

Don't let Insurers come between Patients and their Doctors

Support Continuity-of-Care Legislation SB768 (Feldman) & HB1128 (Kelly)

Maryland has made great strides to improve its health care system. Yet, there continues to be unnecessary and unforeseen barriers that disrupt treatment decisions made between patients and their doctor. It is increasingly important that we continue to support legislative initiatives that work to protect patient's "Continuity of Care." Marylanders carefully choose a health insurance plan that will cover their doctor prescribed medications. However, at any time during the health insurance plan contract year, an insurance company may remove your doctor prescribed medication from the drug formulary, thereby forcing the doctor and the patient to compromise their treatment decisions.

Simply put, insurance companies DO NOT have to honor the contract a patient has carefully chosen, signed and paid for. **This is unacceptable! Health Insurers Must Honor Their Contract with Patients!** *The imposition of specific limitations on psychiatric medications is particularly problematic because these medications are frequently not interchangeable.* The National Institute of Mental Health (NIMH) explains that psychiatric "medications work differently for different people." Factors affecting variability include diagnosis; age, sex and body size; genetics; physical illness; diet and others. "Some people get side effects from specific medications, others don't."¹ In view of this, decisions about psychiatric medications must be made carefully between the treating clinician and his or her patient.

Patients continue to lose access to prescribed medications in their health insurance contract – and the consequences are serious:

- The effectiveness and side effects of the prescribed behavioral health medications must be carefully monitored. Restrictions imposed by insurance companies through tiered formularies can deprive individuals of these safeguards and upset the often delicate balance of a psychiatric medication regimen.
- To retain access to their medication patients might pay a much higher out-of-pocket cost.
- Weeks may go by before a treatment correction. While their condition deteriorates, patients may have to try several other medications with limited efficacy for their condition. Individuals living with mental illness do not have the luxury of waiting for medications to be corrected. In fact, long waits for treatment tend to increase the severity of a mental illness and consequently the intensity and cost of the services being provided; costly hospital and/or emergency room visits to treat adverse reactions.
- Patients have to make unnecessary appeals in order to get the medication back in their insurance contract, spending hours asking their doctor for assistance.

That is why we support "Continuity-of-Care" legislation, which will:

- Keep medications on an insurance company's formulary for the entire contract year.
- Ensure that a medication cannot be shifted to a higher-cost tier—unless the insurer simultaneously adds a generic substitute for that particular medication.
- Stop insurance companies from imposing new or additional utilization management requirements on a medication.
- Prohibit insurance companies from placing all medications in a therapeutic class into the highest-cost tier of a formulary; plans would need to place at least one medication in the same class in a more affordable cost-sharing tier.

¹ National Institute of Mental Health, "Mental Health Medications," <http://www.nimh.nih.gov/health/publications/mental-health-medications/index.shtml>, accessed 3/6/2015.