

February 21, 2024

Chairwoman Beidle, Vice Chair Klausmeier, and distinguished members of the Finance Committee,

NAMI Maryland and our 11 local affiliates across the state represent a network of more than 58,000 families, individuals, community-based organizations, and service providers. NAMI Maryland is a 501(c)(3) non-profit dedicated to providing education, support, and advocacy for people living with mental illnesses, their families, and the wider community.

SB791 aims to reform utilization review standards, in part by addressing the incredibly important topic of patient access issues.

The complexity of navigating the healthcare and insurance system is already a major obstacle for individuals seeking mental health care. The process can be incredibly overwhelming. Additional barriers exist for people with mental illness.

NAMI MD is adamant that individuals with mental illness have access to clinically appropriate medications. This is of increased importance for mental health care, because psychiatric medications influence the brain chemicals that regulate emotions and thought patterns. Because these medications deal with brain chemistry, stopping a medication suddenly can have bad effects. It may worsen the problem it was treating, or for some medications, it can cause a more serious problem.

This bill begins to address patient access issues by:

- Prohibiting a carrier from issuing a denial of care when a patient requests a medication renewal if the insurer previously approved the drug, and the patient has seen success on that drug.
 - o NAMI MD believes that no one currently taking a medication and doing well on that medication should be switched to another medication, even the generic version of the original, simply because the second medication is cheaper. Additionally, finding the right drug for mental health conditions is tricky—there is no need to switch the patient to another drug if they are successful.
- Exempting prescription drugs from requiring prior authorization for dosage changes (so long as the change is consistent with FDA labeled dosages).
 - o In many cases, providers start their patients at a low dose and slowly increase dosage to achieve a level that improves symptoms. By exempting this from prior authorization, we are allowing patients to access the care that they need.

- Requiring that any communication from the carrier when there is a denial states the factual basis for the decision.
 - o Too often, denials are referred to “as part of the member’s policy or plan document”. As aforementioned, navigating insurance as a person with mental illness is already challenging. Requiring a factual basis will help patients appeal their denials easier.
- Requires carriers to have a dedicated call line or dedicated and monitored email address for scheduling when a denial has been issued so that health care providers can discuss the decision, rather than going through the general call line.
 - o In many instances, providers spend hours trying to appeal decisions for their patients. The procedure is complicated and time consuming.
- Requiring carriers to utilize criteria and standards that have been developed by nonprofit medical or clinical specialty society or organization.
 - o This increases transparency and allows providers to have a better understanding of how those standards can be met.

This bill will reduce the volume of prior authorization requirements and will decrease the amount of inappropriately issued denials. By doing so, we are increasing patient access and vulnerable Marylanders can get the care they need in a timely manner.

For these reasons, we urge a favorable report.