2019 SENATE HUMAN SERVICES COMMITTEE

SB 2243

2019 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Red River Room, State Capitol

SB 2243
1/23/2019
Job # 31276

☐ Subcommittee
☐ Conference Committee

Committee Clerk Signature : Justin Velez / Pam Dever

Explanation or reason for introduction of bill/resolution:

Relating to prior authorization for medical assistance.

Minutes:

Att #1-Dr. Joyce; Att #2 – Dr. Balk-Soran; Att #3 – Dr. Saul Levin;

Vice Chairman O. Larsen: Opens the hearing for SB 2243.

Madam Chair Lee, Dist 13, W. Fargo: Introduces SB 2243 and gives a brief description. We had this in an earlier session but it is time to review it again. This talks about adults with hyper activity disorders and making sure they are prescribed non-addicting drug. The testimony following me will explain the detail about the medications and prescribing practices change as one becomes an adult at 18.

(02:50-12.17) Dr. Brendan Joyce, Administrator of Pharmacy Services, Department of Human Services: Testifying in favor of SB 2243. Please see Attachment #1 for testimony.

Madam Chair Lee: I think it is important to know that the prior authorization isn't to save money. The authorization is intended to make sure that the best and most effective drug for the patient would be available. It does not have to be the one in last night's TV ad. (12.46)

Dr. Joyce: Yes, that is very true. We did not put a fiscal note for this bill. I suppose the feds anticipate to be less used in the kids. We aren't necessarily anticipating anything. The prescribers are still the ones that choose what will be used. The authorization gets turned around in 24 hours or less. We are not ever looking to decrease utilization based on savings of medications not being used. The DUR Board says there must be a psychiatrist on the board. That is in statute. (14.40)

Madam Chair Lee: It is not true also that when some of the new drugs released, that they are recommended that they be the second choice?

Dr. Joyce: That is very true. Most often when medications come out, unless it's a new drug, and a new class, and studies prove that it should be first line; the FDA states 'for use in this condition after the use of xyz'. Over time, they may have post marketing studies that could lead to something then be considered first line. (16.00)

Sen. Kristin Roers: Can you explain this class of drugs and how it works in the private market? Is this different than most insurances work rather than Medicaid?

Dr. Joyce: (16.10) The private sector does not have the restrictions for prior authorizations that Medicaid does. They are allowed to do prior authorization in these drug classes. Some of these are very expensive medications. Sometimes the private sector does this for cost containment or therapeutic appropriateness. We are the exception. This moves us more to what the private sector does. (16.52)

Vice Chairman Larsen: The graph shows N.D. at 36%. Do you feel that we are medicating our folks adequately or is it short? Maybe D.C. does not have the funds, so they are low on the graph? Are we doing what we should?

Dr. Joyce: When you see these distribution graph, typically you want to be in the middle. We have been fighting for years for access for the right kind of health care. They want more assess for foster kids to see a psychiatrist and councilors. A long time ago, nursing homes had no regulations for psych drugs used for patients. They there are regulations in place for nursing homes now. They were concerned over medication and chemical restraints. I know there are federal regulations of this. (20.20) There was no law until this past October from the feds that we had do something about psych drugs in kids. I am not treating the patients. I am not at the facilities. I can speak to if this is 100% appropriate. This has got the feds attention. (21.53) We don't want to be where D.C. is.

Sen. Hogan: On the new federal law that requires that Medicaid program manages the anti-psych drugs in children. Will we need to change line 3 of page 2 of the bill? Right now they don't require prior authorization.

Dr. Joyce: Yes. If we follow federal law.

Sen. Hogan: That is important to know that we need to change that line. (22.21) On the foster care system, N.D. has very few programs covered by Medicaid. So many variables.

Sen. Kristin Roers: On page 1, line 13, that is with the adult population. Would that also need to be changed? (23.32)

Dr. Joyce: The department in the past has asked to be able to manage all classes the same. We have asked for that a number of times and have not been successful.

Sen. Anderson: I just wondered if you could explain how the DUR committee works. How are decisions made? (24.14)

Dr. Joyce: The organization review board is required by federal law. In 2001 or 2003 the DUR board was put into statute by the legislative assembly. It has 6 physicians that must be practicing; plus 6 pharmacists that are practicing. The legislator added in a pharmaceutical representative for the brand drugs, and a generic brand drug representative, and a consumer representative. The pharmacy director, who is non-voting, like myself and a doctor for Medicaid. The board meets quarterly and the department puts the agenda together. If a new

drug comes out and it looks like it should be a second line agent, we suggest a review. The DUR Board will meet and discuss and make a motion to do this or that. It then is tabled for three months until the next meeting and brought up for public comment and then voted on. The addenda must to be out there for 60 days before the first meeting. 30 days after the second meeting, we can do the prior authorization. (27.00) Long process. We addressed opioids already.

Sen. Kristin Roers: The current statute just tells you what you cannot prior authorization. Are there categories of drugs that are not on this list?

Dr. Joyce: You are correct. It does not mean that we have to. We have the ability. Many of the products are equally safe and equally effective. No big cost difference, so why not allow the prescribers to have 10 choices instead of 6. It makes it simpler for us.

Sen. Kristin Roers: Can you have an APP rather than a physician on the DUR Board?

Dr. Joyce: That is a statue thing.

Madam Chair Lee: The doctor always has input on what that patient is going to receive. It isn't intended to interfere with the ability to properly treat someone. Cost needs to be a part of everything we are talking about. The biggest priority is to get the drug that is the most effective to be given to the patient.

Dr. Joyce: We have actually cut down the number of drugs that require prior authorization. More than half, when you approved the supplemental rebates – 2013 or 2015. The new Medicaid system has let us take out prior authorization on many drugs. We even dealt in the dermatology world because they had very high prices and wanted to know why.

Sen Hogan: How long does it take for a physician to get prior authorization?

Dr. Joyce: Federal law says 24 hours. (33.49) Five days for a new drug. That was in statute in N.D.

Madam Chair Lee: Would you explain what the difference is private and Medicaid? There may be formularies.

Dr. Joyce: I have not had personal with my own medications. I still work in the community, as a pharmacist. There will be denials that say prior authorization required. You requested it or doctor has to requires it. It can be a big pain. Why do we have to do it? It is endemic in all payers. Medicaid is a lot easier to deal with. When denied, there are other options that are given to the people, which helps. (36.5)

Madam Chair Lee: There are formularies everywhere. You are not the only one as Medicaid is asking.

Dr. Joyce: When the hepatitis C drugs came out, there were many who did not want the prior authorization that came with it. If the drugs were $125,000 vs $5,000, there would have been less prior authorization. If all drugs cost equal, we would not need prior. (37.44)

Madam Chair Lee: Any more in support? Any against?

(38:58-39:26) Courtney Koebele, N.D. Medical Assoc: We are opposed to this bill. I would like to introduce Dr. Balf-Soran. She will provide testimony.

(39:35-49:20) Gabriela Balf-Soran, North Dakota Psychiatric Society Association. I am here opposed and here to tell you about all the bad side effects to lots of the drugs. I am a psychiatrist. (see att #2) ADD patients have lots of fender bender. What do you all think stimulants do to encourage drug, use illicit drugs, or discourage. The lack of being able to think properly without the correct drugs, is bad. (Gave some examples of people)

Madam Chair Lee: Don't you have the ability to prescribe twice a day so that person does not run out of the chemical in her body?

Dr. Balf-Soran: I have gone through this process many times for my patients that have long days. I was never able to get it approved. They have to pay out of pocket for the shorter acting drugs to supplement the long acting drugs. I have doctors who need to function and stop functioning at the 12th hour. I don't have that options. That is across the board for all insurances. (45.55)

Madam Chair Lee: So it is not just Medicaid that you see this interruption?

Dr. Balf-Soran: Medicaid is what we are talking about now, but it is across the board. Any questions?

Sen. Kristin Roers: There is a disproportionate amount of this drugs in foster care system. There is a part of me that says what we are doing now is not working. Do you see a difference solution? So you agree?

Dr. Balf-Soran: Definitely. When I diagnose ADHD, medication is not the first step. I tell my patient. We have two legs to sit on and we have therapy and we have medication. I believe in teaching kids how to keep their mind focus. There is a correlation between foster kids and this use of medication. Which is the cause and which is the effect is hard. I wish people would get more therapy. Medicaid covers therapy quite well. I wish we had more insurances that would cover. (She went on the explain tele-therapy/psychology) (49.00-51.17)

Sen. Anderson: Can you give us a professional opinion about why the youth population age 17 is on methylphenidate? Why we go to the amphetamine products once they turn 18?

Gabriela: The type of focus you get is very different. If people were to have a preference, a lot like the amphetamine focus. The receptors are different. There is a lot more dopamine on the methylphenidate side. The type of concentration is different on difference drugs. Some have to switch to Ritalin to be less focused and distribute and not have so much tunnel vision. Could be a matter of preference. I am careful of what message I give to my patients. The long acting medications are wonderful. The possibility for abuse is a lot less. You don't get a big peak of action. Less likely to cause a rush of adrenaline. When you listen to patients, you hear interesting things. (54.34)

Madam Chair Lee: Thank you for coming. We learn a lot. Any more opposition? Any neutral? We will close the public hearing on SB2243. (55.37)

NOTE: Att #3 – Dr. Saul Levin – opposed bill and handed in testimony but did not speak

2019 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Red River Room, State Capitol

SB 2243
1/29/2019
Job # 31707

☐ Subcommittee
☐ Conference Committee

Committee Clerk: Justin Velez

Explanation or reason for introduction of bill/resolution:

Relating to prior authorization for medical assistance.

Minutes: No Attachments

Madam Chair Lee opens the discussion for SB 2243.

