Ohio State Medical Association

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Statement of the Ohio State Medical Association
to the Ohio Senate Financial Institutions, Insurance and Technology Committee
Proponent Testimony
SB 160 – Non-Medical Switching
Presented by Monica Hueckel, VP, Advocacy

September 30, 2025

Chair Wilson, Vice Chair Lang, Ranking Member Craig, and members of the Ohio Senate Financial Institutions, Insurance and Technology Committee, my name is Monica Hueckel, and I am here today on behalf of the Ohio State Medical Association (OSMA), the state's oldest and largest professional organization representing Ohio physicians, medical residents, and medical students. As OSMA's Vice President of Advocacy, I appreciate the opportunity to testify today in support of Senate Bill 160. This legislation addresses non-medical switching, which occurs when patients are forced, for no medical reason and often in the middle of a coverage year on their insurance plan, to switch to a different drug. This is an unfortunate and dangerous interruption in continuity of care, and often causes adverse events which require hospitalizations, emergency room visits, or other additional care needs.

Senate Bill 160 would alleviate the problems patients face with non-medical switching by placing restrictions on removing a medication from a prescription drug formulary during a plan year. The bill would also prohibit private health plans from increasing patient cost-sharing or from moving drugs to a more restrictive tier during a plan year.

Unfortunately, these changes in medication are determined by the plan formulary and without any consideration of the medical repercussions or physicians' reasoning behind the selection of the original prescription medication. Non-medical switching is based on the presumption that cost savings can be achieved with drugs from the same therapeutic class. However, numerous studies have found this basic principle to be false in terms of both quality of care and actual cost savings as reduced effectiveness of the switched medication or the effects of medication stability disruption can cause adverse reactions and loss of effectiveness, both of which lead to higher cost patient outcomes. For example, patients who suffer disruptions in continuity of care often suffer adverse events that require hospitalization, emergency room visits, and other care – which all adds up to more health care cost and unnecessary suffering and complications for these patients.

In order for many patients with chronic and complex diseases to be able to continue to work, to care for their families, and to participate in their communities, these patients often require stable medication regimens. Physicians may spend multiple years of trial and error finding a treatment regimen that properly manages their condition. The resulting course of treatment must carefully balance each patient's unique medical history, co-morbid conditions, and side-effect balancing drug interactions.

This equilibrium is carefully chosen and tenuous. Even slight derivations in treatment and variations between drugs, even those in the same therapeutic class, can cause serious adverse events. Aside from needless suffering, the resulting disease progression can be irreversible, life threatening, and cause the

patient's original treatment to lose effectiveness. It cannot be assumed that a treatment that works for one patient will work for each patient.

OSMA strongly believes that treatment decisions should come from the doctor-patient relationship, and that patients, particularly those with chronic and complex medical conditions, need and deserve individualized, patient-centered treatment plans. This bill would allow patients like these to remain stable on their currently-prescribed treatment.

Our association urges that the committee support SB 160. Our members see firsthand the consequences of non-medical switching in the patient populations they care for, and this legislation would remove the needless risks associated with suddenly losing access to treatment due to an insurance plan suddenly forcing the patient to switch to a different medication.

Additionally, preventing this disruption of treatment would avoid the potential adverse events which can result and the costs associated with care to address those events. Patients who are stable on a course of treatment should remain on that course of treatment unless there is compelling medical reason, as determined by their treating physician, to change their treatment.

Thank you for your consideration of our remarks on this legislation. At this time, I would be happy to answer any questions the committee may have.