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On behalf of the
Ohio Psychiatric Physicians Association

Before Members of
House Health Committee

Proponent Testimony on H.B. 72
Adopt Requirements for Step Therapy Protocols

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Chairman Huffman, Vice-Chairman Gavarone, Ranking Member Antonio and members of the committee, thank you for the opportunity today to speak in support of H.B. 72 a bill which, if enacted, would put safeguards in place for when insurance companies utilize a cost containment strategy known as step therapy – and more accurately referred to as "fail first."

My name is Megan Testa, M.D. and I am physician practicing forensic psychiatry in Cleveland, Ohio. I am here today speaking on behalf of the Ohio Psychiatric Physicians Association (OPPA), a statewide medical specialty organization whose more than 1,000 physician members specialize in the diagnosis, treatment and prevention of mental illness and substance use disorders.

As a physician, I view cost-containment as one of the aspects of good medical practice. When I am determining what treatment(s) I will recommend to each of my patients, cost is always among my considerations. It is important for each individual patient, as well as for the healthcare system as a whole, that physicians are mindful of cost so that we care for our patients in a way that is sustainable. Medications can be very expensive, and if a patient cannot afford to fill the prescription that I write then I have not helped them by writing it. Likewise, if insurers have to raise the premiums that they charge to employers, or public programs have to reduce services elsewhere, because I am writing prescriptions for expensive medications where more cost-effective medications are available and equally efficacious, then I have not been an effective physician.

I learned during medical school and residency to start simple when treating patients. I recommend the most cost-effective medication from among the evidence-based options available that treat the condition that each patient has, provided that the patient has not already tried the medication or a very similar medication and not improved on or not tolerated the medication (this is called "failing" a medication), and provided that the patient does not have a medical contraindication to the medication. The patient and I then have visits over time. During those visits, we assess how the medication is working, and adjust as indicated or switch to a new medication. Over time, each patient and I figure out what medication works best for them. If what the patient ends up taking is an expensive medication, there are clinical reasons for it.

As anyone in this room who has ever received treatment from a doctor for any medical condition will know – sometimes a doctor can prescribe you one medication and it works well with minimal side effects – but sometimes that does not happen. Sometimes you have to try several medications before finding one that is right for you. Sometimes it takes time, and you, as the patient, continue to suffer with whatever illness brought you to see your doctor. This, for me, is one of the hardest aspects of being a physician, when I know the patient and I will at some point find the right medication, but we are in the trial-and-error phase, and we have not quite figured out what will ultimately work best. Some of my best moments with patients are the visits when they tell me that they finally feel better, after trying one, two, three or more medications alone and in combination.

This is how physicians practice. We start simple, but sometimes things get complicated. Whether it has been simple or complicated, when a patient and I find a medication or combination of medications that works for them, my next step is to keep the patient on that medication or combination of medications indefinitely. If everyone here imagines themselves in the position of the patient, I believe we would all expect this. Unfortunately, it is not always possible. Many patients end up unable to receive the treatments prescribed by their physicians, even when physicians have been mindful of cost considerations and provided evidence-based care, due to "step therapy" protocols.

Step therapy protocols are cost-containment strategies that are widely-used by insurance companies to control prescription drug costs. Commonly, these protocols require enrollees to try medications that are "preferred" by the insurance company before the company will pay for a medication in a "nonpreferred" class. Lists of "preferred" and "non-preferred" medications vary across insurance plans and can change from one year to the next, because they are based upon cost to the insurance company itself. In our healthcare system, many different insurance companies can negotiate many different deals with many different pharmaceutical companies, and this leads to numerous and differing "preferred drug lists." Additionally, in our healthcare system, insurance is tied to employment, and many individuals experience changes in their insurance due to losing, gaining, or changing jobs. Furthermore, the protocols are not always

made transparent by insurance companies. As you can imagine, physicians and our patients end up shooting at a moving target when we are working together to find treatment regimens that will be effective, well-tolerated, and covered by insurance.

Step therapy or fail first policies can be harmful to all patients. As a psychiatric physician, I can testify that I have seen these policies have devastating outcomes for my patients with mental illnesses. Research and experience show that treating mental illness at its earliest onset with the most effective medication produces the best results, not only for the patient but for the patient's family and the community.

Consider a patient with Major Depressive Disorder who came to my office for treatment because of severe symptoms of depression including suicidal thinking. A fair trial of an antidepressant takes four to six weeks at each dosing level, and the patient and I have to try two to three medications before finding the right antidepressant. After going through this process and taking medications for a year, my patient achieves remission, and I write the patient a prescription for the effective medication. Imagine that at that point, it is a new enrollment year for their insurance plan, and when they arrive at their pharmacy to pick up their medication they are told that it is no longer on the "preferred" list, and they are handed a letter with a list of medications that the insurance would cover instead. How would you feel if this happened to you or a member of your family? When treatment is denied or delayed in this manner, painful things can occur – emergency room visits, hospitalization, homelessness, arrest, incarceration, and in the case of severe depression, death by suicide – all of which can be prevented with effective treatment.

A physician who published an opinion piece in a recent issue of the *Journal of the American Medical Association* said the following:

> When conceived and implemented intelligently, step therapy can use evidence-based criteria, with clinically reasonable provisions for exceptions, to encourage more rational prescribing and help control medication costs, while ensuring that patients are receiving the most data-driven regimens. However, if based on poor evidence or implemented inflexibly, the approach can cause clinical problems, especially for patients forced to return to a medication class that was previously ineffective. But all policies that require patients to change medications risk negative consequences. Even switches between pharmacologically identical generic versions of the same medication can decrease adherence if the medication appearances differ.

We are not here to oppose cost-containment in healthcare or to demand that Ohio forbid insurers from implementing "step therapy" protocols. We are here because we know that transparency and patient protections need to be incorporated into these protocols. House Bill 72 does not take

away any insurance plan's ability to utilize cost containment strategies, but it adds the following much-needed reforms to "fail first" strategies:

- H.B. 72 will require insurers to use evidence-based criteria and guidelines developed by medical professionals to create their "preferred" and "non-preferred" medication lists.
- H.B. 72 would require insurers to provide transparency so that patients and physicians would have a clear, defined way to appeal step therapy decisions.
- H.B. 72 would define circumstances in which step therapy would not be allowed (including when a patient has already failed a particular medication when covered by another plan and/or when a patient is stabilized on a medication and changes insurance plans).

On behalf of the more than one thousand physicians in Ohio who specialize in psychiatry and the hundreds of thousands of patients (Ohio citizens) for whom they care, I urge you to support H.B. 72 and vote in favor of this much needed bipartisan patient protection bill when the time comes.

Thank you again for the opportunity to testify. I would be happy to respond to any questions that the chair or committee members have at this time.