



HB 808 Testimony

From: Evelyn Burton, Maryland Advocacy Chair, Schizophrenia & Psychosis Action Alliance (S&PAA)

Position: SUPPORT WITH AMENDMENTS

As families of those with psychiatric brain disorders which may include psychosis, such as schizophrenia spectrum disorders, bipolar disorders, and major depression, we too often see the tragic outcomes of untreated and inappropriately treated illness: increased incarceration, homelessness, violence to self and others, suicide and death. Increase costs include longer and frequent hospitalizations, incarcerations, homeless services, and lost tax revenues from the individual and their family. (See attachment.)

With psychotic illnesses, there may be only one window of opportunity to prescribe the most effective and tolerable medication for an individual as extremely adverse consequences occur within days. Any delay from seriously risks the life of the patient as well as others.

On average, those with all mental illnesses are no more dangerous than the average population. However, according to Dr. Thomas Insel, a past director of the National Institute on Mental Health (NIMH), “An active psychotic illness is associated with irrational behavior and violence can be part of that....There is a 15 fold reduction in risk of homicide, with ... treatment.”¹ Research shows nonadherence to antipsychotic treatment results in a “fourfold increase in the risk of suicide...and increased rates of hospitalization, use of emergency psychiatric services, arrests...[and] greater substance use.”²

Only an individual’s physician can best judge which medication is most likely to be effective, is compatible with the individual’s comorbid conditions and which the individual is most likely to tolerate and agree to take. Prior authorization and step-therapy requirements increase the risk of the individual refusing to take any medication if intolerable side effects from a non-optimal medication are experienced.

Untreated and ineffectively treated psychosis is a major driver of criminalization of those with serious mental illness (SMI.) The delusions and hallucinations and cognitive impairments of psychosis often result in the inability to comply with the law. The Maryland Secretary of Health testified last year that approximately 25 percent of people in Maryland jails have serious mental illness. This bill’s elimination of insurance barriers could significantly reduce the criminalization of serious mental illness.

Research in other states has found that prior authorization and step-therapy dramatically increased overall state costs. According to the Issue Brief from the Scheffer Center for Health Policy & Economics,³ “Medicaid formulary restrictions, such as prior authorization and step therapy...save little, if any, money on drug spending. Instead, formulary restrictions increase overall Medicaid spending for people with serious mental illnesses, especially for inpatient hospital care. ... formulary restrictions also raise costs to society through increased spending to jail mentally ill Americans.” (See charts below) Unfortunately, this overall savings from reduced hospitalization and incarceration is not considered in the fiscal note.

We ask for a favorable report on HB382 with the following amendments: In the lists of diagnoses, change the word “schizophrenia” to “schizophrenia spectrum and other psychotic disorders” and change “bipolar disorder” to “bipolar and related disorders”. This would ensure that Diagnostic and Statistical Manual⁴ codes used by Medicaid for billing for other serious psychotic illnesses with potentially tragic outcomes, will also be exempt from step therapy and prior authorization requirements.

HB808 can save money, and reduce the tragedies of suicide, death, violence, homelessness and incarceration.

REQUESTED AMENDMENTS:

15-157.

(B) EXCEPT AS REQUIRED UNDER 42 U.S.C. § 1396A, BEGINNING JULY 1, 2025, THE PROGRAM MAY NOT APPLY A PRIOR AUTHORIZATION REQUIREMENT FOR A PRESCRIPTION DRUG USED TO TREAT AN ADULT ENROLLEE'S DIAGNOSIS OF:

- (1) BIPOLAR AND RELATED DISORDER DISORDERS;
- (2) ~~SCHIZOPHRENIA~~; SCHIZOPHRENIA SPECTRUM AND OTHER PSYCHOTIC DISORDERS;
- (3) MAJOR DEPRESSION
- (4) POST-TRAUMATIC STRESS DISORDER; OR
- (5) A MEDICATION-INDUCED MOVEMENT DISORDER ASSOCIATED WITH THE TREATMENT OF A SERIOUS MENTAL ILLNESS; OR