Madam Chair Lee: I have an amendment mark on my SB 2243 also and that was the one where we over struck “anti-psychotics” and renumber accordingly.

Senator K. Roers: Line 14 on page 2, we need to strike the word in that sentence too.

Madam Chair Lee: I have line 3 on page 2, and I have line 14 on page as well.

Senator K. Roers: I did ask and I think he said we needed to strike it there as well.

Madam Chair Lee: Yes, I have a note on page 2 line 3, page 2 line 14, and page 1 line 13.

Senator Hogan: Perhaps the reason it is not on page 1 is the age difference in subsection 3A, “over 21” and “under 21” is subsection 3B, and maybe it is the age difference and we don’t have to do it.

Senator K. Roers: I remember asking him specifically and I thought he said good catch.

Senator Hogan: Oh, ok. That is right.

Madam Chair Lee: I don’t think we were waiting for any further information. There were also from Brendans testimony, let me go back and make sure we hit the right thing here. With those amendments in front of us does anyone have an interest in adding those to the bills. How about we wait until Dr. Brendan Joyce comes over to vote this in.

(08:25) Dr. Brendan Joyce, PharmD Administrator. Arrives to answer questions from the committee on the proposed amendments.

Madam Chair Lee: We are trying to be clear on the ADD and the ADHD bill, so are we supposed to delete “anti-psychotic”

Dr. Joyce: For the anti-psychotics, what we discussed in the committee was to allow us to be striking through the restrictions, striking through anti-psychotics that references children.

Madam Chair Lee: On page 1, line 13?

Dr. Joyce: It would actually page 2, line 3.

Madam Chair Lee: Could you please whether or not we should strike that throughout or just the referencing children part.

Dr. Joyce: I would strike through the whole thing to be honest and treat mental health the same as everything else. For discussions it is page 2. Its B1, is the one that would be struck because that is the one that is applying to individuals under the age of 21 and that is the one that applies to the federal law that passed, saying that we need to monitor and manage anti-psychotics in kids. We would not want to strike through for the anti-psychotics anywhere else because we still want that to be counted as one of the psych meds.

Madam Chair Lee: So the only place we need to draw a line through anti-psychotics is page 2, line 3?

Dr. Joyce: That is the only one with respect to the federal law that passed.

Senator K. Roers: But with the parody piece you talked about, we could strike it in the adult population for the parody piece, is that what you are saying?

Dr. Joyce: Yes, but for feasibility of having this passed in the other arm, you may want to leave it. The reason for that amendment is the federal law and speaks to just B1 within this section.

Madam Chair Lee: But that means that it complies with federal law concerning regulating or overseeing.

Dr. Joyce: Managing is the operative word there. It doesn’t come out and say prior authorization but, to manage a drug that is how its used throughout private sector, public sector, Medicaid, and non-Medicaid. Managing is with prior authorization in all sorts of things.

Madam Chair Lee: So our only real amendment would be just deleting page 2 line 3 “anti-psychotics”

Senator K. Roers: I move to **ADOPT AMENDMENT**
Seconded by Senator O. Larsen

ROLL CALL VOTE TAKEN
6 YEA, 0 NAY, 0 ABSENT
MOTION CARRIES TO ADOPT AMENDMENT

Senator K. Roers: I move a **DO PASS, AS AMENDED**
Seconded by Senator O. Larsen

ROLL CALL VOTE TAKEN
6 YEA, 0 NAY, 0 ABSENT
MOTION CARRIES DO PASS, AS AMENDED
Senator O. Larsen will carry SB 2243 to the floor.

Madam Chair Lee closes the discussion on SB 2243.

SK 1501

19.0304.01001
Title.02000

Prepared by the Legislative Council staff for
Senator J. Lee
January 14, 2019

PROPOSED AMENDMENTS TO SENATE BILL NO. 2243

Page 2, line 3, overstrike "Antipsychotics;"

Page 2, line 4, overstrike "(2)"

Page 2, line 5, overstrike "(3)" and insert immediately thereafter "(2)"

Page 2, line 6, overstrike "(4)" and insert immediately thereafter "(3)"

Page 2, line 7, overstrike "(5)" and insert immediately thereafter "(4)"

Page 2, line 8, overstrike "(6)" and insert immediately thereafter "(5)"

Renumber accordingly

Date: 1/29/19
Roll Call Vote #: 1

2019 SENATE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. 2243

Senate Human Services Committee

☐ Subcommittee

Amendment LC# or Description: 19.0304.01001

Recommendation: ☒ Adopt Amendment
☐ Do Pass ☐ Do Not Pass ☐ Without Committee Recommendation
☐ As Amended ☐ Rerefer to Appropriations
☐ Place on Consent Calendar

Other Actions: ☐ Reconsider ☐ _____

Motion Made By Sen. K. Roers Seconded By Sen. O. Larsen

Senators	Yes	No	Senators	Yes	No
Chair Lee	X		Senator Hogan	X	
Vice Chair Larsen	X				
Senator Anderson	X				
Senator Clemens	X				
Senator Roers	X				

Total (Yes) 6 No 0

Absent 6

Floor Assignment _____

If the vote is on an amendment, briefly indicate intent:

Date: 1/29/19
Roll Call Vote #: 2

2019 SENATE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. 2243

Senate Human Services Committee

☐ Subcommittee

Amendment LC# or Description: _____

Recommendation: ☐ Adopt Amendment
☑ Do Pass ☐ Do Not Pass ☐ Without Committee Recommendation
☑ As Amended ☐ Rerefer to Appropriations
☐ Place on Consent Calendar

Other Actions: ☐ Reconsider ☐ _____

Motion Made By Sen. K. Roers Seconded By Sen. O. Larsen

Senators	Yes	No	Senators	Yes	No
Chair Lee	X		Senator Hogan	X	
Vice Chair Larsen	X				
Senator Anderson	X				
Senator Clemens	X				
Senator Roers	X				

Total (Yes) 6 No 0

Absent 0

Floor Assignment Sen. O. Larsen

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE

SB 2243: Human Services Committee (Sen. J. Lee, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (6 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). SB 2243 was placed on the Sixth order on the calendar.

Page 2, line 3, overstrike "Antipsychotics;"

Page 2, line 4, overstrike "(2)"

Page 2, line 5, overstrike "(3)" and insert immediately thereafter "(2)"

Page 2, line 6, overstrike "(4)" and insert immediately thereafter "(3)"

Page 2, line 7, overstrike "(5)" and insert immediately thereafter "(4)"

Page 2, line 8, overstrike "(6)" and insert immediately thereafter "(5)"

Renumber accordingly

2019 HOUSE HUMAN SERVICES

SB 2243

2019 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee
Fort Union Room, State Capitol

SB 2243
3/4/2019
33128

☐ Subcommittee
☐ Conference Committee

Committee Clerk: Nicole Klaman

Explanation or reason for introduction of bill/resolution:

Relating to prior authorization for medical assistance

Minutes: 3

Chairman Weisz: Opened hearing

(0:02:15)
Dr. Brandon Joyce, Administrator of Pharmacy Services for the Medical Service Division for the Department of Human Services. In support, written testimony provided **see attachment 1**.
Coverage of amphetamine salts by the state for the treatment of ADD in adults. This bill would allow the Department to implement prior authorization for the management of attention deficit in adults.
Antipsychotic drug use in children. This bill would allow for the Department to implement prior authorization for the management of antipsychotic use for children.
(0:14:33)

Senator J. Lee, District 13, Fargo introduced SB 2243, no written testimony provided.
North Dakota Medicaid ranks first in the nation for the highest percentage of children in foster care who were treated with psychotropic medications.

Chairman Weisz: Further support? Seeing none. Opposition?

Opposition:

(0:16:52)
Donna Thromson, ND Medical Association: In opposition, written testimony provided, see **attachment 2**. Prior authorization continues to impact care, cause care delays, plus treatment abandonment.

Representative Kathy Skroch: Why are we the #1 state regarding use of these medications?

Donna Thormson: I defer to the next testimony to explain the spike.

Representative Bill Tveit: You sighted paragraph 2 of the Departments testimony; Are we creating a problem and only medicating our students or where are we with this?

Donna Thormson: We represent physicians and feel that that is best left in the hands of the physicians.

Representative Karen Rohr: Is the form you handed out nationwide? Do you have ND specific?

Donna Thormson: Yes, it's nationwide. Unfortunately I do not have ND state breakdown.

Dr. Gabriella Balf MD, Psychiatrist, Internist, President of ND Psychiatric Society: Opposed, written testimony **attachment 3**.
The data presented has to do with stimulants prescribed to children. May I suggest retraining or on stimulants rather than punish prescribers.

Representative Dick Anderson: When you start to look at the states using stimulants, it appears it maybe weather related?

Dr. Balf: They are also used for narcolepsy and , it is not FDA approved for Seasonal depression factor.

Rep. Anderson: With Limited hours of sunlight in the winter?

Dr. Balf: I would suggest better lighting.

Representative Gretchen Dobervich: This bill is aimed at a federal mandate of regulating the 2 types of meds by prior authorizations. If that is not what the providers are supporting, what ideas are they discussing?

Dr. Balf: We already have a mechanism in place PDMP. Prior authorizations are a waste of time, and must be staffed to fulfill prior authorizations. I believe it is undue burden.

Representative Todd Porter: Dr. Joyce question.

Dr. Brendan Joyce: The outlier isn't a physician right now, but could become a physician in the future.

Chairman Weisz: Closes hearing

2019 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee
Fort Union Room, State Capitol

SB 2243
3/18/2019
33898

☐ Subcommittee
☐ Conference Committee

Committee Clerk: Nicole Klaman by Donna Whetham

Explanation or reason for introduction of bill/resolution:

Relating to prior authorization for medical assistance.

