

Insurance and Real Estate Committee

HOUSE FAVORABLE REPORT

Bill No.: HB-5250

AN ACT PROHIBITING REQUIREMENTS FOR PRESCRIBING CLINICALLY

Title: INAPPROPRIATE QUANTITIES OF OUTPATIENT PSYCHOTROPIC DRUGS.

Vote Date: 3/10/2020

Vote Action: Joint Favorable Substitute

PH Date: 2/27/2020

File No.:

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SPONSORS OF BILL:

Insurance and Real Estate Committee

REASONS FOR BILL:

This bill will restrict health insurance policies providing coverage for outpatient prescription drugs, and mental health care benefits provided under state law, with state funds or to state employees, from requiring a prescribing health care provider to prescribe an outpatient psychotropic drug in a quantity that such provider deems clinically inappropriate.

RESPONSE FROM ADMINISTRATION/AGENCY:

None Expressed

NATURE AND SOURCES OF SUPPORT:

Sheryl LaCoursiere, PhD, PMHNP-BC, FNP-BC APRN, Yale School of Medicine urges your support of this bill, to tighten the controls on access to these important medications. Psychotropic medications need to be differentiated from other routine maintenance medications such as antihypertensives for blood pressures and statins for cholesterol, and be valued in their own unique role for the powerful uses they have in mental health.

Joanne DeSanto Lennaco, PhD, PMHNP-BC, FNP-APRN, Yale University School of Nursing, stated recently insurance companies have actively mandated the supply of medications prescribed for a patient to be increased from smaller supplies to required dispensing of 90 day supplies. This is problematic and irresponsible for an insurance company to require a prescriber to provide a 90 day refill. This bill is one stop in resolving this problem for both patients and prescribing providers.

Danielle Morgan, MSN,CNS,Family PMHNP,ARRN-BC , CT APRN Society

State they are happy to see this bill providing support for the prescribing providers' medical decision making while outweighing the 90-day convenience of health insurers. The psychiatric APRNs of CT appreciate the language in this bill as it appears to apply to all types of group, individual, and state funded/state employee health insurance policies and their prescription coverage of psychotropic medications. As there is currently no oversight body that can regulate the current problems surrounding this issue, psychiatric providers come to the legislature to seek corrective action. Also be mindful that all third-party payors who offer pharmacy benefits in CT be held to the standards set forth by this language. This should not be isolated to just Medicaid, or to just state employee funded plans, or just Medicare beneficiaries – no pharmacy benefit should dictate the quantity supply of a psychotropic medication that a prescriber must dispense.

Steven Madonick, Psychiatrist, President-Elect, CT Psychiatric Society feels suicide rates have been rising in the United States for the past 20 years. Some suicides are planned. Other suicides occur impulsively, using whatever means are available at the time. An important strategy to prevent these impulsive suicides is to limit access to the means of self-harm. When a clinician performs a risk assessment and finds an elevated risk for suicide, we know it is unwise for that patient to have access to a loaded gun. It is equally unwise to provide such a patient with a potentially lethal quantity, a 90 day supply, of prescribed medication. When suicide risk is lower, these precautions are not needed. Psychotropic medications have greatly improved our ability to treat mood disorders, psychotic disorders, anxiety disorders and substance use disorders but this has been accompanied by risk. Hence, they must be prescribed by a trained professional. Safety, even more than efficacy, has characterized newer classes of antidepressants, sedatives, mood stabilizers A District Branch of the American Psychiatric Association One Regency Drive, P.O. Box 30 Bloomfield, CT 06002 Telephone: 860-243-3977 Fax: 860-286-0787 Email: cps@ssmgt.com Website: www.ctpsych.org and antipsychotics. It is much harder to commit suicide with modern psychotropics. With these medications, the greatest danger is quantity. There are enormous differences between ingesting a 90-day supply of medication, a 30-day supply of medication and a 7-day supply of medication. Some medications, or combinations of medications, are far more dangerous than others. Respiratory suppression, neuroleptic malignant syndrome, serotonin syndrome, seizures, cardiovascular effects and other life-threatening consequences of overdose require high quantities of medication. These higher quantities of medication, such as 90-day supplies of medication, should never be mandated, provided or incentivized by pharmacies and insurance companies when patients are at elevated risk of suicide. Psychiatrists have first-hand knowledge of these patients, access to medical records and other clinicians. Therefore, psychiatrists must make the decisions about dispensing potentially lethal doses of medication. A good rule is that if a patient shouldn't have a loaded gun, they shouldn't have a 90-day supply of medication. We are all for convenience and economy and are happy to work with insurers and pharmacists. In the area of suicide assessment and prevention as well as other areas where large quantities of medication pose a risk, we professionals need to determine both risk and quantity of medication dispensed. In this era of rising suicide rates, this is a medical concern and a matter of life and death.

Margaret Watt, MPH,MA feels this bill would allow (but not require) prescribers to prescribe smaller quantities of psychotropic drugs when they deem it necessary. People with severe

mental illness who do not react well to medications and whose prescriptions are frequently being changed can, as a result, have 90-day supplies of unused meds in their cabinet. This contributes to the risk of diversion and misuse by others who have access to the cabinet. The state has been making enormous efforts to reduce prescription of opioids in order to curb the opioid epidemic, but psychotropic medications can also have the potential for abuse and addiction so why not apply the same principle? There is a particular risk among individuals who are frequently suicidal, since by virtue of their mental illness they are likely to be prescribed psychotropic drugs such as antianxiety drugs or antidepressants. I know people personally who are concerned about the suicidal risk inherent in their access to these drugs when they are feeling particularly vulnerable.

Lisa Winjum, JD Executive Director CT State Office of the National Alliance on Mental Illness stated Insurance Companies should not interfere in the doctor patient relationship. Doctors, not legislators or insurance companies should make the decisions in the best interests of the patient's treatment. Too little or too much medication can leave to safety issues and to patients' not receiving the appropriate care, including putting patients at risk for suicide or receiving the necessary medications to ensure they can experience the best quality of life.

NATURE AND SOURCES OF OPPOSITION:

CT Association of Health Plans stated it is unclear what problem the legislation seeks to address. As drafted, a provider could deem anything less than a lifetime supply inappropriate and such drug would be required to be covered. Implementation of such policy would result in significant unintended consequences.

Judy Splittgerber, APRN feels the "requirement", already implemented by several insurers, compromises my ability to use my clinical judgment as to what is best for my patients. I have been 'required' to write 90 day prescriptions for new med trials, which I am attempting to adjust. A 90 day prescription can complicate not only new meds, but meds that could be lethal in overdose, may require more frequent monitoring, or may be controlled substances. How can I maintain a sense of confidence that the meds I prescribe are being utilized effectively if patients don't attend their appointments because "I had plenty of meds". This also flies in the face of the rules implemented due to the opioid crisis. The requirement for a 90 day prescription should be at the decision of the prescriber based on the individual patient and the medications being prescribed.

Reported by: Diane Kubeck

Date: April 9, 2020