

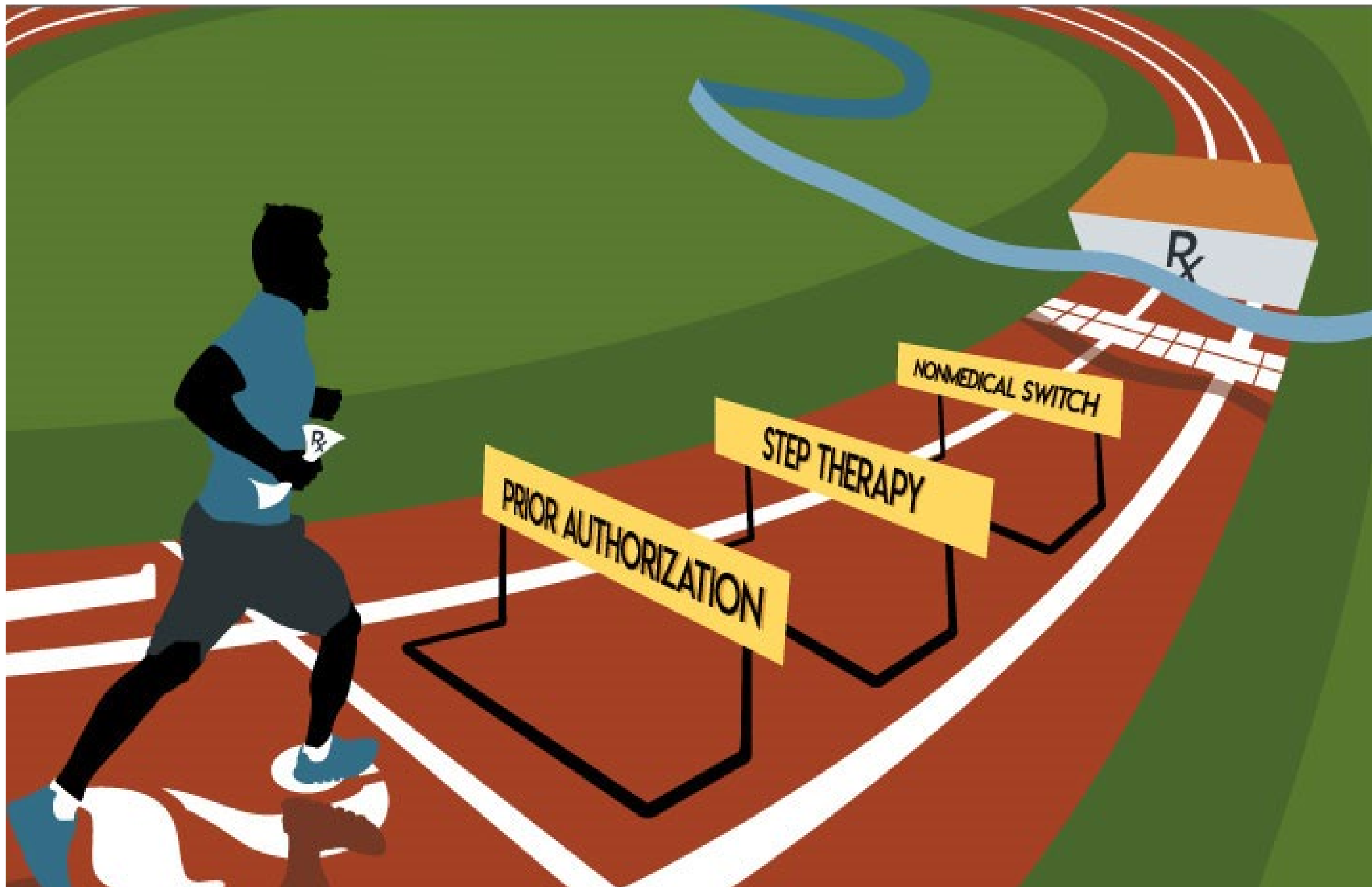
# **Step Therapy Enforcement**

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# Aimed Alliance – Who Are We?