Minutes: Attachment 1

Chairman Weisz: Opened the hearing on SB 2243. Explained the proposed amendments from the Department. The only time prior authorization would kick in on the antipsychotics if Centers for Medicare and Medicaid Services (CMS) forced the issue and it doesn't change the first section of the ADHD. From my perspective most of us could agree that the ADHD drugs have been overused and abused but I think we should leave the prior authorization in. **(See Attachment 1).**

Vice Chairman Rohr: I move the proposed amendment on Page 2 line 3-8 and Page 2 line 19 Insert "e. The restrictions of this subsection do not apply if prior authorization is required by the Centers for Medicare and Medicaid services." **(See Attachment 1).**

Rep. Skroch: Seconded.

Rep. Porter: In regards to the amendment when we say it is required by Medicare and Medicaid services, Centers for Medicare and Medicaid Services (CMS) basically. Are we saying that if CMS adopts this for the Medicare program but says it is up to the states for the Medicaid program what happens to this language then? They don't always have the same rules.

Chairman Weisz: This Section only applies to Medicaid because we don't have the control over Medicare. I am wondering if it might be a potential requirement of CMS to have prior authorization.

Brendan Joyce, Administer of Pharmacy Services for North Dakota Medicaid: The language is in there do to the Support Act that had the requirement that State Medicaid agencies must monitor and manage antipsychotic medications in children. I don't know exactly what they meant by manage that was the language from congress. It would depend on the rules and regulations put out by CMS specifically for Medicaid. If they require some

type of preauthorization they will be required to do it. If they leave it open to the states this law as it is written would keep us from doing any prior authorization.

Rep. Mary Schneider: I'm wondering if there is any possibility it could be less global and direct attention to outliers instead of a mass prior authorization request. Have you had any experience with working with CMS?

Brendan Joyce: The outlier has to do with ADHD stimulants and the potential CMS regulation has to do with antipsychotics. Two different medication classes. Speaking to the outlier data that was shared with the committee had to do with stimulants. It's difficult to address to an outlier today as it can change tomorrow. Today's outlier uses 70% of the time immediate release stimulants versus a max to 20% of the time for anyone else in the top 10 prescribers of that class. That is what it is now, let's say the next one uses methylphenidate for all of their patients for weight loss. How would we structure it to the outliers if we don't know what that outlier is? We hope the DOR Board would help us make the good decision.

Rep. Todd Porter: Inside of this, I am leaning more towards what the American Society of Psychiatrists had to say about how they are using the medicine. Instead of just doing the blanket overstrike of the stimulant medication is it possible to leave that language in except at the end of it put "as ordered by a physician". Then it would be on everyone else to be under prior authorization except the physicians?

Brendan Joyce: It is up to the legislative body to decide on the policies. What we saw on the opioid side of things and how the largest outlier for that was a physi8cian and not a Nurse Practitioner or a Clinical Nurse Specialist. That is the inherent danger of segmenting them out since the next one may not be a Clinical Nurse Specialist it may just be a Psychiatrist or a Family Practice. Including myself none of us are infallible.

Chairman Weisz: Any further discussion on the amendment? Seeing none.

Voice vote taken: Motion Carries to amend SB 2243.

Rep. Tveit: If you have on outlier that is abusing this process do we need to change the entire bill or is there some discipline that could be used to deal with that outlier.

Chairman Weisz: I think that is the whole point of prior authorization to be able to address that outlier. They can be a different one every time.

Rep. Schneider: I thought we had a bill on this before where basically it was one doctor the children's medications for ADHD but we didn't want to interfere with patient and doctor relationships when the problem was with just one. Isn't there something in between we could do so all doctors don't have to go through the extra work on ADHD. Could we give the state pharmacist the authority to deal with the outliers without slowing medical practice and interfering with relationships. We need to find a way to deal with the people who may be abusing the system rather than having a negative impact on all doctors.

Vice Chairman Rohr: It is my understanding when the drug review committee does their chart reviews they people that are outliers are informed of it. That in itself could be quite a disciplinary wake up call.

Rep. Porter: Rather than vote against the bill I would be for putting language in for that one area to see if it works. Something along the lines that Practitioners prescribing at a rate twice the average may be subjected to prior authorization. Then saying if you are an outlier than the Board can bring you in to prior authorization because just calling and telling you that you are not doing things normal inside of the practice. Instead of changing this for everybody why not do something that goes after the outliers.

Chairman Weisz: Brendan, can you determine the average rate and how would this be worded if someone was doing more than double?

Brendan Joyce: We would do an analysis like what we did to bring the information here, the shows the outlier looking at the data that we presented. That would be a very valid way of getting to what it is we would want to do. Rep Porter's idea would be a valid way of getting to the outlier whether it is 2 or 3 times the average.

Chairman Weisz: So if we say twice the average rate you would understand and wouldn't have an issue of what that means as far as implementing.

Brendan Joyce: Just to clarify, the ADHD piece of this bill is specifically only talking to adults. We wouldn't be doing prior authorization to children. The children would be 5 or more for all the Psych medications that was discussed and passed last session. We have turned the information into the board that governs the outlier. It is the second time we have done it. We did have a requirement on the prescriptions where they must submit the diagnosis so we know what they are using it for. We got a complaint filed to the governing board from this prescriber saying that I was requiring them to lie on the data because she is not prescribing for other reasons. She was using it for non-supportive uses and she was getting angry with us that we were making her put something else on the prescription to get the prescription covered by Medicaid. It has been a difficult time.

Vice Chair Rohr: Please talk about the time of the occurrence when it is discovered to when it gets to the practitioner that is involved.

Brendan Joyce: We contact the DOR board asking if they would like us to contact the practitioner to let them know where they stand. The associations tend to discourage anything that has names on them. On Medicare nationwide you can look up what Dr. Johnson prescribed for any disease. Nationwide you can look up this by name but whenever we want to do this in the state we get push back where they do not want those name shared.

Vice Chairman Rohr: Are these reports yearly or quarterly?

Brendan Joyce: Semi-annually we look at them.

Rep. Schneider: If remove the overstrike on number “6” on Page 1 on line 18 and said except that a practitioner prescribing at the rate twice what indicator should trigger a prior authorization?

Brendan Joyce: Making those decisions in language as I stand here is never as good as if you give me a day.

Rep. Porter: If we put a period and continue the sentence after “disorder” and say “practitioners prescribing at a rate 2 times the average of the top 10 practitioners may be subjected to prior authorizations”. If you look at this script count and you back it off by 10 then it becomes very obvious of an outlier.

Chairman Weisz: I would rather if you took the average of all of them and make it 3 times the average.

Rep. Porter: I make a motion we amend SB 2243 on Page 1 line 19 that we put a period and continue the sentence after “disorder” and say “prescribers prescribing at a rate 2 times the average rate of the top 9 out of 10 prescribers may be subjected to prior authorization.”

Rep. M. Ruby: Seconded.

Chairman Weisz: This is a work in progress and we will get with the Senate in conference committee to make sure this is right. Any further discussion? Seeing none.

Voice Vote taken: Motion carried to amend SB 2243.

Vice Chairman Rohr: I move a Do Pass as amended on SB 2243.

Rep. M. Ruby: Seconded.

Chairman Weisz: Any further discussion? Seeing none.

Roll call vote: Yes: 13 No: 1 Absent: 0. Motion carried for a Do Pass as amended on SB 2243.

Rep. Dobervich: Will carry the bill.

Hearing closed.

PROPOSED AMENDMENTS TO ENGROSSED SENATE BILL NO. 2243

Page 2, line 3, remove the overstrike over "~~Antipsychotics;~~"

Page 2, line 4, remove the overstrike over "~~(2)~~"

Page 2, line 5, remove the overstrike over "~~(3)~~"

Page 2, line 5, remove "(2)"

Page 2, line 6, remove the overstrike over "~~(4)~~"

Page 2, line 6, remove "(3)"

Page 2, line 7, remove the overstrike over "~~(5)~~"

Page 2, line 7, remove "(4)"

Page 2, line 8, remove the overstrike over "~~(6)~~"

Page 2, line 8, remove "(5)"

Page 2, after line 19, insert:

"e. The restrictions of this subsection do not apply if prior authorization is required by the centers for Medicare and Medicaid services."

Renumber accordingly

DP 3/18/19

19.0304.02001
Title.03000

Adopted by the House Human Services Committee

March 18, 2019

PROPOSED AMENDMENTS TO ENGROSSED SENATE BILL NO. 2243

Page 1, line 16, remove "and"

Page 1, line 17, remove the overstrike over "~~; and~~"

Page 1, remove the overstrike over line 18

Page 1, line 19, remove the overstrike over "~~attention deficit hyperactivity disorder~~"

Page 1, line 19, after the overstruck period insert ", except an individual who prescribes the medication at a rate two times higher than the rate of the top ten prescribers excluding the top prescriber may be subject to prior authorization."

Page 2, line 3, remove the overstrike over "~~Antipsychotics;~~"

Page 2, line 4, remove the overstrike over "~~(2)~~"

Page 2, line 5, remove the overstrike over "~~(3)~~"

Page 2, line 5, remove "(2)"

Page 2, line 6, remove the overstrike over " ~~(4)~~"

Page 2, line 6, remove "(3)"

Page 2, line 7, remove the overstrike over " ~~(5)~~"

Page 2, line 7, remove "(4)"

Page 2, line 8, remove the overstrike over "~~(6)~~"

Page 2, line 8, remove "(5)"

Page 2, after line 19, insert:

"e. The restrictions of this subsection do not apply if prior authorization is required by the centers for Medicare and Medicaid services."

Renumber accordingly

Date: 3/18/2019
Roll Call Vote #: 1

2019 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. SB 2243

House Human Services Committee

☐ Subcommittee

Amendment LC# or Description: Remove overstrikes on Page 2 line 3-8 and Page 2 line 19 Insert "e. The restrictions of this subsection do not apply if prior authorization is required by the Centers for Medicare and Medicaid services."

