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Andrew B. MacLean, JD, CEO | Dan Morin, Director of Communications & Government Affairs

TO: The Honorable Heather Sanborn, Chair
The Honorable Denise Tepler, Chair
Members, Joint Standing Committee Health Coverage, Insurance and Financial Services

FM: Dan Morin, Director of Communications and Government Affairs

DATE: April 14, 2021

RE: **Support**
LD 1268, An Act To Provide Greater Access to Treatment for Serious Mental Illness by Prohibiting an Insurance Carrier from Requiring Prior Authorization or Step Therapy Protocol

The Maine Medical Association is the state's largest professional physician organization representing more than 4300 physicians, residents, and medical students across all clinical specialties, organizations, and practice settings.

The MMA supports LD 1268, An Act To Provide Greater Access to Treatment for Serious Mental Illness by Prohibiting an Insurance Carrier from Requiring Prior Authorization or Step Therapy Protocol, a bill that would prohibit prior authorization and further reform the step therapy, a utilization management protocol otherwise known as "fail first." Since this committee has already discussed and debated prior authorization at great length this Session, our testimony is reserved to fail first, the oft-used term in the field through which insurance companies require a patient to first "fail" on one, or several other medications before having access to others.

The patient population covered under this bill are particularly vulnerable to changes in medication treatment or delays under fail first. Psychiatric medications are not like other medications. They are far from fast acting and what works for one person may cause harm to someone else. Depression, schizophrenia, bipolar disorder, and other mental health conditions are caused by chemical imbalances in the brain. Medication is a key tool in treating these conditions and enabling long-term recovery. One in three Americans suffers from severe anxiety, and one in four battles

depression.

Most medications require a titration process starting with a low dose and gradually increasing it to the therapeutic level in about a month. During that time, it is common to experience little to no relief of symptoms and yet experience intense side effects such as tremors, nausea, and uncontrollable movements.

Once the medication reaches the therapeutic level, the second round of the waiting game begins. Medications can take another 30-60 days to fully take effect. After three months of taking a medication, it is very possible that it will not work, and a person will have to start all over again. In situations where the medication does work, it often isn't enough on its own. Because not all medications work for everyone, it is necessary to introduce one medication at a time, thus prolonging the journey to recovery.

Many patients are terrified to think of what may happen to them if forced to change medication and start over. Quite simply, finding and maintaining the most effective medications is often the key to recovery that enables adults to keep jobs and contribute to their communities, and enables families to stay together.

We understand the need to contain health care costs, but we are concerned that step therapy strategies for certain psychiatric medications have the potential to severely impact patient outcomes and quality of life.

In some instances, carriers have forced patients to return to the same treatments that have proven to be ineffective when tried previously under a different health plan. The decision to change plans may occur through no fault of the patient but rather an employer's decision to change plans or an unplanned loss of a job. Also consider an unemployed, or part-time MaineCare patient who may be in that situation partly due to mental illness and then gets full-time employment. Imagine finally getting private health care coverage and then being told you can not continue the medication(s) that have been successful for you. Yet.

Further, step therapy interferes with the patient-physician relationship by preventing the prescribing drugs physicians know will provide the best treatment results in the most effective manner. LD 1268 would ensure a clinician's right to make the right treatment decisions for serious mental illnesses. Physicians know their patients' medical history, which enables them to identify potential contraindications and life-threatening adverse reactions. Retaining physicians' medical judgement in patients' treatment plans is a cost-effective way to prevent health care dollars from being used on medications that are not effective. It also prevents patients from a prolonged treatment that includes scheduling multiple visits to their physician and spending money on prescription medications that are not effective.

Imagine the potentially devastating consequences of a fail first policy when patients with serious mental illness face rejection of their prescription at the pharmacy counter. It has been shown that when individuals face interruptions or delays in their mental health treatment, the consequences include emergency room visits, hospitalizations, homelessness, incarceration and even death by suicide.

We appreciate the opportunity to comment on this important behavioral health issue and urge your support for LD 1268. Our physician members' number one priority is the health and welfare of their patients. Passing this legislation will improve access to behavioral health medications that are in the best interest of the patient. Patients first—not fail first.