- ▲ 501(c)(3) nonprofit organization that seeks to protect and enhance the rights of health care consumers and providers
- ▲ Conduct legal analysis, educate stakeholders, and advocate on their behalf
- ▲ Work to advance policies that protect consumers and doctor-patient relationship
- ▲ Prioritize step therapy because it represents **unreasonable interference** with health care decisions and could **violate consumer protections** if implemented in overly burdensome manner

# Step Therapy – What is it?



- ▲ **Payer-driven** policy in which patient must try and fail on one medication before payer will cover the prescribed medication
- ▲ Health care payers often require patients to undergo step therapy to **save money**

ALMOST HALF OF PRIMARY  
CARE DOCTORS (48%)  
ARE CONSIDERING LEAVING  
MEDICINE, AND 67%  
RECOMMEND AGAINST  
A CAREER IN MEDICINE.

## HEAVY FINANCIAL & EMOTIONAL BURDEN



**90%** have diminished time for patients due to administrative requirements



**85%** feel frustrated when they encounter health insurance-related issues



**77%** have hired more administrative staff to handle paperwork



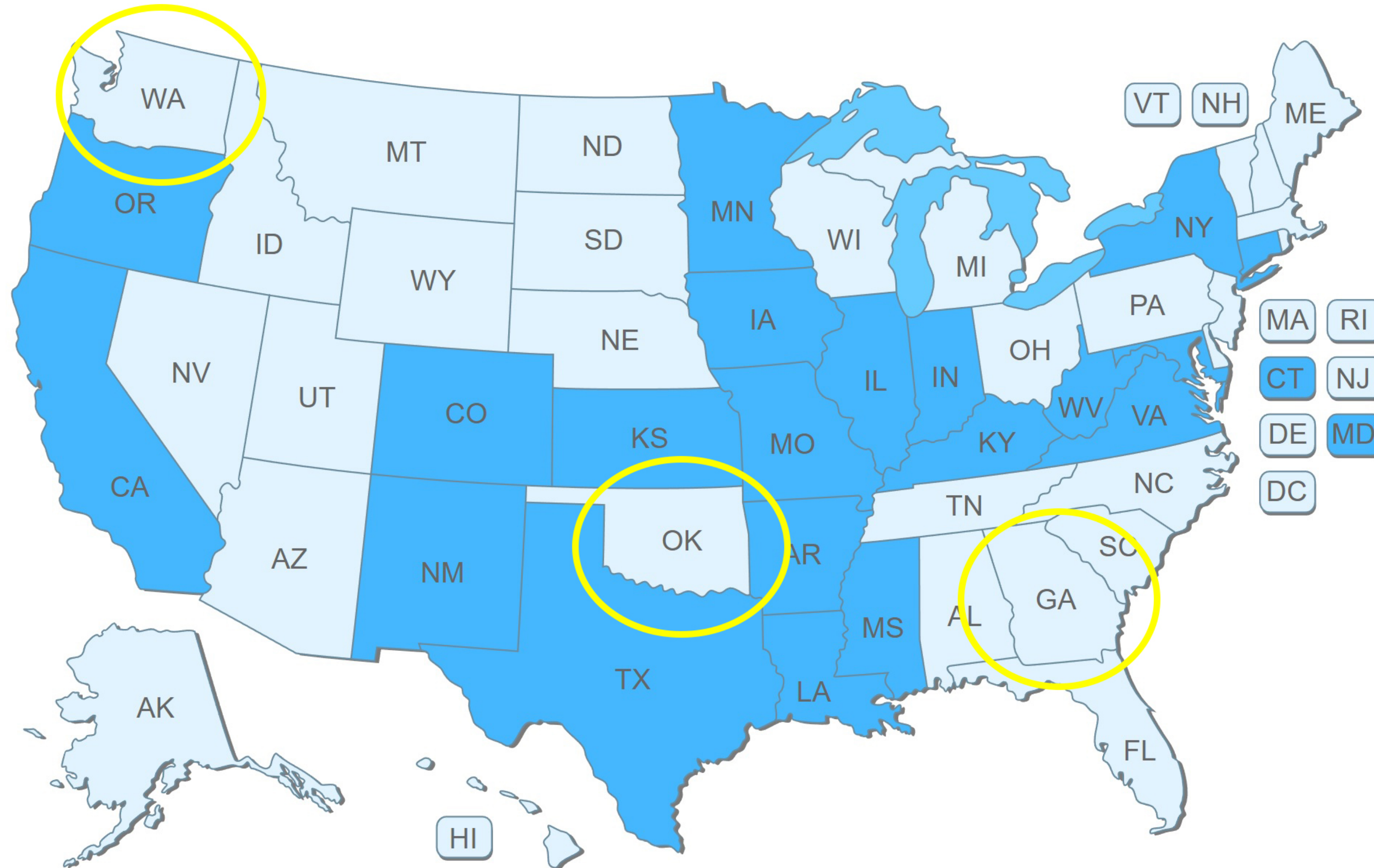
**65%** believe they face greater legal risks due to health insurers' decisions



