

MY NAME IS ROBERT HERMAN. I AM A PSYCHIATRIST AND I REPRESENT APPROXIMATELY 775 PSYCHIATRISTS WHO ARE MEMBERS OF THE MARYLAND PSYCHIATRIC SOCIETY.

WE ARE ALL PROUD TO BE PHYSICIANS WITH EXPERTISE IN DIAGNOSING AND TREATING MENTAL HEALTH DISORDERS, WHICH ARE A MAJOR CAUSE OF DISABILITY AND SUFFERING WORLDWIDE. OUR FIELD IS IN A PERIOD OF RAPID CHANGE, AND NEW TREATMENTS ARE BECOMING AVAILABLE TO OUR PATIENTS AT A RAPID PACE. THIS GIVES HOPE TO THE PATIENTS WE TREAT AND THEIR FAMILIES FOR HEALTHIER HAPPIER AND BETTER LIVES.

THERE ARE UNIQUE BARRIERS THAT OUR PATIENTS FACE WHEN TRYING TO OBTAIN TREATMENT. SHAME, STIGMA, AND SILENCE STILL EXIST AROUND PSYCHIATRIC ILLNESS. IT IS DIFFICULT FOR A PATIENT SUFFERING FROM SEVERE DEPRESSION, FOR EXAMPLE, PSYCHOSIS, TO FILE A COMPLAINT WITH THEIR INSURANCE COMPANY OR THE MARYLAND INSURANCE ADMINISTRATION WHEN THEIR TREATMENT IS DENIED. MOST OF US ARE IN SOLO PRACTICE, AND REIMBURSEMENT FOR US IS LOW COMPARED TO OTHER SPECIALISTS, AND SO MANY OF US CANNOT AFFORD TO HIRE ADMINISTRATIVE STAFF TO DO BATTLE WITH INSURANCE COMPANIES OR PHARMACY BENEFIT MANAGERS, AND ARE FORCED TO SPEND MANY HOURS COMPLETING FORMS OR ARGUING ON THE PHONE IN ORDER FOR US TO GET THE TREATMENT OUR PATIENTS NEED.

PRIOR AUTHORIZATION IS COMMON WHEN PATIENTS SWITCH PSYCHIATRISTS OR HEALTH PLANS, AFTER A CERTAIN PERIOD OF TIME ON A MEDICATION, WHEN DOSAGES ARE CHANGED, OR WHEN THE MEDICATION IS BEING USED FOR A PURPOSE OTHER THAN THE INSURANCE COMPANY DICTATES. THIS SUBSTITUTES A COMPANY'S JUDGEMENT FOR THEIR PHYSICIAN'S JUDGEMENT. THESE JUDGEMENTS ARE USUALLY MADE NOT BY A PERSON BUT BY A COMPUTER ALGORITHM WHICH USES A CERTAIN RIGID AND OFTEN OUTDATED OR SIMPLY INCORRECT CRITERIA IN ORDER TO DENY MEDICATION. WHEN A MEDICAL REVIEWER IS INVOLVED THE PHYSICIAN REVIEWER IS OFTEN NOT A PRACTICING PSYCHIATRIST. FOR EXAMPLE I HAVE HAD MEDICATIONS FOR A PATIENT WITH BIPOLAR DISORDER DENIED BY AN ORTHOPEDIC SURGEON, AND A MEDICATIONS FOR OPIOID ADDICTION DENIED BY A PEDIATRICIAN.

IF THE PREMISE OF PRIOR AUTHORIZATION IS TO IMPROVE THE QUALITY OF CARE FOR PATIENTS WITH PSYCHIATRIC ILLNESS, THEN THE ALGORITHMS THAT ARE USED TO GUIDE THESE DECISIONS SHOULD BE CREATED AND CONTINUALLY UPDATED BY RECOGNIZED EXPERTS IN THE FIELD. THEY SHOULD ALSO RECOGNIZE THAT THERE ARE UNIQUE CIRCUMSTANCES THAT SHOULD PERMIT EXCEPTIONS TO THESE GUIDELINES. THIS BILL IS AN ATTEMPT TO DO THIS

IF THE PURPOSE OF PRIOR AUTHORIZATION IS TO SAVE COSTS TO THE INSURANCE PLAN, THEN THERE IS ABSOLUTELY NO REASON THAT PRIOR AUTHORIZATION SHOULD BE REQUIRED FOR GENERIC DRUGS, WHICH DUE TO HEALTHY COMPETITION AMONG MANUFACTURERS ARE A FRACTION OF THE COST OF BRANDED DRUGS. THIS BILL WOULD PROHIBIT PRIOR AUTHORIZATION FOR GENERIC DRUGS, WHICH WOULD REDUCE THE BURDEN ON PSYCHIATRISTS AND THEIR PATIENTS GETTING NECESSARY CARE.

I WILL CLOSE WITH THE WORDS OF A PATIENT OF MINE WITH BIPOLAR DISORDER THAT WE FOUGHT FOR NEARLY TWO MONTHS TO GET HER INSURANCE COMPANY TO APPROVE OF A MEDICATION SHE NEEDED, AND THEN TO HAVE IT DENIED AGAIN WHEN SHE CHANGED INSURANCE PLANS. SHE WROTE

“HUMAN BEINGS WHO ARE SUFFERING, MOST OF WHOM WILL CONTINUE TO SUFFER BECAUSE ACCESSING PROPER AND TIMELY HEALTH CARE IS AN ALMOST IMPOSSIBLE FEAT. FOR MANY INDIVIDUALS STRUGGLING WITH MENTAL HEALTH, SUICIDE ENDS UP FEELING LIKE THE ONLY OPTION GETTING PROPER HELP IS AN URGENT MATTER. I CAN’T HELP BUT THINK “WHY DOES IT FEEL LIKE SO MANY PEOPLE JUST DON’T CARE? DO WE NOT VALUE THE LIVES AND WELL BEING OF FELLOW HUMAN BEINGS WHO ARE SICK? IF PEOPLE WANT ME TO GET OFF OF TEMPORARY DISABILITY SO I CAN BE A PRODUCTIVE MEMBER OF SOCIETY AND BEGIN WORKING AGAIN THEN WHY IS IT SO HARD TO GET THE HELP I NEED SO THAT I AM ABLE TO DO SO? I BEG YOU TO HAVE A LITTLE MORE EMPATHY FOR INDIVIDUALS LIKE ME WHO ARE STRUGGLING TO FIGHT FOR OUR LIVES AND HELP US. IT SIMPLY SHOULDN’T BE THIS HARD TO GET HELP. ”