

February 26, 2020

Greetings Chair Kelley and members of the Senate Finance Committee. Thank you for your service to our communities and our state and for the opportunity to write to you today.

My name is Tony Martelli, and I am writing on behalf of my wife, Debbie Martelli, who lives with rheumatoid arthritis, psoriatic arthritis, and osteoarthritis. I am writing to advocate for SB 952 on behalf my wife Debbie and the many thousands of Maryland residents who suffer from these diseases.

Debbie has been battling increasingly severe pain for about 10 years and immobilizing pain in the last couple of years. After a couple years of many doctor visits, much testing, and several potential diagnoses, a new test confirmed that much of her pain was caused by severe rheumatoid arthritis (RA), as well as psoriatic arthritis, and osteoarthritis. A number of standard treatments were used, but none significantly controlled the disease.

When the common RA drugs did not work, immune system blockers had to be considered. Due to Debbie's damaged immune system, resulting from radiation and many years of oral chemotherapy following cancer as well as a couple serious allergies, her doctor had to carefully select and monitor new drugs for adverse reactions and serious infections. Due to Debbie's latex allergy, her doctor ruled out a couple of the most common immune system blockers and selected a newer drug that was covered through our insurance plan. However, when the prescription was submitted to the insurance company for prior approval, it was declined.

The insurance company stated that Debbie could not access the prescribed treatment because the common options had not been tried first. In other words, step therapy was required, even though the doctor had explained the latex allergy in the original request. It was not until the doctor then submitted an appeal explaining that the required first step therapy drug could cause a serious reaction and possible death, and also sent a letter detailing the situation to the State Attorney General's office, that the insurance company finally yielded and approved the drug.

During this period of waiting, Debbie was in crying pain, so I contacted the insurance company to see if I could expedite the process in any fashion. I received the two denial letters which included the Medical Director's name and phone number for questions. I called the number multiple times and explained the situation, but I was never connected with the Medical Director, I was only

provided excuses. It appeared to me that I was speaking with administrative personnel who were following hard and fast processes that were business driven to eliminate or defer costs, rather than trained medical staff making sound medical decisions in the best interests of their subscribers.

Thankfully, through the persistence of Debbie's doctor and our multi-front approach, we received approval after "only" a few weeks of waiting. I expect that this process could have taken many months had the doctor and their staff not been so dedicated to Debbie's case. However, this approval was not the end of Debbie's journey with step therapy. When our plan year started over, we had to jump through all of these hoops again. The insurance company required us to resubmit for approval of Debbie's treatment, even though they already had her full medical history on file. Step therapy delayed my wife's access to treatment to control her arthritis and reduce her crying pain.

Debbie's case does not fit into the one-size-fits-all approach of step therapy, which is why we need SB 952, to improve the step therapy process with clear exceptions for patients like Debbie. You may recall that I noted my wife's damaged immune system. That meant that the doctor, while beginning with much research and closely monitoring after administering a new immune system blocker, was subject to trial and error at best to identify a drug that reduced the RA affects for my wife without causing an adverse reaction. In a 12-month period during 2017 and 2018, the process required 3 failures before success in finding a drug that worked and my wife's immune system would tolerate. The first drug caused a severe lung infection requiring hospitalization and ongoing oxygen. The second drug caused a debilitating UTI requiring hospitalization. The third drug ONLY caused a burning skin rash that ONLY required strong antibiotics (that drug had a \$103,000 monthly prescription price). On top of this complex trial and error process to find a treatment that would work for Debbie, we had to go through step therapy – including lengthy denials and appeals – for many of these drugs. As you can imagine, there was great deal of crying in our home.

Although the final RA drug has controlled/limited the RA effects, the previously uncontrolled diseases have completely damaged two joints, and possibly a third. That means 3 replacement surgeries. The last thing we need as we go forward with surgeries and potential complications would be another lengthy step therapy process that again delays critical medications and mandates unnecessary pain and suffering.

Maryland must provide step therapy protections for situations like Debbie's. It is inhumane to make people suffer the way my wife and I did because of step therapy protocols that do not take individual's medical circumstances into account. This is why I encourage the committee to vote yes on SB 952.

Again, thank you for this time and your service.

Tony and Debbie Martelli
Millersville Residents