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The Honorable Joseline A. Pena-Melnyk Chair, Health and Government Operations Committee 241 Taylor House Office Building Annapolis, Maryland 21401

RE: Support – HB382: Maryland Medical Assistance Program and Health Insurance - Step Therapy, Fail-First Protocols, and Prior Authorization - Prescription to Treat Serious Mental Illness

Dear Chaiwoman Pena-Melnyk and Honorable Members of the Committee:

The Maryland Psychiatric Society (MPS) and the Washington Psychiatric Society (WPS) are state medical organizations whose physician members specialize in diagnosing, treating, and preventing mental illnesses, including substance use disorders. Formed more than sixty-five years ago to support the needs of psychiatrists and their patients, both organizations work to ensure available, accessible, and comprehensive quality mental health resources for all Maryland citizens; and strive through public education to dispel the stigma and discrimination of those suffering from a mental illness. As the district branches of the American Psychiatric Association covering the state of Maryland, MPS and WPS represent over 1100 psychiatrists and physicians currently in psychiatric training.

MPS/WPS strongly support HB382. Step therapy, also known as "fail first" protocols, is a practice used by health insurers and pharmacy benefit managers (PBMs) to control the cost of prescription medications by requiring patients to try less expensive treatments before they are allowed to receive more costly treatments. While the intention behind step therapy may be to reduce costs, it can sometimes have negative consequences for patients, especially for individuals being treated for a mental illness and/or substance use disorder. There are several reasons, therefore, why this committee should pass HB382, and step therapy or fail-first protocols should be banned in the context of mental health treatment:

- Delayed Treatment: When patients are required to try less expensive treatments before being prescribed more expensive ones, it can lead to delays in treatment, which can be detrimental to patients' health. For example, suppose a patient with schizophrenia is required to try a less effective medication before being prescribed a more effective one. In that case, the patient's symptoms may worsen during this delay. When a patient with a mental health disorder decompensates, the patient could hurt himself or others, which could lead to a loss of liberty either through involuntary commitment or incarceration.
- Adverse Effects: In some cases, patients may have adverse reactions to the less expensive treatments they must try first. This can lead to unnecessary suffering and may even result in hospitalization or other medical complications.
- Medical Necessity: Step therapy protocols may not consider individual patients' unique needs. A medication that works well for one patient may not work for another, and patients may need to try multiple medications before finding one that works for them. Step therapy protocols can limit patient access to necessary medications based on cost considerations rather than medical necessity.
- Physician Discretion: Physicians are trained to make treatment decisions based on their patient's needs and medical history. Step therapy protocols may undermine physicians' ability to make the best patient treatment decisions.

In summary, step therapy or fail-first protocols can have negative consequences for patients, including delayed treatment, adverse effects, limitations on medical necessity, and a reduction in physician discretion. As such, MPS and WPS ask the committee for a favorable report on HB382. If you have any questions regarding this testimony, please contact Lisa Harris Jones at lisa.jones@mdlobbyist.com.

Respectfully submitted, The Maryland Psychiatric Society and the Washington Psychiatric Society Legislative Action Committee