

January 30, 2024

Chair Peña-Melnyk, Vice Chair Cullison, and distinguished members of the Health & Government Operations Committee,

The National Alliance on Mental Illness (NAMI)-Maryland respectfully requests a favorable report on HB382.

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.

NAMI Maryland believes that all people with mental health conditions deserve access to effective medication and treatment options. Therefore, we work to ensure open access to psychiatric medication and strongly oppose fail first protocols, or what the insurance industry calls “step therapy,” in Maryland’s laws and policies.

Mental health medications affect people in different ways, including varying levels of effectiveness and different side effects. Because of this, it is important that a person can access the medication that works best for them. It is crucial that medication decisions are carefully considered with a healthcare provider who has both extensive knowledge of the patient and available medication options.

Health insurers often require that patients demonstrate unsuccessful treatment on one or more insurer-preferred medications before they receive coverage for the medication that their physician recommends. They must first fail on one or more medication before they can “step up” to another. Fail first protocols result in patients not being able to access the treatments they need in a timely manner.

Fail first protocols are a danger to the health and well-being of a person taking medication, and result in worsening of symptoms and undermining the decisions made between individuals and their health care providers. Patients subjected to fail first protocols are associated with “4.7 times greater odds of a medication access or continuity problem.” ¹

Lack of access to necessary medication and treatment in a timely manner can lead to prolonged and more serious symptoms. Under HB382, individuals diagnosed with serious mental illness would be exempt from fail-first protocols. Untreated or inadequately treated serious mental health conditions can result in unnecessary disability, emergency department visits and hospitalizations, unemployment, substance abuse, being unhoused, inappropriate incarceration, and increased risk of suicide.

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Maryland's current practice of allowing fail first protocols hurts patients—their condition may worsen, or they may suffer unnecessarily in the process of failing insurer-preferred treatments.

For these reasons, we urge a favorable report on HB382.

¹ Joyce C. West et al., *Medicaid Prescription Drug Policies and Medication Access and Continuity: Findings From Ten States*, 60 *Psychiatric Services* (2009).