October 8, 2019

The Honorable Cindy Friedman  
Chair, Joint Committee on Health Care Financing  
Massachusetts State House, Room 413-D  
Boston, MA 02133

The Honorable Jennifer Benson  
Chair, Joint Committee on Health Care Financing  
Massachusetts State House, Room 236  
Boston, MA 02133

RE: In Strong Support of S.1235 An Act relative to step therapy and patient safety

Dear Chair Friedman, Chair Benson, and Honorable Members of the Committee:

Thank you for the opportunity to submit testimony supporting S.1235, An Act relative to step therapy and patient safety, which calls for an end to “step therapy.” Commonly employed by health insurers, step therapy requires patients to try and fail on specific and often lower cost medications. Only after failing to respond to these medications can patients gain access to the treating physician’s recommended medication.

More than 275,000 individuals in Massachusetts live with chronic and disabling mental health conditions. All of these people—including an estimated 67,000 children—are at-risk when step therapy protocols are imposed. Forcing patients through repeated treatment failures in step therapy puts patients and their families in an unacceptable position when they remain untreated and discouraged, with their functioning compromised and the risk of disability increasing with the lack of treatment effect.

Finding the right medication for major depression, bipolar illness, schizoaffective disorder, or schizophrenia may take months of 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 psycho-pharmaceutical drugs as well as individual patient characteristics—age, gender, general health, and severity of illness—which determine individual patient responses.

According to a 2009 study published by the American Psychiatric Association, patients who stopped talking their medications because of prescription drug coverage changes, step therapies, utilization management initiatives, or copayment issues were three times more likely to be homeless and more than twice as likely to be incarcerated in prison or detained in jail.
We urge you to favorably report this bill out of Committee. MAMH stands ready to work with the Legislature to identify lasting solutions to drug cost containment that ensure patient well-being.

Sincerely,

Danna Mauch, PhD
President and CEO