NORTH DAKOTA PSYCHIATRIC SOCIETY

A District Branch of the American Psychiatric Association

House Human Services Committee

Re: In Support of Senate Bill 2156

March 6th, 2023

Esteemed Chairman Weisz and Committee Members,

I am Gabriela Balf, a Bismarck psychiatrist and member of the NDMA, ND Psychiatric Society, as well as a Medicaid Drug Utilization Review Board Member for four years.

It is with great delight that I testify in support of the amended SB 2156. This bill was first heard in January in the Senate Human Services Committee. Madam Chair Lee listened to our concerns and recommended I work with Dr. Joyce on addressing those in the bill's text. So we did. I was delighted to see, again, how **professional** and **collegial** this process can be.

I will briefly recap, for the record, and for hopefully mapping future collaborations with commercial insurers, the deep concerns we had, that were fully addressed in our collaborative work. Over the years, NDMA and NDPS expressed concern about the dangerous **gaps in patient care** that the Prior Authorization process has been proven to bring. I have so many stories about people being discharged from the hospital where they were prescribed the only medication that stabilized them, the insurance did not approve or delayed the approval of that medication, and they ended up back in the hospital, or, like it has been documented, they died.

Sometimes, the preferred drug list and the Prior Authorization process ignore **several situations in real medical practice** that appear daily, at least in my experience as a specialist in treatment-refractory conditions like depression, bipolar disorder, schizophrenia, dementia with behavioral disturbances, personality disorders, etc. It is my daily reality as a psychiatrist, since psychotropic data in trials reflects the pharma's interests, and not the prevalence or importance of psychiatric conditions, and we have scarce means to treat our patients in a rural state. In psychiatry, it is a well-known fact that 85% of the prescribed medications are prescribed for an "off-label" use (Hefner et al., 2022). Conversely, **more than 80% of conditions in DSM do not have FDA approved medicines** (Rothschild, 2021), some with a huge societal prevalence and cost: Borderline Personality Disorder, Lewy Body Dementia, etc). Well-known databases like Cochrane or textbooks like Stephen Stahl's "Prescriber's Guide" delineate the uses and the studies published in peer-reviewed journals that support the use of those medications. Some psychiatric disorders have **gold-standard treatments that are not readily available in our state**: ECT (Electro Convulsive Treatment) or TMS (Transcranial Magnetic Stimulation) for treatment refractory depression, DBT (Dialectical Behavioral Therapy) for borderline personality

disorder or CBT-I (Cognitive Behavioral Therapy for Insomnia), yet we psychiatrists still strive to bring relief and safety to our patients and their families.

In sum, I salute the opportunity to testify today about the reality of a good collaboration with an insurer. It happened because **our legislators care and take feedback from the people and organizations they affect with their decisions**. It also happened because the organizations and their people understand where the other is coming from, and work together for the benefit and safety of our patients.

Thank you, I would be happy to answer any questions.

Respectfully yours,

Gabriela Balf, MD, MPH
Clin Assoc Prof – UND Dept of Psychiatry and Behavioral Science

Hefner, G., Wolff, J., Toto, S., Reißner, P., & Klimke, A. (2022). Off-label use of antidepressants, antipsychotics, and mood-stabilizers in psychiatry. *Journal of Neural Transmission (Vienna, Austria : 1996)*, *129*(11), 1353–1365. https://doi.org/10.1007/s00702-022-02542-0

Rothschild, A. J. (2021). Why Is There No Food and Drug Administration-Approved Medication for Major Depression With Psychotic Features? *Journal of Clinical Psychopharmacology*, *41*(4), 359–361. https://doi.org/10.1097/JCP.0000000000001433