



## EXECUTIVE SUMMARY

### Issue:

Access to comprehensive and affordable healthcare coverage is critically important. There are current practices that impact how and the degree to which eczema patients can access care. This includes restrictive formularies, step therapy guidelines, prior authorization requirements, surprise billing, and high out of pocket costs. NEA will articulate positions on these issues and will participate in and influence relevant policy and regulatory proposals.

### Position Statement:

The NEA Board of Directors supports the following positions:

- Proposals that require health insurers' **step therapy guidelines** to make exceptions for situations in which:
  - Patients previously tried a drug that failed to benefit the patient;
  - The drug is expected to be ineffective based on the patient's medical history;
  - A patient is stable on a current medication;
  - The drug is contraindicated or would likely cause an adverse reaction; or
  - The treatment is not in the best interest of the patient.
- Proposals that cap **out-of-pocket costs** (co-payments, coinsurance limits, and prepayment requirements) by:
  - Limiting the amount individual and group-market policyholders must pay out-of-pocket to purchase of drugs on any or all tiers; and
  - Prohibiting or structuring insurers' tiering for individual and group-market policies in statute or regulation.
- Proposals that require insurers to **include any amounts paid** by the patient or paid on behalf of the patient to the out-of-pocket maximum.
- Proposals that prohibit patients from being **surprise billed** for unexpected out-of-network care.
- Proposals that require insurers to use **prior authorization** processes which are standardized, straight forward, expeditious, and sensitive to the health needs of patients: NEA supports proposals that require insurers to:
  - Implement expedited processes in situations where a denial could lead to adverse health outcomes for a patient;
  - Use the same or similar forms as other insurers in a state;
  - Implement an internet based prior authorization filing process that interfaces with electronic health record systems; and/or
  - Use a simple, clear, and rational appeals process that is like other appeals processes in use by the plan.
- Proposals that require insurers to maintain **networks of providers** which are sufficient in composition to meet the medical and psycho-social demands for services of their members and/or subscribers who are impacted by eczema.
- Proposals that restrict an insurer's ability to engage in **non-medical switching** by making changes to its formulary or drug tiering during the term of an individual's or group's contract, except to comply with changes compelled by federal action.
- Proposals that **ensure access to care** for the entire eczema community.