail first" drug may cause adverse reactions or complications to the patient due to side effects or other drugs they may be taking to treat the disease or co-morbidities. There is currently no consistency in how insurers establish and apply fail first protocols.

Despite hearing these stories, the final report does not reflect or represent their testimony. The Arthritis Foundation recommends that the final report detail the testimony from patients and health care providers who testified to the commission.

Within the last bullet point in the con section of the report, the opposition to step therapy reform suggests issues they and "employers" support instead of step therapy reform. None of these

alternatives will address the specific concerns raised by the proponents of step therapy reform. In addition, none of the alternatives raised by the opposition are in the same general category of step therapy or utilization management tools used by health insurers and pharmacy benefit managers. Accordingly, the Arthritis Foundation seeks clarification on why those alternatives are in a final report concerning step therapy reform. The Arthritis Foundation believes that commission members who are part of a commission to reform step therapy should be able to bring solutions to make step therapy work better for everyone in the health care system.

During the April 14<sup>th</sup> hearing to review the final report, opponents mentioned that each of the states that have enacted step therapy reform have all passed very different bills. That claim is inaccurate. The states that have enacted step therapy reform have started by using model legislation that has been adopted by some of the same patient organizations serving as commission members, including the Arthritis Foundation and the American Cancer Society Cancer Action Network. The bills introduced in Rhode Island, House Bill 5704, are derived from that model legislation. Similarities between the language used in Rhode Island's HB 5704 and the bill text as enacted in other states is evident and clear upon review. Specifically, nearly 20 states have enacted similar timeframes and clinical review criteria that appear in the Rhode Island bill. More than a dozen states have enacted the similar set of standard exceptions within the Rhode Island bills. For example, North Carolina, which was mentioned during the hearing on April 14<sup>th</sup>, is included in the above referenced states that have similar enacted legislation compared to the proposed Rhode Island bills.

Further, despite being presented with step therapy bill language similar to nearly 20 states, and with data directly linked to cost impact to the patient, the state, and the health care system, the final report fails to analyze or present this evidence provided by proponents from these states and Rhode Island. The Arthritis Foundation would recommend including that evidence in a final report by the commission.

Last, this commission was asked to analyze step therapy, including the cost impact of passing step therapy reform. The evidence brought forward during this commission should be enough for the commission to determine the cost impact of passing step therapy reform. Accordingly, any further study on this matter is simply delaying action on step therapy reform.

On behalf of the more than 226,000 people living in Rhode Island with doctor-diagnosed arthritis, the Arthritis Foundation strongly urges this commission to update the final report to reflect the evidence submitted alongside the patient and provider testimony. The Arthritis Foundation looks forward to working with you on this commission and to enact House Bill 5704 into law.

Sincerely,



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CC: Representative John Edwards, Vice Chair  
Representative Michael Chippendale  
Commission Members, Rhode Island Step Therapy Commission  
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