

# SB 5300: CONTINUITY OF COVERAGE FOR BEHAVIORAL HEALTH PRESCRIPTION DRUGS

## What does SB 5300 do?

- Prohibits healthcare insurance providers from requiring substitution of a prescribed nonpreferred drug with a preferred drug or increasing an enrollee's cost sharing obligation when the prescription is for a refill of an antipsychotic, antidepressant, or antiepileptic drug, or any other drug prescribed to treat a serious mental illness.
- Prohibits all state purchased health care programs such as Medicaid, state employees (PEBB) and school employees (SEBB) from requiring substitution of a nonpreferred drug with a preferred drug when the prescription is for a refill of an antipsychotic, antidepressant, or antiepileptic drug, or any other drug prescribed to treat a serious mental illness.

## TALKING POINTS

- It can take years for a person living with mental illness and other chronic and complex conditions to find a treatment regimen that effectively manages their illness with minimal side effects.
- Switching stable patients off their treatments for non-medical purposes leads to health consequences that translate to increased ER visits, hospitalizations, physician visits, and lab tests– driving up healthcare costs.
- SB 5300 will protect patient access to the medications that work best for them for the remainder of that plan year, giving consumers time to figure out other options.
- Non-medical switching put patients at risk of severe recurrence of symptoms of their mental illness.
- A 2014 study on the effect of Medicaid formulary restrictions on schizophrenia patients found, 'Doctors are induced by formulary restrictions to switch to alternative therapies even when there are no indicator that the current treatment is ineffective (Goldman, DP, Dirani R, Fastanau J, et al. Do Strict Formularies Replicate Failure for Patients with Schizophrenia? Am J Manag Care. 2014; 20(3),p219-228).

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