



Comments on House Bill 2090
From Chris Bouneff, Executive Director, NAMI Oregon
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House Health Care Committee

NAMI Oregon wishes to express its opposition to provisions in House Bill 2090 that attempt to curtail access to critical mental health medications, such as atypical antipsychotics and antidepressants.

Mental health medications are an important tool for many individuals in managing their mental illness. Antidepressants and antipsychotics make a life-changing difference for thousands, allowing lives of success and inspiration, while newly approved drugs and those in development offer the promise of needed options for those who do not respond to current drugs or suffer serious side effects.

Currently, critical mental health medications such as atypical antipsychotics are exempt from OHP's "enforceable" preferred drug list (PDL). If access to antipsychotics is limited, patients can be denied their medication by the pharmacy if their medication isn't on the "approved" list. This will lead to unacceptable delays in access to prescriptions. Recent events have highlighted that delays in treatment can lead to catastrophic results.

As identified in research, mandatory preferred drug lists with prior authorization processes lead to higher probability of medication access problems for individuals living with mental illness. And access problems lead to a higher rate of individuals stopping their medications, or what is called treatment non-adherence. Moreover, research indicates a higher rate of negative outcomes for individuals living with illness when medication choice is restricted.

In Oregon, we have seen the wisdom of ensuring access to an array of mental health medications because individual responses to the same medication vary widely. What works for one person does not work for another, even though they share the same mental health condition. Moreover, individuals respond differently to a branded medication vs. a generic version because, while they may share the same active ingredient, they do vary in their manufacturing processes, fillers, and time releases of active agents. All of these factors contribute to how a patient will respond to a particular medication.

By applying both Class 7 and Class 11 medications to a generics-first process, Oregon essentially is establishing a fail-first policy for mental health medications. Many patients cannot afford to fail because, as noted earlier, we are talking about conditions in which failure leads to catastrophic results.

For these and other reasons, NAMI Oregon urges the committee to amend HB 2090 and maintain Oregon's policies that grant timely access to mental health medications. Thank you for the opportunity to provide input today.