Recommendation: ☒ Adopt Amendment
☐ Do Pass ☐ Do Not Pass ☐ Without Committee Recommendation
☐ As Amended ☐ Rerefer to Appropriations
☐ Place on Consent Calendar

Other Actions: ☐ Reconsider ☐ _____

Motion Made By Rep. Rohr Seconded By Rep. Skroch

Representatives	Yes	No	Representatives	Yes	No
Robin Weisz - Chairman			Gretchen Dobervich		
Karen M. Rohr – Vice Chairman			Mary Schneider		
Dick Anderson					
Chuck Damschen					
Bill Devlin					
Clayton Fegley					
Dwight Kiefert					
Todd Porter					
Matthew Ruby					
Bill Tveit					
Greg Westlind					
Kathy Skroch					

Total (Yes) _____ No _____

Absent _____

Floor Assignment _____

If the vote is on an amendment, briefly indicate intent:

Voice vote. Motion carried.

Date: 3/18/2019
Roll Call Vote #: 2

2019 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. SB 2243

House Human Services Committee

☐ Subcommittee

Amendment LC# or Description: On page 1 line 19 put a period and continue the sentence after "disorder" and say "prescribers prescribing at a rate 2 times the average rate of the top 9 out of 10 prescribers may be subjected to prior authorization."

Recommendation: ☒ Adopt Amendment
☐ Do Pass ☐ Do Not Pass ☐ Without Committee Recommendation
☐ As Amended ☐ Rerefer to Appropriations
☐ Place on Consent Calendar

Other Actions: ☐ Reconsider ☐ _____

Motion Made By Rep. Porter Seconded By Rep. M. Ruby

Representatives	Yes	No	Representatives	Yes	No
Robin Weisz - Chairman			Gretchen Dobervich		
Karen M. Rohr – Vice Chairman			Mary Schneider		
Dick Anderson					
Chuck Damschen					
Bill Devlin					
Clayton Fegley					
Dwight Kiefert					
Todd Porter					
Matthew Ruby					
Bill Tveit					
Greg Westlind					
Kathy Skroch					

Total (Yes) _____ No _____

Absent _____

Floor Assignment _____

If the vote is on an amendment, briefly indicate intent:

Voice vote. Motion carried.

Date: 3/18/2019
Roll Call Vote #: 3

2019 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. SB 2243

House Human Services Committee

☐ Subcommittee

Amendment LC# or Description: 19.0304.02001

Recommendation: ☐ Adopt Amendment
☒ Do Pass ☐ Do Not Pass ☐ Without Committee Recommendation
☒ As Amended ☐ Rerefer to Appropriations
☐ Place on Consent Calendar

Other Actions: ☐ Reconsider ☐ _____

Motion Made By Rep. Rohr Seconded By Rep. M. Ruby

Representatives	Yes	No	Representatives	Yes	No
Robin Weisz - Chairman	X		Gretchen Dobervich	X	
Karen M. Rohr – Vice Chairman	X		Mary Schneider	X	
Dick Anderson	X				
Chuck Damschen	X				
Bill Devlin		X			
Clayton Fegley	X				
Dwight Kiefert	X				
Todd Porter	X				
Matthew Ruby	X				
Bill Tveit	X				
Greg Westlind	X				
Kathy Skroch	X				

Total (Yes) 13 No 1

Absent 0

Floor Assignment Rep. Dobervich

If the vote is on an amendment, briefly indicate intent:

Motion carries.

REPORT OF STANDING COMMITTEE

SB 2243, as engrossed: Human Services Committee (Rep. Weisz, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (13 YEAS, 1 NAYS, 0 ABSENT AND NOT VOTING). Engrossed SB 2243 was placed on the Sixth order on the calendar.

Page 1, line 16, remove "and"

Page 1, line 17, remove the overstrike over "~~; and~~"

Page 1, remove the overstrike over line 18

Page 1, line 19, remove the overstrike over "~~attention deficit hyperactivity disorder~~"

Page 1, line 19, after the overstruck period insert ", except an individual who prescribes the medication at a rate two times higher than the rate of the top ten prescribers excluding the top prescriber may be subject to prior authorization."

Page 2, line 3, remove the overstrike over "~~Antipsychotics;~~"

Page 2, line 4, remove the overstrike over "~~(2)~~"

Page 2, line 5, remove the overstrike over "~~(3)~~"

Page 2, line 5, remove "(2)"

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Page 2, after line 19, insert:

"e. The restrictions of this subsection do not apply if prior authorization is required by the centers for Medicare and Medicaid services."

Renumber accordingly

2019 TESTIMONY

SB 2243

SB 2243
1/23/19
#1 Pg.1

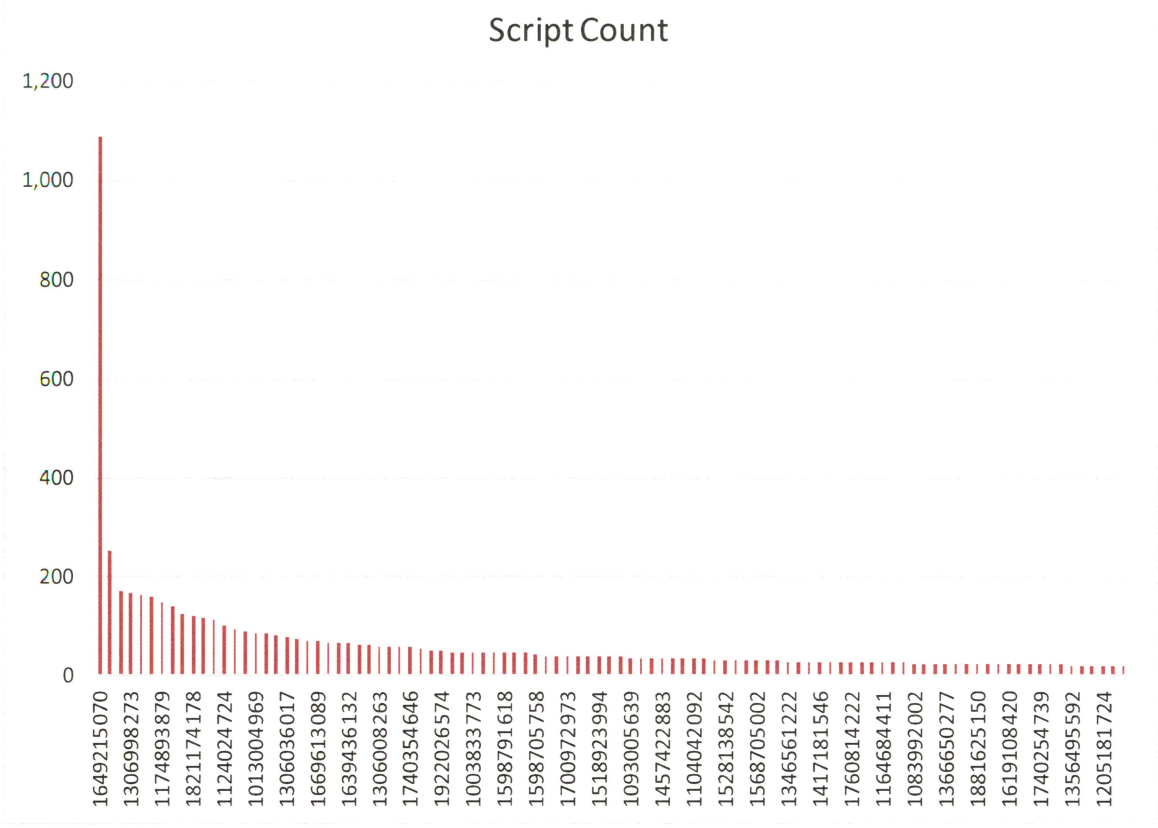
Testimony
Senate Bill 2243 - Department of Human Services
Senate Human Services Committee
Senator Judy Lee, Chairman

January 23, 2019

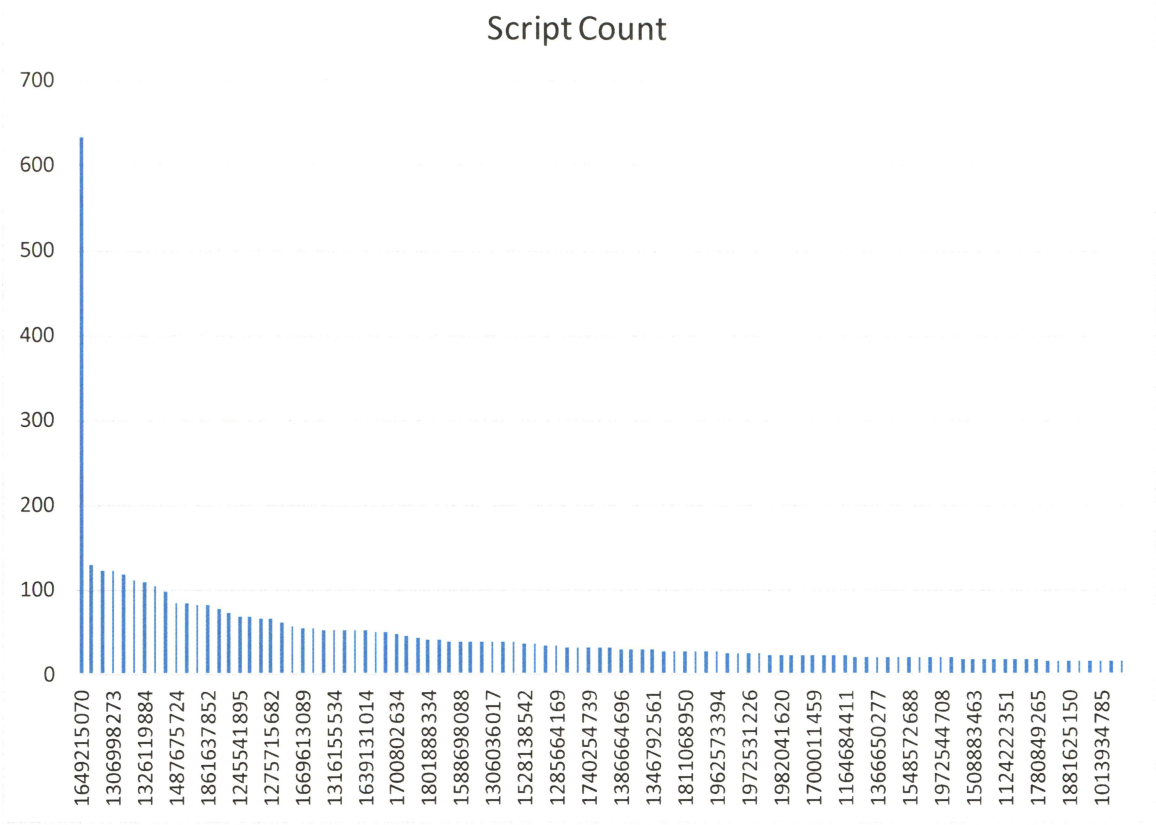
Chairman Lee and members of the Senate Human Services Committee, I am Brendan Joyce, Administrator of Pharmacy Services for the Medical Services Division for the Department of Human Services (Department). I appear today to provide testimony on Senate Bill 2243.

