



*A nonprofit advocacy community  
fighting for treatment for all patients*

March 27, 2024

Chairwoman Lori Houghton  
Senate Committee on Health and Welfare  
115 State Street  
Montpelier, VT 05633

RE: Support for H. 766 - An act relating to prior authorization and step therapy requirements

Dear Chairwoman Houghton and Honorable Members of the Senate Committee on Health and Welfare:

On behalf of the Infusion Access Foundation, I am writing to you today to strongly urge you and your colleagues to vote in favor of H. 766. This bill amends the state's current prior authorization and step therapy language to prevent insurers from requiring failure, including discontinuation due to lack of efficacy or effectiveness, diminished effect, or adverse event for patients continuously enrolled in a plan offered by the insurer or its PBM. A health insurer must also grant an exception to its step therapy protocols upon request if certain criteria is met and within a certain timeframe.

Insurance-mandated step therapy is a complex prior authorization protocol in which plans require patients to try and fail insurer-preferred treatments before the plan will cover the treatment initially selected by the patient and their provider. Often, plans require beneficiaries to prove failure for two to three months, which is a serious delay in care. When dealing with complex diseases, conventional drugs are not always effective, leaving biologics as the only hope for patients suffering from chronic illnesses. It can take several years for patients to identify the right treatment and possibly even more to reach clinical stability. When patients are subjected to step therapy protocols that go against their provider's recommendation, they are at risk of prolonged under-management of debilitating conditions and unnecessary clinical risk.

H. 766 would ensure that plans offer a clear, medically reasonable exception process and within reasonable time parameters. It would allow for patients to receive an exception if the drug is contraindicated or will likely cause an adverse reaction, the drug is expected to be ineffective, the patient has already tried the drug or a drug in the same class, or the drug is not in the best interest of the patient.

As currently utilized, step therapy is dangerous for patients because of the combination of long wait times and medically inappropriate failure requirements. We encourage the committee to support H. 766 at the upcoming hearing and implement commonsense step therapy reform for Vermont patients.

Please do not hesitate to contact me at [kindyl.boyer@infusionaccessfoundation.org](mailto:kindyl.boyer@infusionaccessfoundation.org) if you have any questions.

Sincerely,

A handwritten signature in black ink that reads "Kindyl Boyer".

Kindyl Boyer  
Director of Advocacy  
Infusion Access Foundation (IAF)