NORTH DAKOTA PSYCHIATRIC SOCIETY

A District Branch of the American Psychiatric Association

January 6th, 2021
From: ND Psychiatric Society
Re: Commentary on SB 2087

Esteemed Madam Chairman Lee and members of the Human Services Senate Committee,

We salute ND Medicaid's efforts to curb the escalating costs of healthcare. As a member of their DUR Board, I am painfully familiar with some medications' exorbitant cost (usually they are not psychiatric meds).

We also salute Dr. Joyce's efforts, because he has demonstrated, time and again, that he is a rational debater who respects the medical facts.

I am writing today to express my concern that, in our intellectual and/or passionate dialogue, we seem to **overlook the most important person's opinion: our patient.** I sometimes feel like Dr. Joyce and I talk over a child's head about their well-being. All the while, the child knows nothing about all this work that goes behind the scenes. It takes me between 20 and 60 min to gather the whole history of some failed medication trials, from far past records of course, since most of our patients do not carry around lists with details about the 25 past failed trials. Even then, it is not for sure that I can convince the pharmacist that it is a good choice. At times, I was even told that "You don't meet the criteria to talk directly with our physician." I have to say, though, this has never happened to me with ND Medicaid. The patient only knows that I, the doctor, the only face she knows from the healthcare system, failed "to get me my medication." As a psychiatrist who treats treatment-refractory depression, schizophrenia, OCD, etc., in a city where basic psychiatric procedures like ECT are not available, pretty much every single medication I prescribe will need prior authorization (PA). At the end of each day, I will have at least 6-7 PAs sitting on my desk and frantic calls from pharmacies that, even with the "battle" done for prior authorization, the patient's copay is still $400/month. “Can't you prescribe something easier, like Zoloft?!” I call them back, and I stay on hold for a while, only to tell them: "You mean, to prescribe something this patient has been through many moons ago and did not work or had adverse reactions?!"

In AMA's most recent physician survey in Dec 2019[1], the average number of PAs is 33/week and costs about 14.4 hrs of staff/doctor's time. 86% of the physicians said that the PA burden is "high" or "extremely high." Enough about a doctor's experience. How about the most important person in the room? 90% note that PA has a negative impact on

patients' clinical outcomes, and 74% say PA delays have led to patients abandoning their recommended course of treatment.

The most recent bill addressing a part of this problem was HR 3107[2], introduced in Congress in June 2019; it had 221 bipartisan cosponsors. It went nowhere.

I often fantasize about how a **more transparent discussion** would take place, where we three parties sit and decide together, as adults: the patient, the pharmacist, and myself. I wish my patient would tell the pharmacist why she does not want to take again a medication that made her gain 40 lbs in 4 months years ago, just to prove that it will make her gain weight again, and then will be able to switch to the one I prescribed. And I would stay silent while the pharmacist would explain to her that it is in her best interest. Or would **simply recognize that it's all about costs**.

To be fair, ND Medicaid and Dr. Joyce have listened intently to our stories before, and I am sure they will continue to do so. The 2021 ND Medicaid PDL, unlike other insurances', contains all the medications that I would think are desirable in terms of benefit/harm ratio. A select few of them even without prior authorization!

On behalf of our patients, we thank the Human Service Senate Committee for listening to our comments.

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[1] https://www.ama-assn.org/practice-management/sustainability/prior-auth-survey-findings-underscore-need-legislative-action

[2] https://www.congress.gov/bill/116th-congress/house-bill/3107/all-actions?overview=closed#tabs