Testimony opposing HB 2421

Lori Arnold, RPh

Genoa, a QOL Healthcare Company

Johnny B has been hospitalized with mental health issues, feeling suicidal and hearing voices. He is in the psych unit for 2 weeks while adjustments are made to his medication regimen. Eventually a combination is found that stabilizes the patient so that he is no longer feeling suicidal or hearing voices. This combo of meds includes an injection as well as a handful of oral medications.

Johnny B is covered by the Oregon Health Plan. The way that the plan is currently structured, with the mental health drugs being carved out and covered by the Medicaid portion of the Plan, this means that Johnny will be able to continue the meds started in the hospital allowing consistent and continuous medication coverage. This would be true no matter where in the state of Oregon the patient goes upon discharge from the hospital.

If, however, the carve out is discontinued as HB 2421 proposes & this same patient is discharged into the community, thus at the mercy of one of the 19 different formularies in terms of drug coverage, he is likely to encounter problems

obtaining at least one, if not more of the medications that he was stabilized on in the hospital. His bi-weekly injection, due to its' cost, is likely to need a prior authorization. Since this is most often not discovered unti it is time for the patient to receive that injection, he does not receive it in a timely manner due to the delay caused by the prior authorization process (usually several days to a week or more). In addition, one of his oral medications requires pre-requisite therapy with 3 other, less expensive medications, before the CCO will pay for the medication that was part of the combo that Johnny was stabilized on in the hospital. While waiting for the PA to be approved and going through the process of trying other oral medications, as required by the CCO, Johnny B begins to decompensate and ends up in the ED feeling suicidal and hearing voices again. Every day that the Johnny goes without meds increases his chances for hospitalization by 50%. Eventually he is hospitalized again & so the cycle goes.

The mental health population requires consistent access to any and all mental health medications available on the market. What works for Johnny B may not work at all for Jane Doe. The current carve out system allows for continuity of care which is incredibly important in this population. Many, if they don't end up in the hospital when they don't have access to the proper medications, end up in the criminal justice system.

I see this EVERY DAY. I deal with insurance companies and their limited formularies EVERY DAY.

If mental health patients lose access to the medications that work best for them due to formulary restrictions imposed by the CCOs as well as experience different formularies of the multiple different CCOs should they choose to move from one county to another, I believe that the cost to the state of Oregon for the care of this population will increase due to ED visits, hospitalizations and incarcerations.

In 2012 the average cost of a week hospitalization in Oregon was $21,700. I'm sure that figure is higher today. The average cost of meds for one of my patients at Genoa for ONE MONTH is $3000, so weekly is $750.

Where is the savings if access to the meds that work is limited & these patients have multiple hospitalizations? This question must be asked & addressed before this bill is passed. I believe HB 2421 is short-sighted & does not take into account the ripple effect that would result should it be passed.

Ask if committee members have any questions.