Senate Bill 2243 would allow the Department to implement prior authorization for stimulants used for the treatment of attention deficit in adults. We are also aware of an amendment that would allow the Department to implement prior authorization for the management of antipsychotic use for children.

At the direction of the 2017 legislative assembly, the Department has worked diligently to improve the utilization of stimulants through provider education, outreach, and claims processing edits. The Department presented information to the 2017 legislative assembly showing a significant outlier in prescribing dextroamphetamine/amphetamine mixed salts (Adderall®). The same outlier can be seen in the following calendar year 2017 data.



Following our education, outreach, and claims processing edits, the calendar year 2018 data shows that utilization for this product has decreased, but the degree of the outlier actually increased (4.33 times the second highest prescriber in 2017 vs. 4.94 times the second highest prescriber in 2018).



It is important to note that the manufacturer of Adderall® makes the less abusable product Vyvanse® and they have also been encouraging use of Vyvanse® instead of Adderall® products during this time.

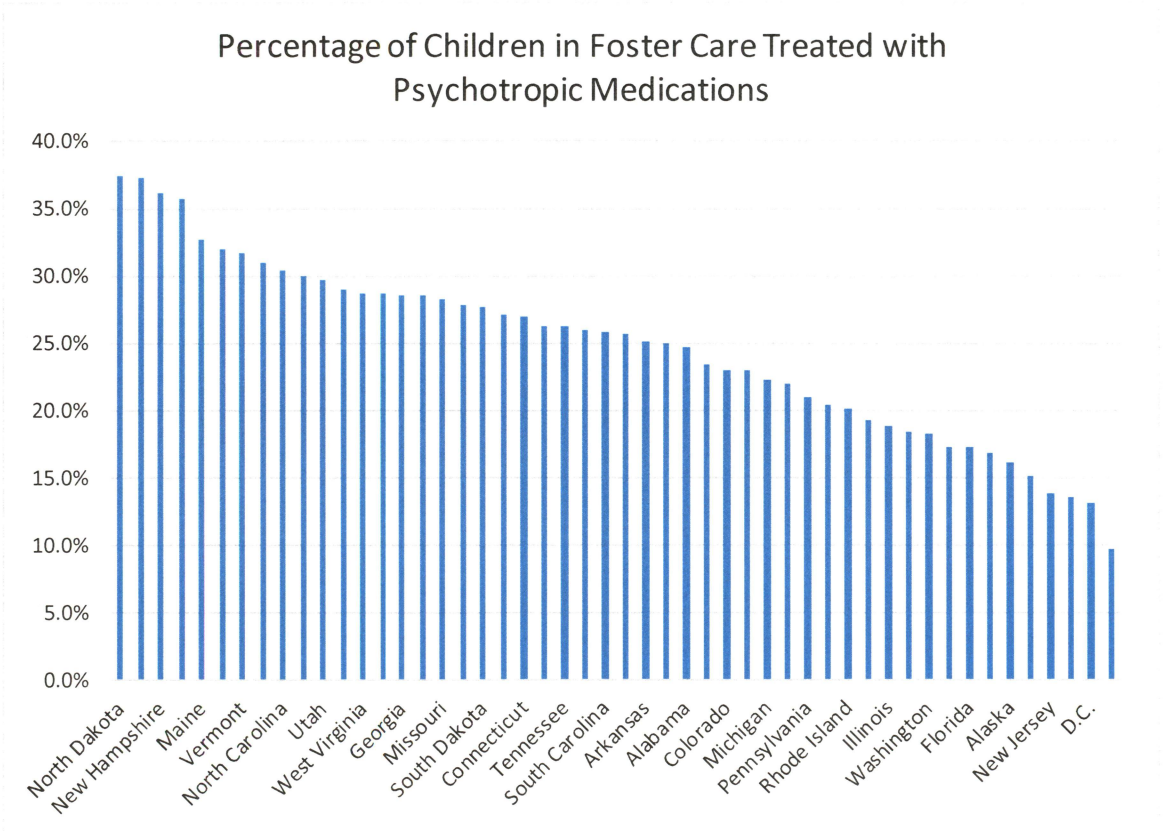
Regarding antipsychotic use in children, there are two important things we would like to bring to your attention. First, on October 24, 2018, President Trump signed into law the Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act. Within this legislation is the following:

> "*Program to monitor antipsychotic medications by children - The State has in place a program (as designed and implemented by the State) to monitor and manage the appropriate use of antipsychotic medications by children enrolled under the State plan (or under a waiver of the State plan) and submits annually to the Secretary such information as the Secretary may require on*

activities carried out under such program for individuals not more than the age of 18 years generally and children in foster care specifically."

This requires all state Medicaid programs to have a program in place by October 1, 2019, to monitor and manage the appropriate use of antipsychotics in children.

Second, the Office of Inspector General (OIG) published in their September 2018 report, "Treatment Planning and Medication Monitoring Were Lacking for Children in Foster Care Receiving Psychotropic Medication" (OEI-07-15-00380) that North Dakota Medicaid ranks first in the nation for the highest percentage of children in foster care who were treated with psychotropic medications.



SB 2243
1/23/19
#1 pg. 5

Exhibit B-1: State Demographics Regarding Children in Foster Care Treated with Psychotropic Medications and Related Medicaid Expenditures

State	Population of Children in Foster Care	Number of Children in Foster Care Treated with Psychotropic Medications	Percentage of Children in Foster Care Treated with Psychotropic Medications	Total Medicaid FFS Expenditures for Psychotropic Medications for Children in Foster Care
Iowa	13,951	4,981	35.7%	$7,135,849
Maine	3,527	1,155	32.7%	$1,600,692
New Hampshire	2,614	944	36.1%	$1,741,581
North Dakota	2,734	1,021	37.3%	$1,184,934
Virginia	14,999	5,584	37.2%	$11,959,404

Source: OIG analysis of MSIS eligibility and prescription drug claims data, 2016.

The above data for stimulants and for children receiving psychotropic medications demonstrates the impact of the current limitations on the ability of the ND Medicaid program to administer certain classes within the pharmacy benefit consistent with the administration of other classes that incorporate edits and oversight approaches that help ensure appropriate, non-duplicative, safe, efficient, and effective utilization.

This concludes my testimony, and I am happy to answer any questions you may have.

SB 2243
1/23/19
#2 Pg. 1

NORTH DAKOTA PSYCHIATRIC SOCIETY

A District Branch of the
American Psychiatric Association

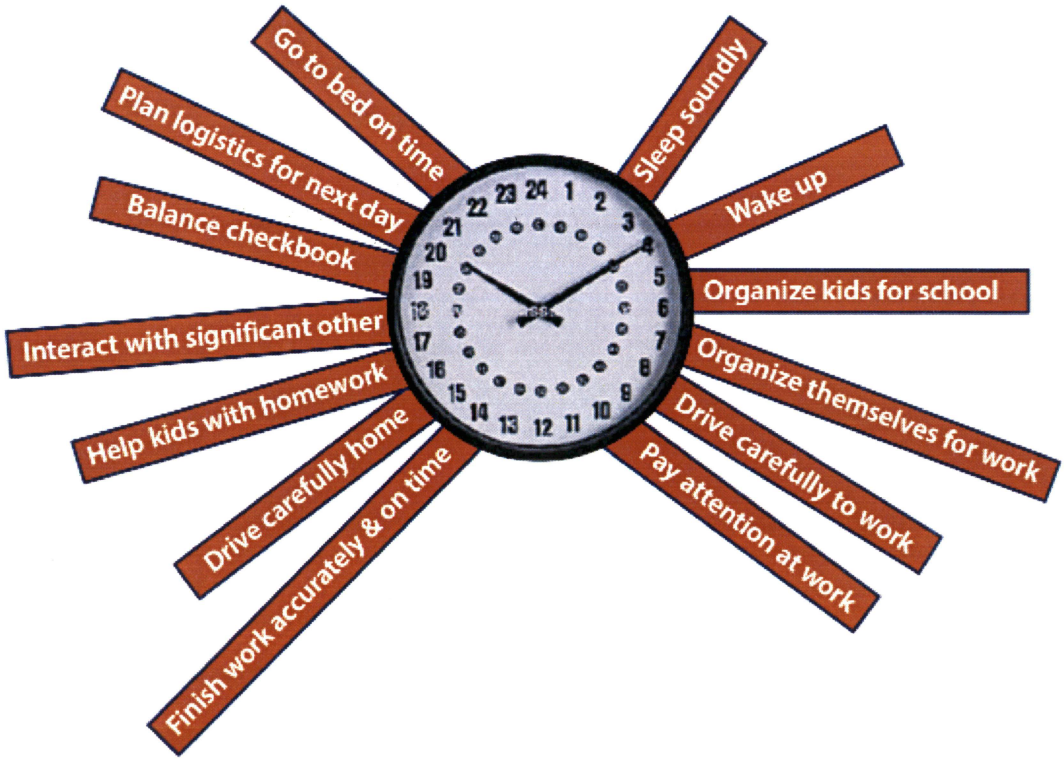
Jan 23rd, 2019
From: ND Psychiatric Society
Re: SB 2243
Madam Chairwoman, esteemed members of the committee,

On behalf of the ND Psychiatric Society, we are writing to bring to your attention the dangers[1-3] of going forth with the provisions regarding the ADHD treatment limits.

