



Written Proponent Testimony - House Bill 291: Non-Medical Switching

Janet Shaw, MBA – Executive Director

Ohio Psychiatric Physicians Association

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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 291. 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, who has prescribed several other medications that were not effective. 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 that is effective, 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 prescribe to their patients to effectively treat their patients' conditions. House Bill 291 provides crucial protections to keep those decisions between patients and their physicians and to prevent harmful consequences.

Thank you for your consideration of our comments on this legislation. Please contact us should you have any questions.