(C) BEGINNING JULY 1, 2025, THE PROGRAM MAY NOT APPLY A PRIOR AUTHORIZATION REQUIREMENT, FAIL-FIRST PROTOCOL, OR STEP THERAPY PROTOCOL FOR A PRESCRIPTION DRUG USED TO TREAT AN ENROLLEE'S DIAGNOSIS OF:

- (1) BIPOLAR AND RELATED DISORDER DISORDERS;
- (2) ~~SCHIZOPHRENIA~~; SCHIZOPHRENIA SPECTRUM AND OTHER PSYCHOTIC DISORDERS;
- (3) MAJOR DEPRESSION
- (4) POST-TRAUMATIC STRESS DISORDER; OR
- (5) A MEDICATION-INDUCED MOVEMENT DISORDER ASSOCIATED WITH THE TREATMENT OF A SERIOUS MENTAL ILLNESS; OR

References:

1. DJ Jaffe. *insane consequences*. Pg 33
2. DJ Jaffe. *insane consequences*. Pg 77
3. USC Schaeffer. Medicaid Access Restrictions on Psychiatric Drugs: Penny Wise or Pound Foolish? Issue Brief No. 2 February 2015. (See graphs below and attached full study)
4. Diagnostic and Statistical Manual of Mental Disorders (DSM-5)
<https://drive.google.com/file/d/0B-RfYKUMzsiOZ2wyb0N4RVVGX1k/view?pli=1&resourcekey=0-nPpzJ6MNEYAeW4b97Y6Muw>

Figure 1³

Change in Hospital Outcomes Associated with Prior Authorization and Step Therapy for Antidepressants, Major Depressive Disorder (MDD) Related

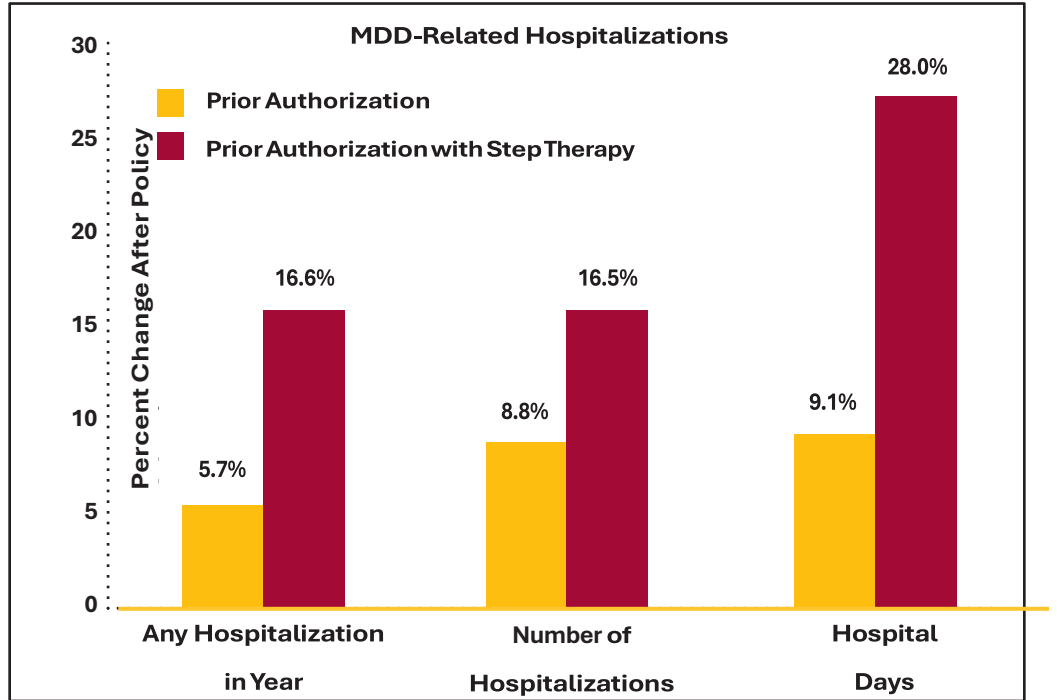


Figure 2³

Predicted Expenditures With and Without Formulary Restrictions for Atypical Antipsychotics: Patients with Schizophrenia