**37%** say half or more of daily stress is due to insurance problems

## ACCESS BARRIERS OF TOP CONCERN

**90%** criticize **step therapy** policies, which force patients to try and fail on cheaper, sometimes less effective treatments before plans will cover what doctors prescribe



Source: <https://aimedalliance.org/step-therapy-enacted-laws/>

Current as of April 2019

# Step Therapy – Common Approaches

- ▲ States often limit how step therapy protocols can be used.
- ▲ Policy levers:
  - ▲ Clinical Practice Guidelines
  - ▲ Clinical Review Criteria
  - ▲ Uniform Paperwork
  - ▲ Exceptions Process
    - ▲ Timeline, Emergencies
    - ▲ Already Failed on Same Medication
    - ▲ Appeals
    - ▲ Request Deemed Approved if Not Acted Upon
  - ▲ Transparency Requirements
- ▲ New ideas?

# The Challenge

- ▲ **Lack of knowledge** among patients and providers about **passage of laws** and how to utilize these **consumer protection laws** to ensure patients receive medically necessary treatment and services
- ▲ Insurers can take advantage of this lack of knowledge
- ▲ **Soft “no”** vs. **Hard “no”**

## High Rate of Care Denials in California Overturned by the CA Department of Managed Health Care

*Posted On Mar 21, 2019*

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On March 14<sup>th</sup>, the California Chronic Care Coalition released a new report titled “Standing Up For Your Rights Creates Results.” This report brings attention to the staggering rate at which insurers in California are denying access to care for patients. Fortunately, the California Department of Managed Health Care (DMHC) has overturned 60 percent of these care denials. In doing so, DMHC has levied millions of dollars in fines against insurers for depriving patients of their right to medical care. CCCC believes that many more Californians have been denied care but they don’t know that they can appeal the decision to DMHC, which suggests that these statistics underrepresent the scope of the problem. See more details [here](#).

Source: [aimedalliance.org](http://aimedalliance.org)



# Engagement

- ▲ Public Education – Know Your Rights campaign
- ▲ Working 1-on-1 with patients and providers
  - ▲ Determine which laws apply (employer, exchange, Medicare, Medicaid plan / state vs. federal laws)
  - ▲ Advise on exemptions processes
  - ▲ Threaten to file a complaint
  - ▲ “Create your own headline”
  - ▲ Leverage social media
  - ▲ Speak to reporters
  - ▲ Work with insurance commissioners, attorneys general, and state legislators

# KNOW YOUR RIGHTS

There are things you can do if your health plan won't pay for your medical treatment or delays your care.

[www.CoverageRights.org](http://www.CoverageRights.org)

Health insurance companies can take a number of steps to control their costs. This can mean your health plan won't cover certain treatments prescribed by your health care provider or the plan requires you to take a number of steps before your treatment is approved.

The good news is there are state and federal laws in place that may protect you from these practices.

## KNOW YOUR HEALTH INSURANCE RIGHTS

[Home](#) [Insurance Barriers](#) [Find Your State](#) [About Us](#) [Brochures](#)

