

## SD.1376 (Sen. Eldridge)

### An Act relative to access to care for serious mental illness

---

#### **Mental health services and treatments are needed now more than ever**

- According to the [National Alliance on Mental Illness \(NAMI\)](#), more than 1.1 million adults in Massachusetts have a mental health condition.
- However, [estimates indicate](#) “only 50% of people in Massachusetts who have a mental illness actually receive treatment despite significant improvements to treatment capacity made over the past five years.”
- Over the course of the Covid-19 pandemic, mental health needs rose considerably. Online [screening data from Mental Health America](#) showed several troubling trends:
  - Suicidal/self-harm thinking reached a new high in 2020.
  - Rates of moderate to severe anxiety were much higher in 2020, than 2019.
  - Rates of moderate to severe symptoms of depression in November and December 2020 were higher than any point in the 24-month period from January 2019 through December 2020.
  - In 2020, two times the number of people scored at risk for psychosis, compared to 2019.
- This trend has not changed during 2021. [National Center for Health Statistics survey data](#) from January 2022 indicated over 30% of adults in Massachusetts reported symptoms of anxiety or depression in the previous two weeks. To compare, the national average in 2019 was 11%.
- Access to prescribed medications for patients who choose to use them, especially medicines already approved by payers for coverage, should be considered a key component of improving care for people experiencing mental health disorders.

#### **Massachusetts should strengthen mental health care access at earlier stages, including medications**

- Utilization management controls, such as prior authorization, step therapy, also known as “fail first”, requires patients to get special permission to use a medication their prescriber recommends, or requires patients to try medications in a certain order, as determined by the health plan, ignoring a patient’s specific clinical characteristics and social determinants of health. For mental health treatments, this can be particularly problematic.
  - Achieving control of a mental health disorder is often a difficult process that may require several changes to medication before finding the one that is the most effective for the patient with the least amount of side effects.

- Only about a [third of people](#) who have a mental health disorder experience a complete clinical response to the first two to three medications, even when prescribed in the presence of ongoing psychotherapy.

### **Unnecessary restrictions imposed on mental health drugs have negative consequences for patients**

- Psychiatric patients who experience treatment access problems are more likely to need to go to the ER, be hospitalized or become homeless compared to patients with consistent access to their medicine (based on a [study](#) of 10 state Medicaid programs, including Massachusetts)
  - Psychiatric patients were 3.6 times more likely to experience any adverse event including emergency visits, hospitalizations, homelessness, suicidal ideation or behavior; and
  - Were 3.2 times more likely to be homeless if they discontinued or temporarily stopped taking their medication because of prescription drug coverage, utilization management or copayment issues.
- For example, [research shows](#) restrictions on atypical antipsychotics can disrupt management of mental health disorders, which may lead to treatment discontinuation, relapse, and deterioration of symptoms and/or function.
- A [study of a step therapy program](#) at a commercial payer for ADHD medications showed coverage denial often meant the patient decided to discontinue treatment rather than use a medication recommended by the health plan as the next “step” in their therapy. Further, because overall mental health-related costs often went up for patients who discontinued treatment, the health plan did not save money by requiring the step therapy process.