



SAMPLE LETTER FROM PROVIDER TO ELECTED OFFICIAL: NON-MEDICAL SWITCHING

[DATE]

[Representative/Senator Name]
[123 Lawmaker Way]
[City, State 12345]

[Your Name]
[123 Employee Street]
[City, State 12345]

This sample letter is meant to serve as a guide, and the talking points provided are examples. Be sure to include your personal experiences to help your representative understand the way this impacts you.

Dear [Elected Official],

As a healthcare provider and your constituent, I am writing today to express my concerns with a harmful strategy that is becoming increasingly more common among health insurers. Known as non-medical switching, this practice forces patients who are clinically stable on *the right medication* to switch medications for reasons unrelated to health or safety. **With the intention of maximizing insurance profits, non-medical switching actually increases the clinical and financial burden of disease for patients and the healthcare system overall.**

A recent example of this harmful practice is the UnitedHealthCare (UHC) medical benefit drug policy poised to go into effect February 1, 2021. The policy will require any UHC-insured patient receiving Remicade or Renflexis treatment to change their therapy to UHC's "preferred infliximab products" (Inflixtra or Avsola), regardless of how long the patient has been stable on their prescribed medication. Remicade and Renflexis treat a number of serious and rare conditions including rheumatoid arthritis and Crohn's disease. Patients living with these diseases are subject to extraordinary physical, emotional, and economic burdens. When patients finally



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find the right medication for their bodies, you can imagine how devastating it must be to have this delicate state of clinical stability disrupted by a non-medically licensed third party in the form of their insurance company.

As a provider, I have witnessed the devastating implications of forcing stable patients to change medications and the consequences are often severe, including disease flare, additional PCP visits, specialist visits, labs and diagnostics, trips to the emergency room, inpatient care and even highly invasive surgical intervention. Not only do these complications place a physical and mental toll on patients, but they often lead to a higher consumption of medical services that would otherwise be avoided, meaning higher out-of-pocket costs for patients and increased cost-sharing liability for insurance companies. **By superseding my medical expertise and changing the care plan for my patients, insurance companies are practicing medicine well outside their scope.** Practicing medicine without a medical degree, with no understanding of my patients medical history or situation is dangerous and it is placing our state's sickest and most vulnerable citizens at enormous risk. This unethical and dangerous practice has to stop, but only the state and federal legislatures can establish the statutory protections patients need.

I understand that the affordability and accessibility of drugs continues to be a significant challenge for our state and our country, but unethical and harmful practices like non-medical switching are actually counterproductive and exacerbate unnecessary consumption of high-cost medical services and health care spending. As a licensed healthcare provider, I know that the best and most cost-effective medications for my patients are the ones that we select together, not those mandated as an insurance company's "preferred" drug. **On behalf of my patients, I demand that you fight against these harmful practices and support legislation that protects patients from non-medical switching.**

Sincerely,

[Signature]

[Your Name]