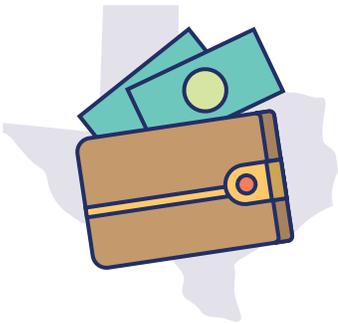




PROTECTING TEXANS FROM NON-MEDICAL SWITCHING

For patients living with chronic and complex diseases, it can take months or even years to find a treatment that works. But increasingly, arbitrary insurance policy changes – such as higher co-pays, formulary changes, or new prior authorization requirements – are forcing patients to forgo the treatments that keep them stable. That practice is called non-medical switching.



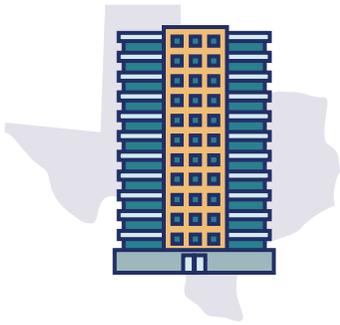
Being forced off the right treatment is COMMON and COSTLY for Texans

- 67.7% of Texas patients reported their health plan's formulary change switched their medication to one different from what their provider prescribed.¹
- 73.6% reported being financially coerced by their health insurer to change their prescribed medication for non-medical reasons.¹
- Medication nonadherence annually costs the U.S. health care system \$100 billion.²
- Annual indirect costs exceed \$1.5 billion in lost earnings & \$50 billion in lost productivity.²



Restricting non-medical switching will help Texans stay healthy:

- Out-of-pocket costs will remain predictable throughout the health plan year and from one year to the next within the same plan.
- Patients and their health care providers can trust that the treatment plan they make will continue to be covered.
- Stable patients won't have to abandon treatments they depend upon while they and their providers try to appeal coverage denials or reductions.



Reforming non-medical switching will preserve insurers' autonomy:

- Health insurers may still make changes to health plans that improve patients' access to their current medications.
- Health plans may still remove drugs from the formulary that are deemed by the FDA to be unsafe or ineffective.
- Health insurers may still adjust their formularies at the start of a new plan year for new patients or patients who are not already taking the affected medications.

1 Source: GHLI and NICA survey of 266 Texas patients, June-August 2018

2 Source: Goldman D.P., et al. "Pharmacy benefits and the use of drugs by the chronically ill." JAMA, 291(19):2344-2350

Lawmakers can make health care work better for Texas families and our state by helping patients stay stable on the treatments that keep them healthy. Please support legislation to reform the insurance practice of non-medical switching.



Alliance for Patient Access

Alliance for the Adoption of Innovative Medicine

American Autoimmune Related Diseases Association, Inc.

Association for Clinical Oncology

Children's Defense Fund | Texas

Chronic Disease Coalition

Coalition of State Rheumatology Organizations (CSRO)

Coalition of Texans with Disabilities

Epilepsy Foundation Central and South Texas

Global Healthy Living Foundation

Infusion Access Foundation

International Foundation for Autoimmune & Autoinflammatory Arthritis

Keep My Rx

Lone Star Bleeding Disorders Foundation

Lupus and Allied Diseases Association

National Alliance on Mental Illness | Texas

National Association of Social Workers | Texas

National Infusion Center Association

Prescription Process

Texas Bleeding Disorders Coalition

Texas Central Bleeding Disorders

Texas Dermatological Society Texas

Medical Association Texas

Pediatric Society

Texas Pharmacy Association

Texas Rare Alliance

U.S. Pain Foundation

For more information, contact Greg Hansch with NAMI Texas at executive.director@namitexas.org or (512)-693-2000.