



SB990 Testimony

From: Evelyn Burton, Maryland Advocacy Chair, Schizophrenia & Psychosis Action Alliance

Position: SUPPORT WITH AMENDMENTS

As families of those with the psychiatric brain disorders of schizophrenia, bipolar disorder, and major depression that can result in psychosis if not effectively treated, we too often see tragic outcomes of incarceration, homelessness, violence and even deadly results. On average, those with all mental illnesses are no more dangerous than the average population. However, according to Dr. Thomas Insel, a past director of the National Institute on Mental Health (NIMH), “An active psychotic illness is associated with irrational behavior and violence can be part of that... There is a 15 fold reduction in risk of homicide, with ... treatment.”¹ Research shows nonadherence to antipsychotic treatment results in a “fourfold increase in the risk of suicide... and increased rates of hospitalization, use of emergency psychiatric services, arrests... [and] greater substance use.”²

Any delay in effective medication prescription for a psychotic illness, including delays from prior authorization or step therapy requirements, seriously risk the life of the patient as well as others. Unlike a condition like high cholesterol which does not cause adverse effects quickly, active psychosis is unpredictable and can result in violence and other adverse consequences at any time. When someone is taken off effective medication for a psychotic illness, because of step-therapy requirements, the psychosis and tragic consequences can occur within days. In addition, requiring step therapy risks the individual refusing to take any medication if intolerable side effects from a non-optimal medication are experienced.

With psychotic illnesses, there may be only one window of opportunity to prescribe the most effective and tolerable medication for an individual before extremely adverse consequences occur. Only an individual’s physician can best judge which medication is most likely to be effective, is compatible with the individual’s comorbid conditions and which the individual is most likely to tolerate and agree to take.

Untreated and ineffectively treated psychosis is a major driver of criminalization of those with serious mental illness (SMI.) The delusions and hallucinations and cognitive impairments of psychosis often result in the inability to comply with the law. The Maryland Secretary of Health recently testified that approximately 25 percent of people in Maryland jails have serious mental illness.

Research has found that prior authorization and step-therapy dramatically increased overall state costs.

According to the attached Issue Brief from the Scheffer Center for Health Policy & Economics,³ “Medicaid formulary restrictions, such as prior authorization and step therapy... save little, if any, money on drug spending. Instead, formulary restrictions increase overall Medicaid spending for people with serious mental illnesses, especially for inpatient hospital care. ... formulary restrictions also raise costs to society through increased spending to jail mentally ill Americans.” (See charts below)

Allowing the Department of Legislative Services to abruptly re-institute prior authorization and step-therapy for those already stabilized on effective medications is tantamount to a death sentence for some by suicide or violence and incarceration for others. Such discontinuation should be carefully considered by the legislature.

We ask for a favorable report on SB990 with the following amendments to require consideration of total Medicaid costs and also prevent the tragedies of suicide, death and incarceration from the delay and interruption of effective medication treatment of psychotic illnesses.

SECTION 3. AND BE IT FURTHER ENACTED, That:

(a) On or before January 31, 2026, and each January 1 thereafter through 2030, the Maryland Department of Health shall report to ~~the Department of Legislative Services~~ AND THE HEALTH AND GOVERNMENT OPERATIONS COMMITTEE AND THE FINANCE COMMITTEE on any cost increase to the Maryland Medical Assistance Program from the immediately preceding fiscal year that results from the implementation of Section 1 of this Act.

(b) CALCULATION OF COSTS IN THIS SECTION SHALL INCLUDE CONSIDERATION OF ANY REDUCTION IN HOSPITAL COSTS FOR INDIVIDUALS AFFECTED UNDER SECTION 1 OF THIS ACT COMPARED TO THEIR HOSPITAL COSTS BEFORE IMPLEMENTATION OF SECTION 1 OF THIS ACT.

~~(b) On or before April 30 of the year in which a report is submitted under subsection (a) of this section, the Department of Legislative Services shall determine, based on the report, whether the implementation of Section 1 of this Act resulted in a cost increase to the Maryland Medical Assistance Program of more than \$2,000,000 from the immediately preceding fiscal year~~

~~(c) If the Department of Legislative Services determines that the implementation of Section 1 of this Act resulted in a cost increase to the Maryland Medical Assistance Program of more than \$2,000,000 from the immediately preceding fiscal year, with no further action required by the General Assembly, at the end of April 30 of the year the determination is made, Section 1 of this Act shall be abrogated and of no further force and effect.~~

References:

1. DJ Jaffe. *insame consequences*. Pg 33
2. DJ Jaffe. *insame consequences*. Pg 77
3. USC Schaeffer. Medicaid Access Restrictions on Psychiatric Drugs: Penny Wise or Pound Foolish? Issue Brief No. 2 February 2015.

Figure 1³

Change in Hospital Outcomes Associated with Prior Authorization and Step Therapy for Antidepressants, Major Depressive Disorder (MDD) Related

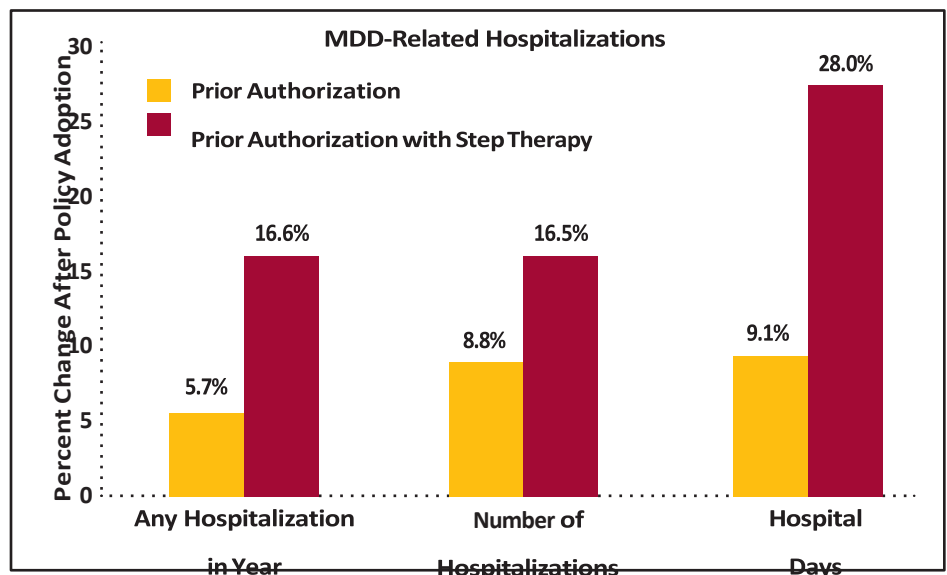


Figure 2³

Predicted Expenditures With and Without Formulary Restrictions for Atypical Antipsychotics: Patients with Schizophrenia

