

Michele Long, NP
Written Testimony in Support of Ohio House Bill 8
April 7, 2025

Chair Schmidt, Vice Chair Deeter, Ranking Member Somani, and esteemed Members of the Ohio House Health Committee:

My name is Michele Long, and I live and practice medicine in Lancaster, Ohio, located in Fairfield County. I am a nurse practitioner specializing in the treatment of patients living with a range of mental health conditions. I appreciate the opportunity to provide testimony in strong support of House Bill 8.

This legislation takes an important step toward expanding access to lifesaving and life-improving biomarker testing services for Ohioans—particularly those facing mental health challenges. While much of the conversation around HB 8 has centered on cancer biomarker testing, I want to highlight another essential component of the bill: its inclusion of mental health biomarker testing.

Ohio is in the midst of a mental health crisis, one that is hitting rural and underserved communities especially hard. We are facing serious shortages of behavioral health providers and treatment resources. In this environment, we need every effective tool available to support timely, appropriate, and successful treatment, and mental health biomarker testing is one of those tools.

This type of testing allows clinicians like me to understand how a patient's unique biology may influence their response to medications commonly used to treat depression, anxiety, ADHD, and other mental health conditions. The information these tests provide—available through a simple, one-time test—helps me tailor medication plans to each individual patient. It reduces the often painful and frustrating trial-and-error process that many patients face when trying to find a medication that works for them.

I view mental health biomarker testing as essential—on par with checking blood pressure or cholesterol levels. It's a vital sign of a different kind. These results can uncover biological factors that impact how a patient responds to medication, allowing us to fine-tune treatment from the start. This is especially important in primary care, where I treat the whole patient. Mental health often intersects with other conditions like hypertension or diabetes, and getting the mental health piece right can improve outcomes across the board.

We know that mental health disorders, especially Major Depressive Disorder, place a significant financial burden on the healthcare system—costing over \$210 billion annually in the U.S. alone. A large share of those costs stem from ineffective or delayed treatment. Less than 40% of patients respond to their first antidepressant, and the odds of success decrease with each new medication tried. The result? Higher costs, more suffering, and delayed recovery.

But when we get mental health treatment right—when we match patients with the right medication sooner—people stabilize more quickly. Hospitalizations and emergency interventions decline. Individuals return to work faster. Families regain stability. Communities thrive.

One patient, after years of unsuccessful medication trials, took a mental health biomarker test and began a new medication guided by the results. The change was immediate and profound. That patient has now been stable and thriving for over three years—no medication changes needed.

Medicare has covered mental health biomarker testing for ten years, and Ohio's Medicaid Fee-for-Service program also includes it. However, many commercial and managed care health plans still do not provide coverage, limiting access for many Ohioans.

By passing House Bill 8, the General Assembly can help close that gap—ensuring patients across Ohio have access to these clinically proven tools, regardless of the type of insurance they have.

Thank you for your time and consideration, and I urge you to support House Bill 8.

Sincerely,
Michele Long, NP
Lancaster, Ohio