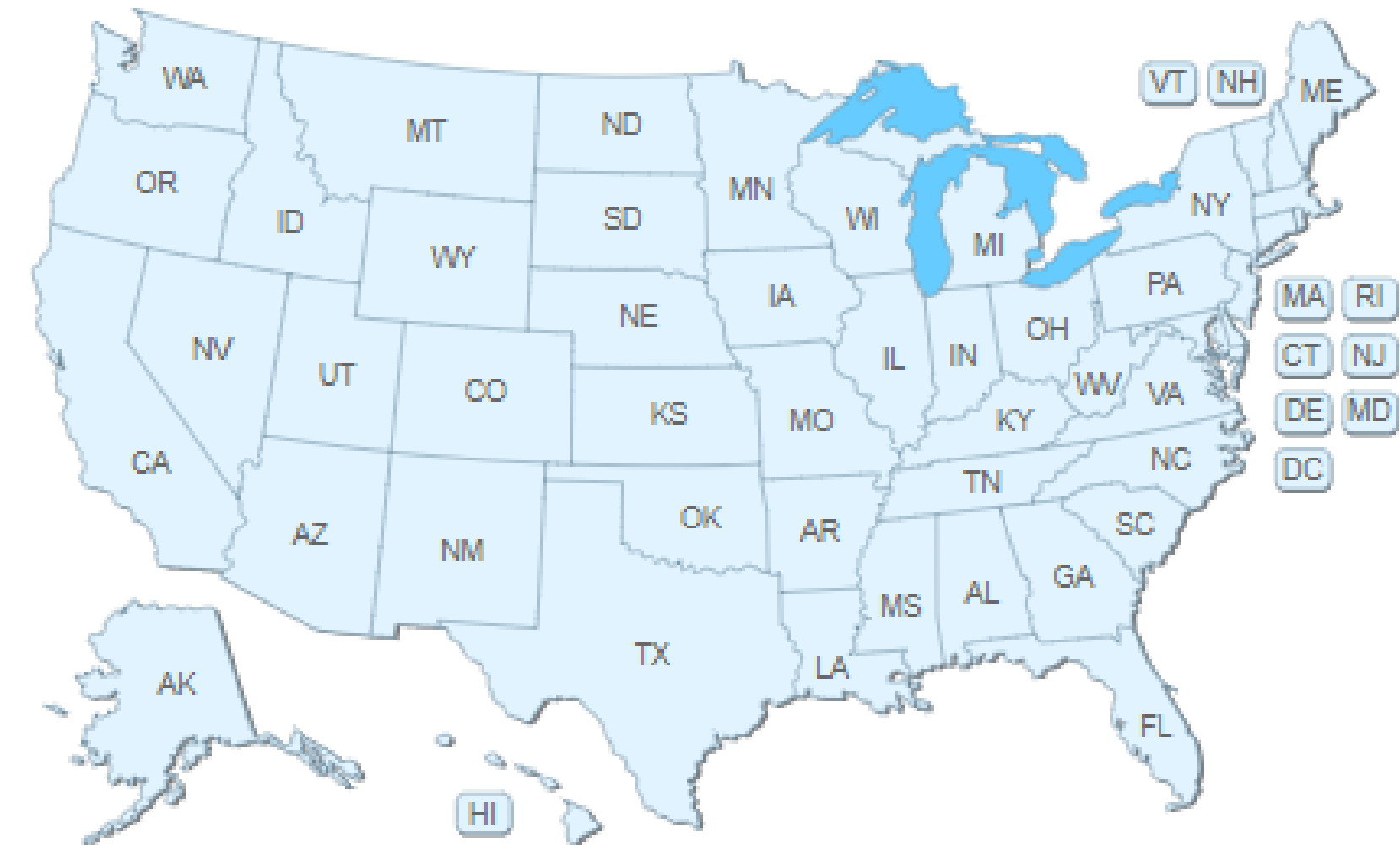
### Find Your State

My insurer refuses to cover a treatment that my health care provider prescribed to me. What can I do?

You can challenge your insurer's decision by completing the following steps in order:

- Appeal the decision;
- Request an external review; or
- File a complaint.

To determine what steps to take if your insurer improperly delays or denies your coverage, please click on the state where you live in the map below or select your state here:



# Engagement/Enforcement

- ▲ **Specific wide-spread issues:**
  - ▲ Analyze the situation, research relevant consumer protections, communicate privately with the offending stakeholder(s)
  - ▲ Seek voluntary change in behavior through education, legal arguments, public pressure, and political pressure
  - ▲ Attorney General and Insurance Commissioner are a last resort

# Questions?

- ▲ [www.aimedalliance.org](http://www.aimedalliance.org)
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- ▲ **@aimedalliance on Twitter**