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To: The Honorable, Joseline A. Peña-Melnyk, Chair
Health and Government Operations Committee

From: Irnise F. Williams, Deputy Director, Health Education and Advocacy Unit

Re: House Bill 0382-Maryland Medical Assistance Program and Health Insurance -
Step Therapy, Fail-First Protocols, and Prior Authorization - Prescription to Treat
Serious Mental Illness- **SUPPORT**

The Health Education and Advocacy Unit supports House Bill 0382, which will decrease barriers to consumers who are diagnosed with some of the most severe mental illnesses. A [2024 MHCC report](#) found that nearly 48 percent of insured adults noted their insurance required prior authorization in the last year. About 67 percent of these adults indicated that prior authorization delayed access to prescribed medications and medical services. According to a 2023 [KFF survey](#), 26% of people who sought treatment for or took prescription medication for a mental health condition in the past year (e.g., depression, anxiety) experienced prior authorization problems, compared to 13% of insured adults who did not seek mental health treatment.

While carriers routinely argue that prior authorization, step therapy and fail-first protocols are necessary to control healthcare costs, ensure clinically appropriate drug selection, and prevent fraud, such arguments cannot be considered in a vacuum, and must be weighed against how such carrier-imposed treatment mandates and delays cause unnecessary patient suffering, severe side effects, or worsening patient condition. This is especially true for patients diagnosed with the severe mental illnesses identified in this bill, because of the nature of the medications prescribed. Such barriers can increase the risk of consumers engaging in illicit drug use or experiencing mental instability to cope with their mental illness leading to unintended harm, homelessness, or incarceration.

A recently published [study](#) looking into the reasons why patients with schizophrenia switch oral antipsychotic medications (OAMs) found that nearly half of patients switch OAMs because

of lack of efficacy, more than one-fourth because of tolerability issues, and an additional one-sixth for reasons of both efficacy and tolerability. These drugs don't begin to work immediately and have very serious and crippling side effects. These diagnoses require close monitoring by trained professionals who have individualized knowledge, experience, and rapport with the patient to be able to navigate the challenge of finding the right medications for their patients without being delayed by laborious processes that could be detrimental to the patients' stability and overall quality of life. That study concluded that, "Prescribing access to a broad selection of antipsychotics with different side effect profiles may help physicians better match treatment to individual patients, fostering greater acceptance of therapy, increased medication adherence, and better long-term outcomes."

Step therapy and fail-first protocols are administratively cumbersome for both patients and providers and many times this process creates compliance issues for patients who are already struggling to find the care that they need. In a [study](#) of Maine Medicaid and Medicare claims data, researchers found that the introduction of a "prior authorization policy for atypical antipsychotic and anticonvulsant agents was associated with increased rates of medication discontinuation among vulnerable groups of patients initiating new episodes of medication for bipolar disorder, and following these discontinuations, reductions in psychiatric visits among the sickest patients treated in community mental health centers and increases in emergency room visits in other patients." The impact of these processes on the community are great and eliminating barriers that would lead to better access, resources and care for those with severe mental illness aligns with the work that the General Assembly has done in the past.

Step therapy, fail-first protocols, and prior authorizations limit a physician's ability to select the most appropriate drug for their patients and minimizes the opportunity for medication adherence for patients with severe mental illness. This bill will decrease those barriers and give providers the ability to create the timely and flexible treatment plans needed for this cohort of patients.

We urge a favorable report on House Bill 382.