



**Statement of Opposition to Oregon HB 2421
February 3, 2015**

Position: PhRMA opposes Oregon's efforts that would remove the protected status of mental health drugs, including but not limited to ataractics-tranquilizers and psychostimulants-antidepressant medications.

The Pharmaceutical Research and Manufacturers of America (PhRMA) opposes any effort by Oregon to remove the therapeutic class protections for mental health drugs in the Medicaid program because doing so would reduce patient access to medically necessary drugs. These long standing protections were specifically implemented to protect access for patients with some of the most debilitating illnesses. This legislation eliminates two separate protections for patients: the repeal of the Fee for Service (FFS) carve-out from the Coordinated Care Organizations (CCO) capitation rates, as well as repealing the existing open access protection. In addition, healthcare providers of CCO patients would have to navigate multiple preferred drug lists versus one FFS preferred drug list, which would be cumbersome and would consume valuable time that the provider could be spending with the patient. Furthermore, the CCOs will not be required to maintain the same access protections that exist for patients under current law, placing these vulnerable patients at a greater risk for a potential disruption of care if they are unable to receive, in a timely manner, treatments that their providers deem appropriate..

By limiting the number of products available, patients may not have access to the drug that works best for them. For example, in treating depression, studies have shown that failure to respond to one selective serotonin reuptake inhibitor (SSRI) or having severe side effects does not mean that the patient will have the same experience with another SSRI.^{vi} In fact, one study showed that 26% of the people who did not respond to fluoxetine did have a response to sertraline.ⁱⁱ Conversely, another study demonstrated that 63% of patients who failed treatment with sertraline did have a response to fluoxetine.ⁱⁱⁱ Furthermore, depression is difficult to treat and maintain treatment levels once a patient is stabilized. A study of patients treated with SSRIs, a newer but more expensive drug class for depression versus those patients treated with older tricyclics showed that those treated with tricyclics often fail and discontinue their treatment more often than those treated with SSRIs.^{iv} If patients being treated for such illnesses stop their treatment, they are likely to use more health care services.

Patients who were routinely treated with medications for mental illness had fewer outpatient costs and were less likely to be arrested.^v

While mental health treatment may not be administered with the intent of reducing patient interaction with the criminal justice system, there is a growing body of evidence and studies that show medication treatment reduces the likelihood of arrests in adults with schizophrenia and bipolar disease.

Stabilization of medication treatment for patients with mental illness is critical to the patient's well-being.

Treatments often use combinations of drugs that might include one or more drugs for a variety of classes. The patients being treated by the prescription drugs used in mental health classes are among the most vulnerable and fragile. Patients with mental illness are often very sensitive to any change in medication and, therefore, need improved access to medicines, not additional restrictions. Tampering with a delicate medication regimen that is working and has stabilized a patient's condition could be detrimental to a patient's work and family life. Mental illness is arguably among the most debilitating conditions and, therefore, the protected status of these medicines should be preserved. Access restrictions do not come without their own costs. Restricting access to effective medications may cause patients to suffer medically, and additionally, require more costly treatments in the long run. Restricting access to certain prescription drugs could result in devastating health outcomes for these patients.

It is for these reasons that PhRMA opposes OR HB 2421 and respectfully urges the Oregon legislature to maintain the current mental health drug class protections for patients.

ⁱ Huskamp HA. Managing Psychotropic Drug Costs: Will Formularies Work? *Health Affairs*. 2003;22(5):84-96.

ⁱⁱ Zarate CA, Kando JC, Toben M, et al. Does Intolerance or Lack of Response with Fluoxetine Predict the Same Will Happen with Sertraline? *Journal of Clinical Psychiatry*. 1996;57:67-71.

ⁱⁱⁱ Thase ME, Blomgren SI, Birkett MA et al. Fluoxetine Treatment of Patients with Major Depressive Disorder Who Failed Initial Treatment with Sertraline. *Journal of Clinical Psychiatry*. 1997;58:16-21.

^{iv} Weilburg, Jeffrey, et al. "Costs of Antidepressant Medications Associated With Inadequate Treatment," *The American Journal of Managed Care*, Vol. 10, No. 6, June 2004.

^v Van Dorn RA, Desmarais SL, Petrila J, Haynes D, and Singh, JP. Effects of Outpatient Treatment on Risk of Arrest of Adults with Serious Mental Illness and Associated Costs. *Psychiatric Services in Advance*. 2013: 1-7.

About PhRMA

The Pharmaceutical Research and Manufacturers of America (PhRMA) represents the country's leading innovative biopharmaceutical research and biotechnology companies, which are devoted to discovering and developing medicines that enable patients to live longer, healthier, and more productive lives. Since 2000, PhRMA member companies have invested approximately \$550 billion in the search for new treatments and cures, including an estimated \$51.1 billion in 2013 alone.