ADHD is not just about inattention, but also about impulsivity, lack of thinking through.

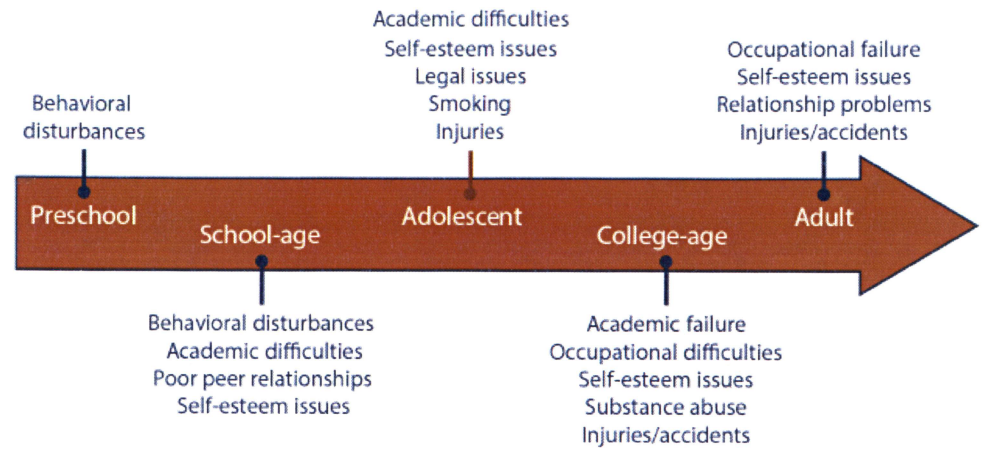
And life happens around the clock, not only during the 8 hours of clinical action of a medication.

Not treating ADHD properly – tailored for each individual's life - means unnecessary exposure to risk of accidents, drug use, self-injury/suicide[3], productivity loss, etc.



SB2243
1/23/19
#2 pg. 2

Symptom and Functional Impairment in Attention-Deficit/Hyperactivity Disorder Across the Lifespan



We thank the Human Service Committee for listening.

Gabriela Balf-Soran, MD, MPH
ND Psychiatric Society President
APA State Representative
Associate Director – UND School of Medicine – Behavioral Sciences and Psychiatry Dept

1. Brown, K.A., S. Samuel, and D.R. Patel, *Pharmacologic management of attention deficit hyperactivity disorder in children and adolescents: a review for practitioners.* Translational pediatrics, 2018. **7**(1): p. 36-47.
2. Gautam, M. and D. Prabhakar, *Stimulant Formulations for the Treatment of Attention-Deficit/Hyperactivity Disorder.* Prim Care Companion CNS Disord, 2018. **20**(6).
3. Stickley, A., et al., *Attention-deficit/hyperactivity disorder symptoms and suicidal behavior in adult psychiatric outpatients.* Psychiatry Clin Neurosci, 2018. **72**(9): p. 713-722.

SB 2243
1/23/19 #2 pg.3

Table 1. FDA-Approved Pharmacotherapy Options for Adults With ADHD

Agent	Formulation	Estimated Duration, h
[redacted]phetamine-based psychostimulants		
[redacted]Adderall XR[57]	Mixed salts (dextroamphetamine saccharate, amphetamine aspartate, dextroamphetamine sulfate, and amphetamine sulfate) of a single-entity amphetamine product capsule	8–12
Adzenys XR-ODT[58,59]	Amphetamine extended-release orally disintegrating tablets	10–12
Mixed amphetamine salts[60,a]	Mixed salts (dextroamphetamine saccharate, amphetamine aspartate, dextroamphetamine sulfate, and amphetamine sulfate) of a single-entity amphetamine product capsule	4–6
Vyvanse[61]	Lisdexamfetamine dimesylate (*d*-amphetamine prodrug) capsule and chewable tablet	8–14
Evekeo[62]	Amphetamine sulfate tablet	4–6
Methylphenidate-based psychostimulants		
Aptensio XR[63]	Methylphenidate HCl extended-release capsule	Up to 16 hours postdose
Concerta[64]	Methylphenidate HCl extended-release tablet	8–12
Focalin[65]	Dexmethylphenidate HCl tablet	3–6
Focalin XR[66]	Dexmethylphenidate HCl extended-release capsule	8–12
Ritalin[67]	Methylphenidate HCl tablet	3–4
Ritalin SR[68]	Methylphenidate HCl sustained-release tablet	6–8
Nonstimulants		
Strattera[69]	Atomoxetine (selective norepinephrine reuptake inhibitor) capsule	Up to 24

[a]Now available only as generic formulations (Adderall no longer marketed).
Abbreviations: ADHD = attention-deficit/hyperactivity disorder, FDA = US Food and Drug Administration, HCl = hydrochloride.

Table 1. Currently Available Formulations of Methylphenidate and Amphetamine

Formulations	Time to Reach Peak Plasma Concentration	Duration of Action	Dosing
Methylphenidate			
Concerta (osmotic controlled-release delivery)	1 h, overall peak 6–10 h	12 h	Once daily
[redacted]trana (transdermal)	7.5–10.5 h	12 h	Once daily
[redacted]livant XR (suspension)	5–6 h	12 h	Once daily
[redacted]ptensio XR (multilayer beads)	5 h, shoulder at 7 h	12 h	Once daily
Cotempla CR-ODT (orally disintegrating tablets)	< 6 h	Up to 12 h	Once daily
Focalin XR (dextromethylphenidate)	1–3 h, shoulder at 4.7–6.3 h	8 h	Once daily
[redacted]Quillichew ER (chewable tablets)	4–5 h	8 h	Once daily
Ritalin LA (long acting)	1–3 h, shoulder at 4.7–6.3 h	8 h	Once daily
Ritalin SR (sustained release)	4.7 h	8 h	Once daily
Focalin IR (dextromethylphenidate)	1–2 h	4 h	3 times daily
Methylin IR (chewable tablets)	1–2 h	3–6 h	3 times daily
Ritalin (immediate release)	1.9 h	3–6 h	3 times daily
Amphetamine			
Mydayis XR (dextroamphetamine)	7–10 h	16 h	Once daily
Vyvanse (lisdexamfetamine)	3–5 h for active compound	> 8 h	Once daily
Adderall XR (extended release)	7 h	> 8 h	Once daily
Adzenys XR (orally disintegrating tablets)	5 h	> 8 h	Once daily
Evekeo IR (dextroamphetamine/levoamphetamine)	4 h	9 h	Once daily
Dynavel XR (dextroamphetamine/ levoamphetamine suspension)	4 h	8 h	Once daily
Procentra IR (dextroamphetamine suspension)	< 3 h	< 6 h	2 times daily/3 times daily
Adderall (immediate release)	3 h	4–6 h	3 times daily

Abbreviations: CR = controlled release, ER = extended release, IR = immediate release, XR = extended release.

SB 2243
1/23/19
#3 Pg. 1

AMERICAN PSYCHIATRIC ASSOCIATION

800 Maine Avenue, S.W.
Suite 900
Washington, D.C. 20024

January 22, 2019

North Dakota Legislative Assembly
Senate Human Services Committee
State Capitol
Bismarck, ND 58505

Re: Oppose SB 2243 – Repeal of Statutory Protections for Access to ADD and ADHD Medication

Dear Chairwoman Lee and Members of the Committee,

I am writing on behalf of the American Psychiatric Association (APA), the medical specialty association representing over 37,800 psychiatric physicians and their patients. We are strongly opposed to SB 2243, which would eliminate existing statutory protections for attention deficit disorder (ADD) and attention deficit hyperactivity disorder (ADHD), subjecting them to prior authorization.

We are concerned about the bill's potential impact on the well-being of North Dakotans who suffer from ADD and ADHD as this would limit Medicaid patients' access to medically necessary pharmaceutical treatments and interfere with the physician – patient relationship. Doctors need to have complete discretion to prescribe the most appropriate medicines for patients with ADD and ADHD. Removing these critical protections may have dire health consequences for beneficiaries.

While North Dakota might be using prior authorization in an attempt to save money, restricting access would result in much higher costs in other areas of the program and for society in general created by the clinical harms from delaying, limiting, or denying vulnerable patients' access to these medications. A 2011 study by the American Psychiatric Institute for Research and Education (APIRE), found that Medicaid patients receiving Medicare prescription drug benefits, who were previously stable on their medications but had to switch medications because clinically-indicated refills were not covered or approved, experienced significantly higher adverse events (62% versus 37%), including ER visits, hospitalizations, homelessness, and incarceration.

In consideration of the potential negative impact on patient health and the lack of overall monetary savings that could be achieved, ADD and ADHD medications should not be subject to prior authorization. We urge you to vote "no" on SB 2243. If you

SB 2243
4/23/19
#3 pg. 2

have any questions, please contact Erin Berry Philp, Director of State Government Relations, at ephilp@psych.org

Sincerely,

Saul Levin M.D., M.P.A.

