



Written Proponent Testimony - House Bill 153: Non-Medical Switching

Brian Evans, MD - President

Ohio Psychiatric Physicians Association

The Ohio House Insurance Committee

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The Ohio Psychiatric Physicians Association (OPPA), a statewide medical specialty organization representing more than 1,000 physicians who specialize in the diagnosis, treatment and prevention of mental illnesses, including substance use disorders, appreciates the opportunity to provide written testimony in support of House Bill 153. This issue is meaningful to our members who provide patients with care for psychiatric illnesses across the state of Ohio.

Non-medical switching occurs when health plan issuers or pharmacy benefit managers (PBMs) force patients to switch from a medication they rely on to treat their condition to a different medication that is less expensive and potentially less effective, for a non-medical reason. This is a financially-motivated change that becomes a needless additional burden to patients and the mental health professionals trying to provide the best possible care to them.

Finding the right treatment for a mental health condition can be difficult. Often, by the time patients find a medication or combination of medications and other treatment approaches that work for them, they have already gone through a period of trial-and-error, under the supervision and guidance of their psychiatric physician, trying several other medications. This process can take months or even years.

If a patient is stable on a specific medication and it is helpful to their condition, it is devastating if their insurance company or PBM suddenly makes a midyear formulary change that makes the medication unaffordable, stops covering the medication entirely, or introduces other barriers that a patient must find a way around in order to continue to obtain their medication. By forcing patients to switch from a current medication to one that costs the health plan or PBM less, the health plan issuer causes avoidable suffering to the patient and can ultimately negate much of the potential savings. The practice of non-medical switching can cause dangerous and harmful disruptions in continuity of care, resulting in adverse events that may require hospitalizations, visits to the emergency room, or other critical care. It may also cause resurgences of symptoms that were previously well-controlled and managed, undoing progress done with treatment of the patient's condition.

In conclusion, OPPA believes that health plans or PBMs should not be making these critical decisions that dictate the treatments and medications psychiatric physicians can use to stabilize our patient's conditions. HB 153 provides crucial protections to keep those decisions between patients and their physicians, and prevent harmful consequences.

Thank you for your consideration of our comments on this legislation, and please feel free to contact us should you have any questions.