NORTH DAKOTA PSYCHIATRIC SOCIETY

A District Branch of the American Psychiatric Association

House Industry, Business and Labor Committee
Re: In Support of Senate Bill 2389
March 14th, 2023

Chairman Louser, esteemed Committee Members,

I am Gabriela Balf, a Bismarck psychiatrist and member of NDMA and of the ND Psychiatric Society. I testify on behalf of both NDPS and my own.

Over the years, NDMA and NDPS and their national-level organization AMA and APA, respectively, have expressed concern about the dangerous **gaps in patient care** that the Prior Authorization process has been proven to bring. I have 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.

A survey of American psychiatrists (Barnett & Bodkin, 2020) regarding prescription medications demonstrated that clinicians spent 38 minutes per PA phone call for patients of all ages and 60 minutes for pediatric patients. "Respondents predominantly believed the obligation to obtain PA reduces job satisfaction and negatively impacts patient care. A total of 59.9% of respondents reported employing either diagnosis modification or falsification of previous medication trials at least occasionally in order to obtain PA. A total of 66.6% refrained at least occasionally from prescribing preferred medications due to PA requirement or expectation of one."

At times, the prior authorization process includes discussions with unqualified gatekeepers, sometimes followed by blatant decline of a peer-to-peer discussion (drug classes, formulations, treatment options available in the region.)

Even when patients are extremely ill and, in our opinion, warrant **inpatient** level of care, a review (Barnett & Bodkin, 2019) found that: "However, 94% of private insurance plans still required PAs specifically for inpatient behavioral health care in 2014 – the average time spent average time spent per call was 59.6±30.3 minutes." In that review, **all** PA requests were approved.

In sum, we salute the strategy of studying these above dangerous or costly situations, and we propose the design includes a proposal from APA that is currently pursued in some versions of legislation in 25 states: APA's state model legislation on prior authorization reform. Briefly, the model would prohibit prior authorization in certain circumstances including for generic prescription drugs that are not on the controlled substances list, on any drugs that had been previously prescribed without interruption for six months, and on any long-acting injectable medication. There is also the provision that any denial of coverage be made by a board certified psychiatrist, requires that all denials be eligible for an expedited internal appeal process, and requires the insurer to render a decision within 48 hours of the requested expedited appeal process (relates to Section 1 point 2 of the Engrossed SB 2389.)

Thank you for working together with us for the safety and better health of our patients, our communities. I stand for questions.

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Barnett, B. S., & Bodkin, J. A. (2019). Clinician Time Expended Obtaining Prior Authorizations for Behavioral Health Admissions. *Psychiatric Services*, *70*(6), 533–534. https://doi.org/10.1176/appi.ps.201800578

Barnett, B. S., & Bodkin, J. A. (2020). A Survey of American Psychiatrists Concerning Medication Prior Authorization Requirements. *The Journal of Nervous and Mental Disease*, *208*(7), 566–573. https://doi.org/10.1097/NMD.0000000000001171

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