Saul Levin, M.D., M.P.A.
C.E.O. and Medical Director
American Psychiatric Association

#1
SB 2243
3/4/19

Testimony
Engrossed Senate Bill 2243 - Department of Human Services
House Human Services Committee
Representative Robin Weisz, Chairman

March 4, 2019

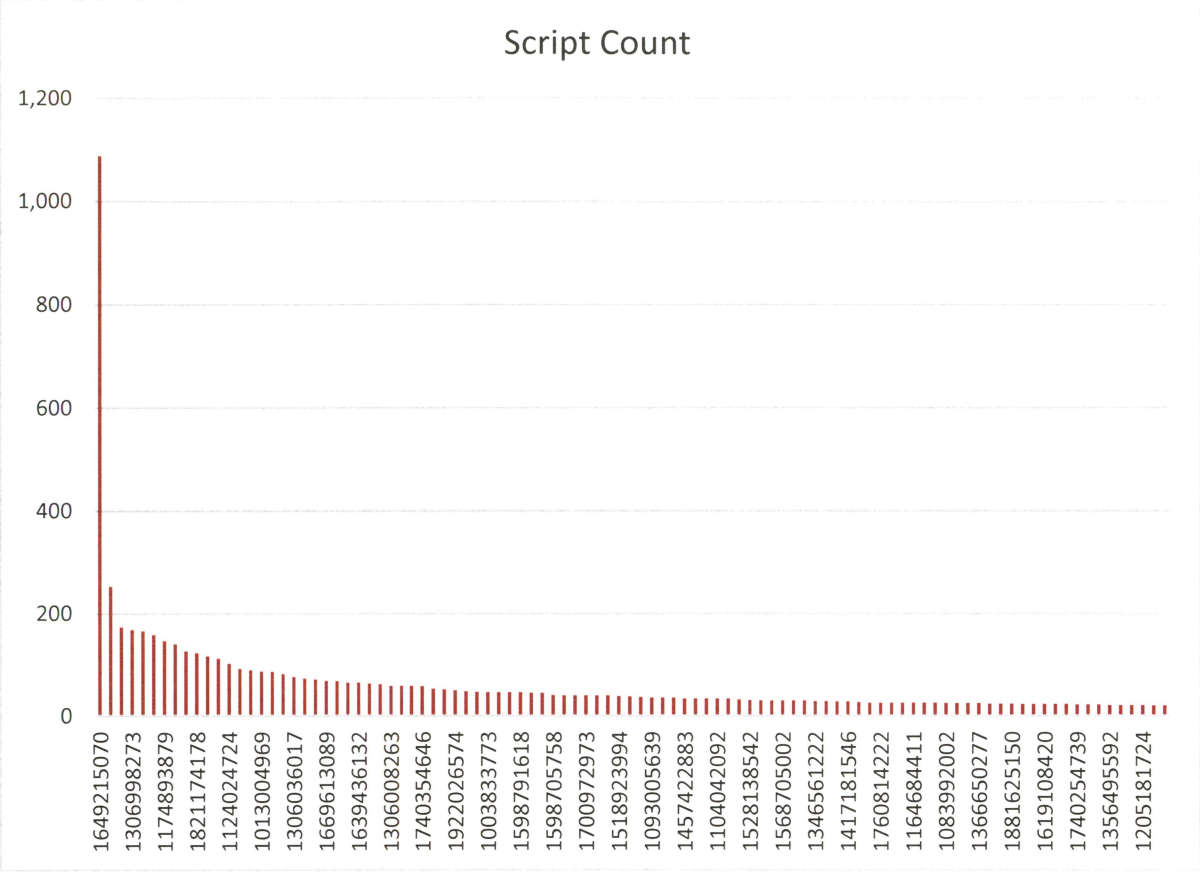
Chairman Weisz and members of the House Human Services Committee, I am Brendan Joyce, Administrator of Pharmacy Services for the Medical Services Division for the Department of Human Services (Department). I appear today to provide testimony on Engrossed Senate Bill 2243.

Engrossed Senate Bill 2243 would allow the Department to implement prior authorization for stimulants used for the treatment of attention deficit in adults, and as amended in the Senate, would allow the Department to implement prior authorization for the management of antipsychotic use for children.

Attention Deficit Stimulant Prior Authorization

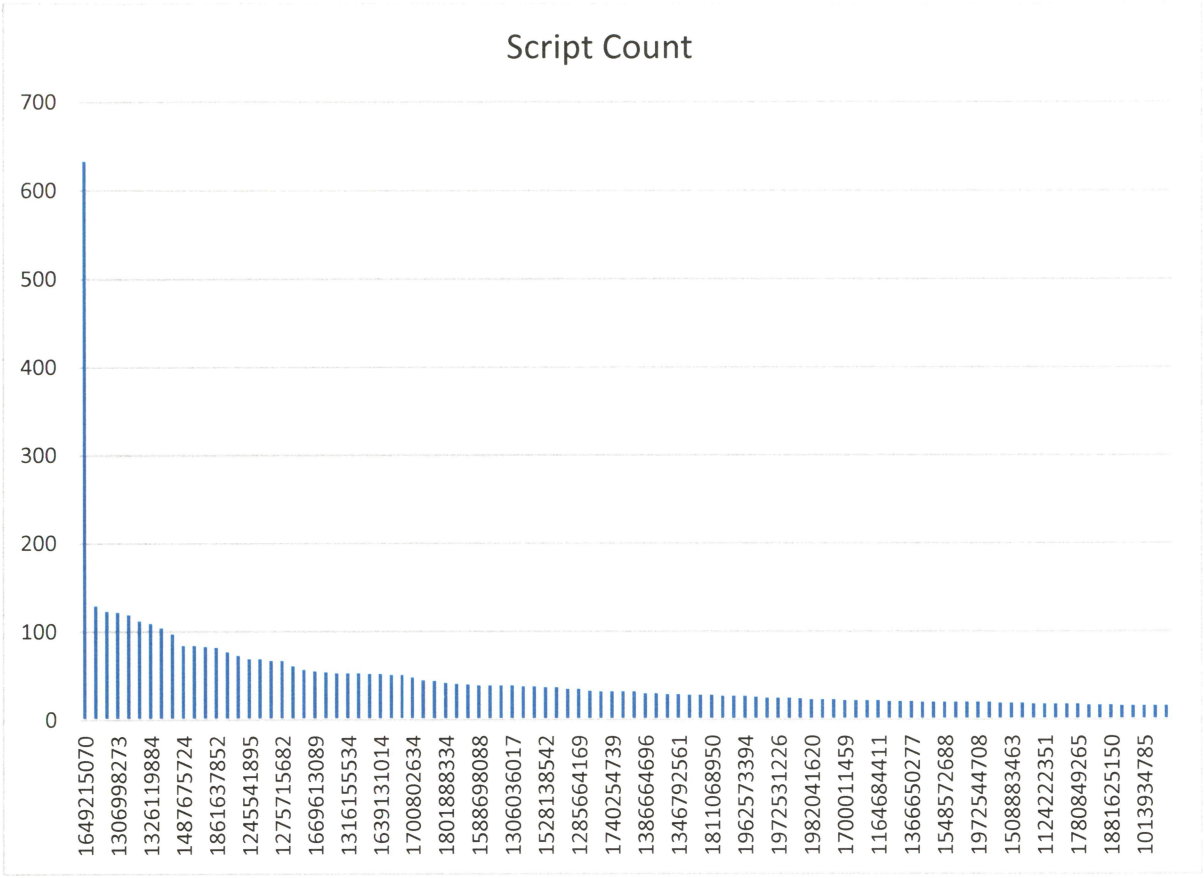
At the direction of the 2017 legislative assembly, the Department has worked diligently to improve the utilization of stimulants through provider education, outreach, and claims processing edits. The Department presented information to the 2017 legislative assembly showing a significant outlier in prescribing dextroamphetamine/amphetamine mixed salts (Adderall®). The same outlier can be seen in the following calendar year 2017 data.

