

## Testimony of Anthem Blue Cross and Blue Shield

In Opposition to L.D. 178,

### **“An Act to Require Health Insurance Coverage for Federally Approved Nonprescription Oral Hormonal Contraceptives and Nonprescription Emergency Contraceptives”**

**February 5, 2025**

Good afternoon, Senator Bailey, Representative Mathieson, and Members of the Health Coverage, Insurance, and Financial Services Committee. My name is Kristine Ossenfort, and I am the Senior Government Relations Director for Anthem Blue Cross and Blue Shield in South Portland, Maine. I appear before you this morning to testify in opposition to *L.D. 178, An Act Regarding Coverage for Step Therapy for Advanced Metastatic Cancer*.

Step therapy is an important tool used by health insurers manage to achieve two important objectives:

1. ***Maintain the affordability of prescription drugs;*** and
2. ***Improve patient safety and quality of care.***

Under step therapy, a health insurance carrier suggests safer and more cost-effective drugs (often generics) as the first ones to try to treat certain conditions. These drugs are proven to work well for the majority of people, and members have lower out-of-pocket costs for these drugs. Step therapy helps control prescription drug costs and promote patient safety by having people take the safest and most cost-effective drugs before they move on to taking riskier, more expensive drugs.

Our concerns with L.D. 178 include:

1. Most drugs used to treat cancer are not subject to step therapy so the need for L.D. 178 is not clear.

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2. The bill as drafted seems overly broad. While the bill indicates it would pertain to advanced metastatic cancer, the definition contained in the bill relates to metastatic cancer rather than advanced metastatic cancer.
3. The bill extends beyond the actual drugs used in the treatment of a cancer and excludes any drugs used to treat an associated conditions from step therapy.
4. It is not clear whether the bill would require coverage of drugs that are not included on the formulary—if that is the case, then this would be considered a mandated benefit and should be sent to the Bureau of Insurance for a mandated benefit review.

Finally, as this Committee is aware, this bill would only apply to a small segment of Maine's population—it would not impact those covered by Medicaid, Medicare, or self-funded plans.

We urge you to vote "ought not to pass" on L.D. 178; however, if the Committee is interested in pursuing this legislation, we would be happy to work with you to address some of our concerns with the proposal. Thank you for the opportunity to share these concerns and I would be happy to answer any questions you may have.