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On behalf of the
Ohio Psychiatric Physicians Association

Before Members of
House Health Committee

Proponent Testimony on House Bill 72
Adopt Requirements for Step Therapy Protocols

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Chairman Huffman, Vice-Chair Gavarone, Ranking Member Antonio and members of the committee, thank you for the opportunity today to speak in support of House Bill 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 a 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.

Cost-containment is a legitimate issue in the health-care system, especially with increasing prescription costs that impose economic challenges for individuals and employers, as well as for public programs. One widely used approach to control prescription costs by health plans is to implement “step therapy” protocols. Step therapy protocols often require a patient to try a less expensive drug and “fail” on it before a more expensive option can be approved. Often, patients are required to fail on more than one medication before the patient can finally have access to other medications, which their physician believes is medically indicated, would likely lead to better adherence and would be overall less costly in the long run, based on his or her experience and clinical judgment.

Sometimes, step therapy protocols may seem to make sense. Most times, they don’t make sense because of limited evidence, inadequate attention to the underlying evidence, or an emphasis on cost containment rather than patient outcomes. Current step therapy practices in Ohio are problematic because they often result in medical and mental health conditions becoming worse, they can cause patients who are stable on a particular medication to have to change medications if their health plan coverage change and quite often, they can lead to increased preventable spending in other sectors of healthcare.

Fail first policies can be harmful to all patients. They can be especially concerning for patients with mental health disorders. Research and experience show that treating mental illness at its earliest onset

with the most effective psychotropic medication produces the best results, not only for the patient but for the family and the community. Patients required to step through two ineffective medications will spend a month or more suffering with unresolved symptoms before the drug recommended by their physician is even available to them. It may take another three weeks or so for the proper treatment to fully take effect. By this time, nearly two to three months may have passed. As a result of denied or delayed treatment many difficult, painful things can occur in this time. Mental health-care providers see them all the time: injury, family disruption, emergency room visits, hospitalization, homelessness, arrest, incarceration, death. All of things might be prevents with appropriate treatment.

Psychiatric medications, especially, are not a one-size fits all. Psychotropic drugs are difficult to prescribe. The effectiveness of a given drug can vary depending on age, race, medical history and other factors. Psychiatric medications, like all medications, can have side effects. If the physician knows that a medication has the potential for a side-effect that is either contraindicated for the patient and/or that a potential side effect could prevent the patient from taking the medication and/or staying compliant long term, then it seems senseless to require the patient to fail on it first. Physicians take all these things into consideration in choosing a medication.

As articulated quite well by one physician in an opinion piece published in the *Journal of the American Medical Association*:

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.

House Bill 72 does not take away an insurance plan's ability to utilize cost containment strategies, it simply lowers the step therapy barrier and puts much needed patient protections into place, including:

- Requiring insurers to use evidence-based criteria and guidelines developed by medical professionals;
- Defining circumstances in which step therapy is not allowed (like when a patient has already failed on a particular medication when covered by another plan and/or when a patient is stabilized on a medication and changes insurance plans);
- Providing transparency so that patients and physicians have a clear, defined way to appeal step therapy decisions.

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 HB72 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.