



Testimony of Trevor Putnoky
to the Joint Standing Committee on Health Coverage, Insurance and Financial Services

Neither For Nor Against

LD 178, An Act Regarding Coverage for Step Therapy for Advanced Metastatic Cancer

February 5, 2025

Good afternoon, Senator Bailey, Representative Mathieson, and Members of the Joint Standing Committee on Health Coverage, Insurance and Financial Services.

My name is Trevor Putnoky and I'm the President and CEO of the Healthcare Purchaser Alliance of Maine. The HPA is a nonprofit that represents the purchasers of health care in Maine. Our mission is to advance and support access to high-quality, affordable care. We have over 60 members, including some of the largest public and private employers and health trusts in Maine. Collectively, our members spend over a billion dollars annually providing health care for nearly one quarter of the commercially insured population in the state.

The HPA fully supports legislation to allow patients with advanced metastatic cancer to quickly access any covered drug prescribed by their doctor, without having to go through a step therapy process. We all know that time is of the essence when treating cancer, and we thank Rep. Mathieson for working to remove any barriers that could delay care.

I'm testifying today to seek clarification around Section 3 of LD 178. The bill language states that a plan "may not require that the enrollee fail to successfully respond to a different drug or provide a history of failure of a different drug before the health plan *provides coverage* of a prescription drug approved by the United States Food and Drug Administration." (emphasis added) The language then goes on to state that this would only apply to "a drug the use of which is consistent with best practices for the treatment of advanced metastatic cancer or an associated condition; supported by peer reviewed, evidence-based literature; and approved by the United States Food and Drug Administration."

In addition to prohibiting step therapy processes for patients with metastatic cancer, this language seems to suggest that LD 178 would also require a health plan to cover any drugs that meet these criteria, even if the drug is not currently covered by the plan. For instance, the plan may cover a generic or biosimilar drug, rather than a brand name drug. It appears that this language would require the plan to also cover the brand drug, even if an equivalent, and less expensive drug is available under the plan. I'm not sure whether that is the intent of the legislation, but I wanted to bring it to the committee's attention as it considers this bill.

Thank you for the opportunity to testify today. And thank you to Rep. Mathieson for bringing forward this important issue. I'd be happy to answer any questions and will be available for the work session.