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President and CEO

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May 16, 2023

The Honorable James Murphy  
Chair, Joint Committee on Financial Services  
24 Beacon Street, Room 254  
Boston, MA 02133

The Honorable Paul Feeney  
Chair, Joint Committee on Financial Services  
24 Beacon Street, Room 112  
Boston, MA 02133

**RE: Please support H.984/S.631, *An Act relative to access to care for serious mental illness* (Rep. Decker/Sen. Eldridge), H.941, *An Act relative to utilization review* (Rep. Balsler), and S.677, *An Act relative to prescription drug utilization review* (Sen. Mark)**

Dear Chair Murphy, Chair Feeney, and Honorable Members of the Joint Committee on Financial Services:

On behalf of the Massachusetts Association for Mental Health (MAMH), thank you for your ongoing leadership in addressing the needs of people with behavioral health conditions and their families. I am writing to respectfully submit this testimony in support of H.984/S.631, *An Act relative to access to care for serious mental illness* (Rep. Decker/Sen. Eldridge), H.941, *An Act relative to utilization review* (Rep. Balsler), and S.677, *An Act relative to prescription drug utilization review* (Sen. Mark).

Formed over a century ago, MAMH is dedicated to promoting mental health and well-being, while preventing behavioral health conditions and associated disability. We are committed to advancing prevention, early intervention, effective treatment, and research for people of all ages. We seek to eliminate stigma and discrimination and advance full inclusion in all aspects of community life. This includes discrimination affecting not only people with behavioral health conditions, but also people who face unequal burdens and barriers to the protections and benefits of citizenship due to their race, ethnicity, gender identity, or disability status. MAMH has a demonstrated track record of furthering its mission by convening stakeholders across the behavioral health and public health communities; disseminating emerging knowledge; and providing subject matter expertise to inform public policy, service delivery, and payment methodologies.

MAMH is grateful for the Legislature's leadership in passing H.4929, *An Act relative to step therapy and patient safety* (Chapter 254 of the Acts of 2022) during the 2021-2022 legislative session. This new law establishes important guardrails for step therapy protocols for MassHealth and private health insurance carriers. In particular, the law prohibits carriers from requiring an individual to utilize a medication that is not likely to be clinically effective in order to gain access to a prescribed medication. It also sets out a process for granting exceptions from step therapy protocols under certain circumstances, including if an individual is stable under a prescription drug recommended by their prescriber. The law additionally requires continuity of coverage to guarantee access to the medication during the exception review. These are all very important protections for individuals with behavioral health conditions that choose to take medication to help achieve and maintain their recovery.

Today, I ask you to support H.984/S.631, *An Act relative to access to care for serious mental illness* (Rep. Decker/Sen. Eldridge), H.941, *An Act relative to utilization review* (Rep. Balser), and S.677, *An Act relative to prescription drug utilization review* (Sen. Mark). These bills go a step further by prohibiting step therapy and/or prior authorization requirements to ensure that people can access the medications that they need.

When individuals and their treatment teams identify a medication that advances positive health, functioning, and recovery, it is important to be able to access that treatment regimen. Finding the right medication for major depression, bipolar illness, schizoaffective disorder, or schizophrenia may take numerous trials involving several medications, as few drugs are effective with the majority of patients. As prescribers know, most psychotropic drugs are brought through the FDA process to market working for only a fraction of the target patient population. In addition, not all drugs advertised as equivalent are truly interchangeable due to both the complexity of psychopharmaceutical drugs as well as individual patient characteristics—age, gender, general health, and severity of illness—which determine individual patient responses.

For people who experience psychosis, it is well documented that the “earlier an individual receives treatment, the greater likelihood that these treatments can lead to better outcomes and enable people to live full and productive lives with their family and friends.”<sup>i</sup> Forcing someone with a potentially severe and disabling mental health condition through numerous medication trials and utilization barriers can have both near term and longer-term negative consequences. Furthermore, many anti-psychotic medications can produce serious side effects such as declined liver and kidney function (in the case of lithium), parkinsonian movement and brain fog (in the case of anti-psychotics), and metabolic syndrome (in the case of atypical anti-psychotics). Requiring individuals to use certain medications or navigate complex utilization management protocols can lead to relapse, deterioration of symptoms and/or function, and exposure to a range of deleterious side effects. This is particularly critical for young people experiencing the first episode of psychosis. In groundbreaking research funded by the National Institute for Mental Health, clinical investigators at the Brigham Hospital in Boston and other sites across the country developed a protocol known as First Episode Psychosis (FEP). The FEP protocol outlines how caregivers and practitioners can timely identify emerging psychosis and act quickly to connect a person to Coordinated Specialty Care, which provides individuals with a dedicated treatment team to quickly provide the right treatment during early psychosis or FEP, including targeted medications, individual and group treatment, and psychosocial supports. Coordinated Specialty Care, with rapid treatment intervention for early and first episode psychosis has been found to alter the course of these illnesses and prevent disability.

H.984/S.631, *An Act relative to access to care for serious mental illness* (Rep. Decker/Sen. Eldridge), prohibits private health insurance plans regulated by the MA Division of Insurance (DOI) from requiring prior authorization or step therapy for drugs prescribed to treat a severe and disabling mental health condition. We estimate that approximately 40,000 people between the ages of 19 and 64 in Massachusetts have both a severe and disabling behavioral health condition and are covered by a state regulated plan, and therefore would benefit from the critical protections offered by this bill.<sup>ii</sup> Twenty states already have passed related laws, with Maine being the most similar to this bill, to reduce barriers to access for mental health medications.

H.941, *An Act relative to utilization review* (Rep. Balser), and S.677, *An Act relative to prescription drug utilization review* (Sen. Mark) are broader. These bills prohibit MassHealth, the Group Insurance Commission, and private health insurance plans regulated by the MA Division of Insurance (DOI) from requiring prior authorization for generic medications that are not controlled substances, and any medication that is not a controlled substance – generic or brand name – that an individual has been prescribed without interruption for six months. These bills further specify that long-acting injectable antipsychotics and any drug approved by the FDA for treatment of opioid use shall also not be subject to prior authorization requirements. They also put into place important protections related to expedited review if the prescriber of the medication subject to the prior authorization believes that the individual will suffer serious harm without access to that medication.

Once individuals with severe and disabling behavioral health conditions find a medication regime that works for them, they should not be subject to utilization management policies that hinder their access to those medications.

H.984/S.631, H.941, and S.677 all provide these very important protections so that individuals may achieve and maintain their recovery. Should you have any questions or if MAMH can be a resource to your work, please don't hesitate to be in contact. Thank you very much for your consideration.

Sincerely,



Danna Mauch, PhD  
President and CEO

cc: The Honorable Marjorie Decker; The Honorable Ruth Balsler; The Honorable Jamie Eldridge; The Honorable Paul Mark

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<sup>i</sup> Substance Abuse and Mental Health Services Administration. Early Serious Mental Illness Treatment Locator. Retrieved 15 May 2023 at: <https://www.samhsa.gov/esmi-treatment-locator>.

<sup>ii</sup> Based on information from the CHIA 2021 MA Health Insurance Survey (last updated 9/28/2022), approximately 1 million people receive health insurance that would be affected by this bill (state-regulated health plans, including state employees, but not Medicaid, Medicare, or ERISA plans). Of the 1 million, approximately 800,00 are over 18 years of age and under 65 years of age. Using the estimate that approximately 5% of adults in MA have a severe and disabling mental health condition, that would mean approximately 40,000 people between the ages of 19 and 64 in MA have a severe and disabling mental health condition and are covered by a state regulated plan.