



Empowering People to Lead Systemic Change

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DisabilityRightsMD.org

Maryland House Health & Government Operations Committee – Bill Hearing
House Bill 382: Maryland Medical Assistance Program and Health Insurance - Step Therapy,
Fail-First Protocols, and Prior Authorization - Prescription to Treat Serious Mental Illness
Thursday, January 30, 2025, 1:00 PM
Position: Support with Amendments

Disability Rights Maryland (DRM) is the protection and advocacy organization for the state of Maryland; the mission of the organization, part of a national network of similar agencies, is to advocate for the legal rights of people with disabilities throughout the state. In the context of mental health disabilities, DRM advocates for access to person-centered, culturally responsive, trauma-informed care in the least restrictive environment. DRM appreciates the opportunity to provide testimony on HB 382, which would help guarantee more equitable access to psychiatric medications and remove unnecessary barriers to mental health care.

Both the Mental Health Parity and Addiction Equity Act and the Affordable Care Act require Maryland Medicaid, as well as covered private insurance plans, to provide comparable coverage for mental health and somatic conditions. Nevertheless, significant disparities in coverage remain, and many Marylanders with severe mental health disabilities are unable to access coverage for psychiatric medications because of the excessive pre-authorization requirements applied to psychiatric medications. These barriers often have the effect of significantly delaying or denying access to appropriate care that has been agreed upon between the patient and their physician. These delays and denials of care can be especially devastating for individuals with disabilities, putting people at risk of unnecessary hospitalization or incarceration due to the significant barriers encountered when trying to access medication. Fail first protocols, often euphemistically called “step therapy” by insurance carriers, also cause unnecessary suffering, especially when there is evidence to suggest insurance-preferred medications may not be as beneficial to the individual based on their clinical profile or pharmacogenetic testing. Finally, both fail-first protocols and prior authorization requirements risk creating unnecessary interruptions in medication access that can cause a person with a serious mental health disability to experience symptom exacerbations and symptoms of withdrawal from medications. Many individuals choose to avoid medication after these adverse effects, rather than risk recurrence of withdrawal symptoms caused by insurance disruptions in access to essential medications.

Notably, HB 382 lists only five conditions within its scope. DRM requests that the bill be amended to include all mental health diagnoses that result in a substantial impairment of a patient’s functioning; since the bill as written would not cover Marylanders who have significant mental health disabilities and whose diagnoses fall outside of this list. These individuals often experience even greater barriers to care due to their diagnoses being less familiar to public and commercial insurers. Some of these additional diagnoses of serious mental illness include, but are not limited to, schizoaffective disorder, severe obsessive-compulsive disorder, delusional disorder, and dissociative disorders.

Although HB 382 currently only covers adults, DRM would encourage maintenance of the safety pre-authorization process that Maryland Medicaid uses when anti-psychotic medications are prescribed to children; there are significant differences in the safety profiles of certain

antipsychotic medications when used in children, limiting the drugs that are approved for use in treating children. Further, there is a long history of inappropriate prescribing of anti-psychotic medications to children in foster care to manage behavior in lieu of providing appropriate therapeutic services. Many of these children do not have consistent caregivers, or even consistent prescribers, to oversee their care; safety pre-authorizations are often the only means to ensure that the medications prescribed are both safe and appropriate for their needs. Thus, DRM believes this limited use of safety prior authorizations in children is appropriate to maintain.

DRM recommends that the committee issue a favorable report on HB 382 with our proposed amendment so that all Marylanders with mental health disabilities can access the care they need without unnecessary interference from third party payors. Please contact Courtney Bergan, Disability Rights Maryland's Equal Justice Works Fellow, for more information at CourtneyB@DisabilityRightsMd.org or 443- 692-2477.