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President and CEO

Ambassador (ret.) Barry B. White
Chairperson of MAMH Board of Directors

November 4, 2025

The Honorable James Murphy
Chair, Joint Committee on Financial Services
24 Beacon Street, Room 254
Boston, MA 02133

The Honorable Paul Feeney
Chair, Joint Committee on Financial Services
24 Beacon Street, Room 112
Boston, MA 02133

RE: Testimony on H.1128/S.708, *An Act preserving access to treatment for patients with serious mental illnesses* (Rep. Decker/Sen. Cronin)

Dear Chair Murphy, Chair Feeney, and Honorable Members of the Joint Committee on Financial Services:

On behalf of the Massachusetts Association for Mental Health (MAMH), thank you for your ongoing leadership in addressing the needs of people with behavioral health conditions and their families. I am writing to respectfully submit this testimony in support of H.1128/S.708, *An Act preserving access to treatment for patients with serious mental illnesses* (Rep. Decker/Sen. Cronin).

Formed over a century ago, MAMH is dedicated to promoting mental health and well being, while preventing behavioral health conditions and associated disability. We are committed to advancing prevention, early intervention, effective treatment, and research for people of all ages. We seek to eliminate stigma and discrimination and advance full inclusion in all aspects of community life. This includes discrimination affecting not only people with behavioral health conditions, but also people who face unequal burdens and barriers to the protections and benefits of citizenship due to their race, ethnicity, gender identity, or disability status. MAMH has a demonstrated record of furthering its mission by convening stakeholders across the behavioral health and public health communities; disseminating emerging knowledge; and providing subject matter expertise to inform public policy, service delivery, and payment methodologies.

MAMH is grateful for the Legislature's leadership in passing H.4929, *An Act relative to step therapy and patient safety* (Chapter 254 of the Acts of 2022) during the 2021-2022 legislative session. This law established important guardrails for step therapy protocols for MassHealth and private health insurance carriers. In particular, the law prohibits carriers from requiring an individual to utilize a medication that is not likely to be clinically effective in order to gain access to a prescribed medication. It also sets out a process for granting exceptions from step therapy protocols under certain circumstances, including if an individual is stable under a prescription drug recommended by their prescriber. The law additionally requires continuity of coverage to guarantee access to the medication during the exception review. These are all important protections for individuals with behavioral health conditions that choose to take medication to help achieve and maintain their recovery.

Today, I ask you to consider H.1128/S.708, *An Act preserving access to treatment for patients with serious mental illnesses* (Rep. Decker/Sen. Cronin). These bills go a step further by prohibiting "prior authorization requirement(s), step therapy protocol(s), or any other protocol(s) that could restrict or delay the dispensing of the drug" to ensure people with severe and disabling mental health conditions can access the medications they need.

When individuals and their treatment teams identify a medication that advances positive health, functioning, and

recovery, it is important to be able to access that treatment regimen. Finding the right medication for major depression, bipolar illness, schizoaffective disorder, or schizophrenia may take numerous trials involving several medications, as few drugs are effective with the majority of patients. As prescribers know, most psychotropic drugs are brought through the FDA process to market working for only a fraction of the target patient population. In addition, not all drugs advertised as equivalent are truly interchangeable due to both the complexity of psychopharmaceutical drugs as well as individual patient characteristics—age, gender, general health, and severity of illness—which determine individual patient responses.

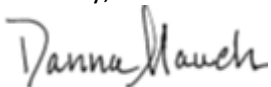
For people who experience psychosis, it is well documented that the “earlier an individual receives treatment, the greater likelihood that these treatments can lead to better outcomes and enable people to live full and productive lives.”ⁱ Forcing someone with a potentially severe and disabling mental health condition through numerous medication trials and utilization barriers can have both near term and longer-term negative consequences. Furthermore, many anti-psychotic medications can produce serious side effects such as declined liver and kidney function (in the case of lithium), parkinsonian movement and brain fog (in the case of anti-psychotic drugs), and metabolic syndrome (in the case of atypical anti-psychotic drugs). Requiring individuals to use certain medications or navigate complex utilization management protocols can lead to relapse, deterioration of symptoms and/or function, and exposure to a range of deleterious side effects.

H.1128/S.708, *An Act preserving access to treatment for patients with serious mental illnesses*, prohibits private health insurance plans and utilization review organizations regulated by the MA Division of Insurance (DOI) and MassHealth and its contractors from requiring prior authorization or step therapy for drugs prescribed to treat a severe and disabling mental health condition. We estimate that over 90,000 people between the ages of 19 and 64 in Massachusetts have both a severe and disabling behavioral health condition and are covered either by a state regulated plan or MassHealth, and therefore would benefit from the critical protections offered by this bill.ⁱⁱ

We note that the language in the bill specifically reads that private health insurance plans and utilization review organizations regulated by the MA Division of Insurance (DOI) and MassHealth and its contractors may not “impose a prior authorization requirement, step therapy protocol, or any other protocol that could restrict or delay the dispensing of the drug.” We do believe that this language, especially the last phrase “any other protocol that could restrict or delay the dispensing of the drug,” is expansive. Outside of prior authorization and step therapy, there are some instances where it should be allowable for health plans to exercise some utilization management. For instance, a health plan may have a more complete picture of all the medications that have been prescribed to a patient than an individual psychiatrist or other prescriber. It is well known that certain drugs may interact with anti-psychotic medications, like central nervous system depressants, antidepressants, cardiovascular drugs, or anticonvulsants. Health plans are well positioned to identify potential drug interactions like these and avoid complications. If a patient is seeing multiple prescribers, there is also a possibility of “therapeutic duplication” where an individual is prescribed multiple drugs from the same class. Health plans are positioned to identify potential medication errors and protect patient safety.

Once individuals with severe and disabling behavioral health conditions find a medication regime that works for them, they should not be subject to prior authorization requirements and step therapy protocols that hinder their access to those medications. H.1128/S.708 provides important protections so that individuals may achieve and maintain their recovery. Should you have any questions or if MAMH can be a resource to your work, please do not hesitate to be in contact. Thank you very much for your consideration.

Sincerely,



Danna Mauch, PhD
President and CEO

cc: The Honorable Marjorie Decker; The Honorable John Cronin

ⁱ Substance Abuse and Mental Health Services Administration. Early Serious Mental Illness Treatment Locator. Retrieved 15 May 2023 at: <https://www.samhsa.gov/esmi-treatment-locator>.

ⁱⁱ Based on information from the CHIA 2023 Massachusetts Health Insurance Survey and CHIA Enrollment Trends (through September 2024), there are approximately 692,638 non-elderly adults on MassHealth and 1,157,134 non-elderly adults with fully-insured plans regulated by the MA Division of Insurance (40% of people with employer-sponsored plans in Massachusetts have fully-insured plans). Using the estimate that approximately 5% of adults in MA have a severe and disabling mental health condition, roughly 92,488 adults with MassHealth and fully-insured plans have severe and disabling mental health conditions = $(1,157,134 + 692,638) * 0.05$.