April 20, 2015

The Honorable Adrin Nazarian
California State Assembly, 46th District
State Capitol, Room 4146
Sacramento, CA 95814

RE: SUPPORT FOR AB 374—Health care coverage: prescription drugs.

Dear Assemblymember Nazarian:

NAMI California is pleased to support AB 374 which would prohibit a health care service plan or health insurer that provides medication pursuant to a step therapy or fail-first requirement from applying that requirement to a patient who has made a step therapy override determination request if, in the professional judgment of the prescribing physician, the step therapy or fail-first requirement would be medically inappropriate for that patient.

NAMI California is the state’s organization of the country’s largest mental health advocacy organization, the National Alliance on Mental Illness. Our 19,000 members and 62 affiliates include people living with serious mental illnesses, their families and supporters. NAMI California advocates on their behalf, providing education and support to its members and the broader community.

NAMI California is strongly opposed to “fail first”, or step therapy, policies, in which a health plan or insurer denies coverage of a proven and effective medication, requiring medication within one class of drugs to be tried before the recommended medication is approved. Only after a consumer fails on the first medication will the health plan provide coverage for the medication prescribed by his or her doctor.

Research indicates that psychiatric medications, even within the same therapeutic class, are unique and cannot be substituted for one and other. Requiring a mental health consumer to fail-first on one or two older, less effective medications before an appropriate, newer medication is prescribed is an inhumane method of treatment. This practice has serious negative consequences for consumers who are denied the best standard of care. It is a poor treatment practice to delay the start of effective care by forcing consumers to spend time on ineffective medications, thereby increasing risk to the person with mental illness. Additionally, no one who is currently doing well on a medication should be taken off that medication due to changes in his or her health care coverage.

Plans utilize fail-first policies in order to control health care costs, offering less expensive medications first and more expensive medications only as a last resort. However, the cost of delayed treatment and risk of more expensive medical interventions such as hospitalization outweighs any cost savings the plans may find. There are also significant administrative costs associated with these policies.

Medications compose a minor portion of the cost of treating serious mental illness, but are a major part of treatment and recovery for many individuals living with serious mental illness. NAMI California advocates for full and timely access to quality treatment, including medication.
AB 374 will give an individual with mental illness and his or her doctor a way to override a step therapy determination. This is critical for individuals living with mental illness who have medication as a critical piece of their treatment.

We support AB 374 and urge its passage. If you have questions, please contact Kiran Savage-Sangwan, NAMI California Legislation and Public Policy Analyst at (916) 567-0163 or kiran@namica.org.

Sincerely,

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