Michele Long
Witness Testimony (As Prepared)

Ohio House of Representatives
Insurance Committee Hearing, 5.8.2024

Chairman Lampton, Vice Chair Barhorst and Members of the House Insurance Committee, good morning, my name is Michele Long. I live and practice medicine in Lancaster in Fairfield County.

I am a nurse practitioner and treat patients with a range of mental health conditions. I am here to speak in support of Ohio House Bill 24, which will ensure access to critical biomarker testing services for Ohio patients, for **my** patients.

HB 24--although more known for its coverage of cancer testing—also includes much-needed coverage for mental health pharmacogenomic biomarker tests. We have a mental health crisis in Ohio and not nearly enough resources to address it—not enough providers or facilities, especially in rural areas and underserved communities.

Pharmacogenomic testing for mental health medications is a tool that I use in my practice every day. These tests, which a patient only needs once in their lifetime, evaluate genetic variants affecting how a drug is metabolized or acts on a patient's body. The results of the tests provide data to providers like me—that we cannot get in any other way-- which we use to inform medication selection or dose optimization.

Specifically, these tests offer comprehensive insights into how a patient's clinically relevant genetic variations may impact outcomes with commonly prescribed medications used to treat depression, anxiety, ADHD and other mental health conditions. This information is invaluable to me as I make prescribing decisions and it can help reduce trial-and-error prescribing. It takes a lot of the guesswork out of making a medication treatment plan so we can get the patient feeling better sooner.

For me, pharmacogenetic testing is almost like doing a vital sign on a patient or checking their cholesterol levels. It's looking specifically at the patient's makeup and what they have going on inside them. You can't change genetics. This test narrows those medications down to the patient's specific DNA makeup and helps me come up with an effective treatment plan. It's very important in primary care to treat the patient as a whole because if they have high blood pressure, that blood pressure could be related to a patient's anxiety or depression!

It's widely acknowledged that mental disorders incur significant expenses. Major Depressive Disorder, the leading cause of disability in the U.S. for individuals aged 15 to 44, imposes an economic burden exceeding $210 billion annually, with up to 47% attributable to direct medical costs. Despite medication being the primary mode of

treatment for MDD, less than 40% of depressed patients achieve remission with their first prescription. With each subsequent medication trial, the likelihood of remission decreases, and treatment intolerance increases. Notably, healthcare spending for patients with Major Depressive Disorder more than doubles that of those without the disease.

Yet when mental health is managed effectively, overall healthcare management improves. For example, controlling severe depression enhances the management of comorbid conditions like diabetes. Swift stabilization of psychiatric patients through avoiding prolonged medication trials can prevent psychiatric-related hospitalizations or unnecessary trips to state detention facilities. Additionally, individuals experiencing improved mental health can return to work sooner, contributing to a stronger economy.

I use the GeneSight pharmacogenomic test, based right here in Ohio, which must be ordered by a prescribing clinician like myself. I have hundreds of GeneSight success stories; let me share one. I have a patient who had tried multiple antidepressants over many years and had given up on ever feeling normal again. Using their GeneSight test results we chose a medication indicated to work well with her genetic make-up. We almost immediately saw a 360-degree difference. They have been on that medication for 3 years now with great success and have not needed any changes of either medication or dosage.

Pharmacogenomic biomarker testing has been a covered under Medicare for nearly a decade and is also covered under Ohio's Medicaid Fee for Service Program. I urge members of this committee to further safeguard patient access to pharmacogenomic biomarker testing for Ohio patients enrolled in commercial and managed care health plans by supporting the passage of House Bill 24.

Thank you.