Senate Human Services Committee

Comments for Senate Bill 2156

January 16, 2023

Madam Chair Lee and Committee Members,

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

I salute the policy improvements that ND Medicaid has been working on, shown in SB 2156. They reflect an ongoing collaboration with the healthcare prescribers. In 2017, NDMA and NDPS expressed concern about the **gaps in patient care** that the prior authorization process has been proven to bring, or this bill includes the wording: " 5.b. Develop a process that allows prescribers to furnish documentation required to obtain approval for a drug *without interfering with patient care activities*" (page 5, line 19) An amendment like: "*without jeopardizing the patient's clinical stability*" may bring further clarity.

I would also like to bring attention to **several situations in real medical practice** that are not yet reflected in the bill's text: "The drug is prescribed for a medically accepted use supported by a compendium or by approved product labeling […]" (page 3, lines 12,13)

In psychiatry at least, 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 (Cognitive Behavioral Therapy) for insomnia, yet we psychiatrists still want to bring relief and safety to our patients and their families.

While our prescribers' collaboration with ND Medicaid has historically been the best collaboration with insurers in this state, it is only fair to bring to light the reality that we face in our nation regarding the paucity of data in psychotropics' trials and of means to treat our patients in a rural state.

The other situation worth mentioning is the 21-year age limit that requires a regimen to be discussed with "a board-certified child and adolescent psychiatrist approved by the

department." (page 4, line 29) Child and adolescent psychiatrists transfer the care of a person to their adult counterparts at age 18, when the person reaches legal majority. While we salute the safety goal to avoid polypharmacy in young adults, I am afraid the regular child adolescent psychiatry practice does not include persons aged 18 and older, and adult psychiatrists are the de facto treaters of this age group. I also wonder about the availability of a board-certified child adolescent psychiatrist for those situations – when the current board's composition does not have one, and/or the treatment situation may occur at a time other than business hours (weekend, holidays, etc.)?

In sum, I salute the efforts to streamline care and contain costs, and I respectfully bring to your attention the known gaps that providers have experienced, where our state's patients care suffers.

Looking forward to working together with our colleagues in ND Medicaid for policy solutions that respect our patients' safety and reflect the reality of mental health care in our state.

Thank you for the opportunity to testify today. I would be happy to answer any questions.

Respectfully yours,

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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