#1
SB 2243
3/4/19

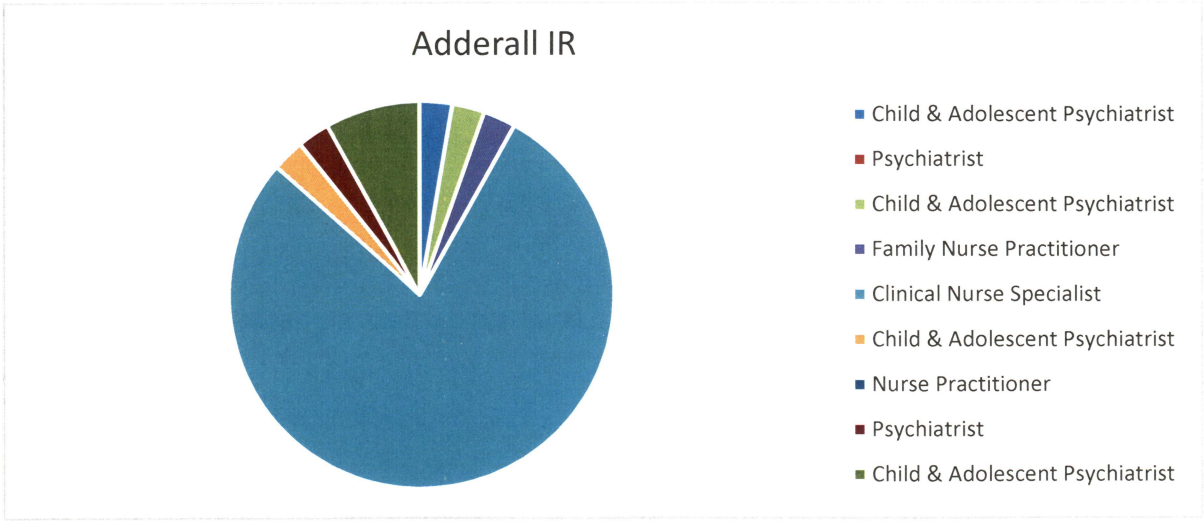


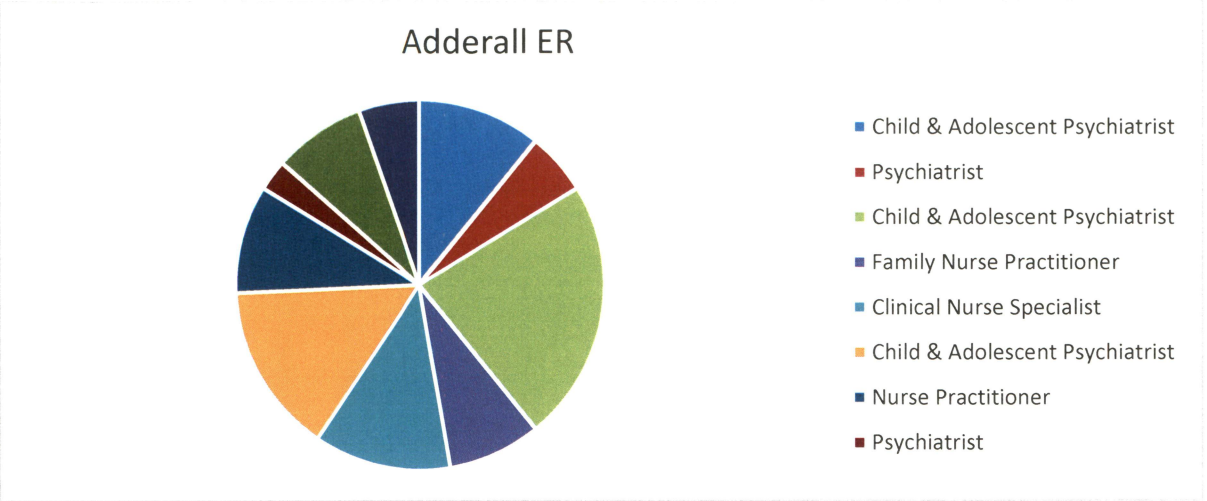
Following our education, outreach, and claims processing edits, the calendar year 2018 data shows that utilization for this product has decreased, but the degree of the outlier actually increased (4.33 times the second highest prescriber in 2017 vs. 4.94 times the second highest prescriber in 2018).

#1
SB 2243
3/4/19

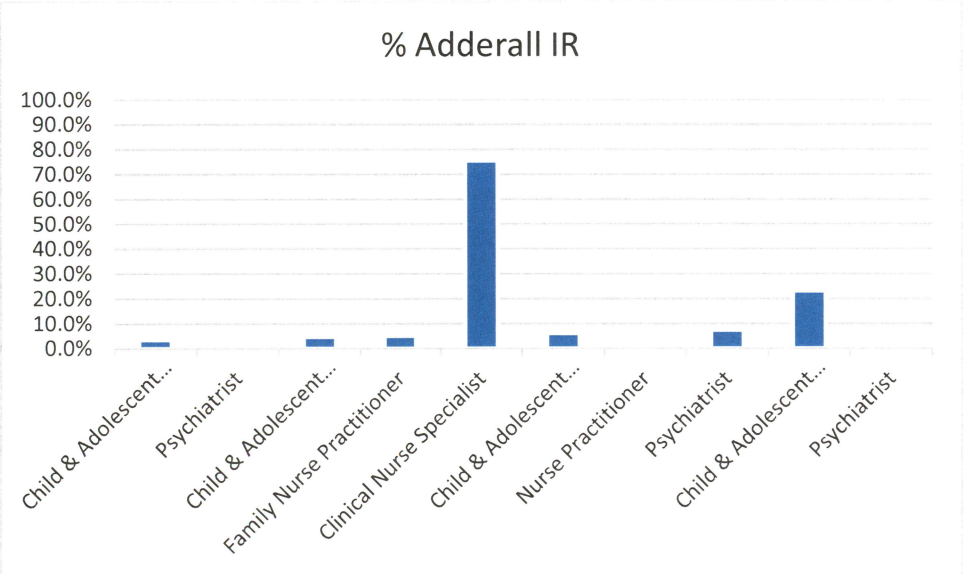


This outlier prescribes a disproportionate share of the more abusable immediate release product as shown on the following two charts which look at the top 10 prescribers of amphetamine products for ADHD.

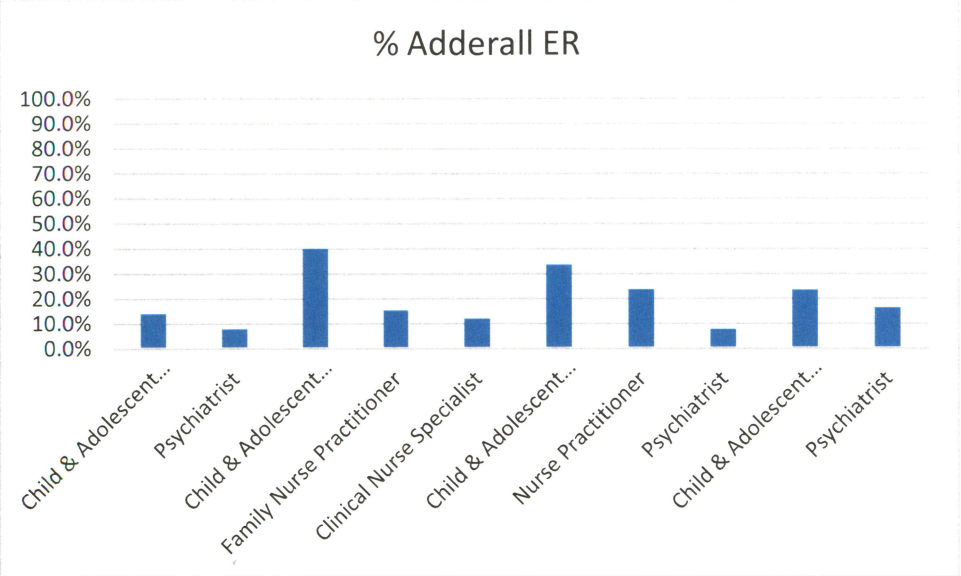


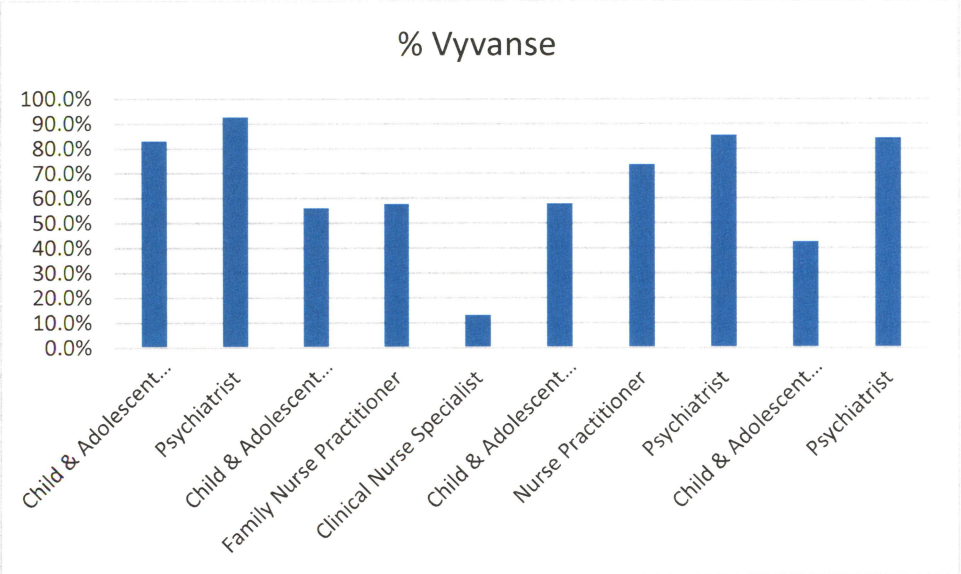


It is important to note that the manufacturer of Adderall® makes the less abusable product Vyvanse® and they have also been encouraging use of Vyvanse® instead of Adderall® products during this time. When looking at the proportion of amphetamine products prescribed by the top 10 prescribers in this class, the outlier is shown to be the lowest by far for the least abusable product.



#1
SB 2243
3/4/19





Again, these numbers are after two years of education and edits as directed by the 2017 legislature.

Antipsychotic Drugs and Children

Regarding antipsychotic use in children, there are two important things we would like to bring to your attention. First, on October 24, 2018, President Trump signed into law the Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act. Within this legislation is the following:

#1
SB 2243
3/4/19

> *"Program to monitor antipsychotic medications by children - The State has in place a program (as designed and implemented by the State) to monitor and manage the appropriate use of antipsychotic medications by children enrolled under the State plan (or under a waiver of the State plan) and submits annually to the Secretary such information as the Secretary may require on activities carried out under such program for individuals not more than the age of 18 years generally and children in foster care specifically."*

This requires all state Medicaid programs to have a program in place by October 1, 2019, to monitor and manage the appropriate use of antipsychotics in children.

Second, the Office of Inspector General (OIG) published in their September 2018 report, "Treatment Planning and Medication Monitoring Were Lacking for Children in Foster Care Receiving Psychotropic Medication" (OEI-07-15-00380) that North Dakota Medicaid ranks first in the nation for the highest percentage of children in foster care who were treated with psychotropic medications.

#1
SB 2243
3/4/19

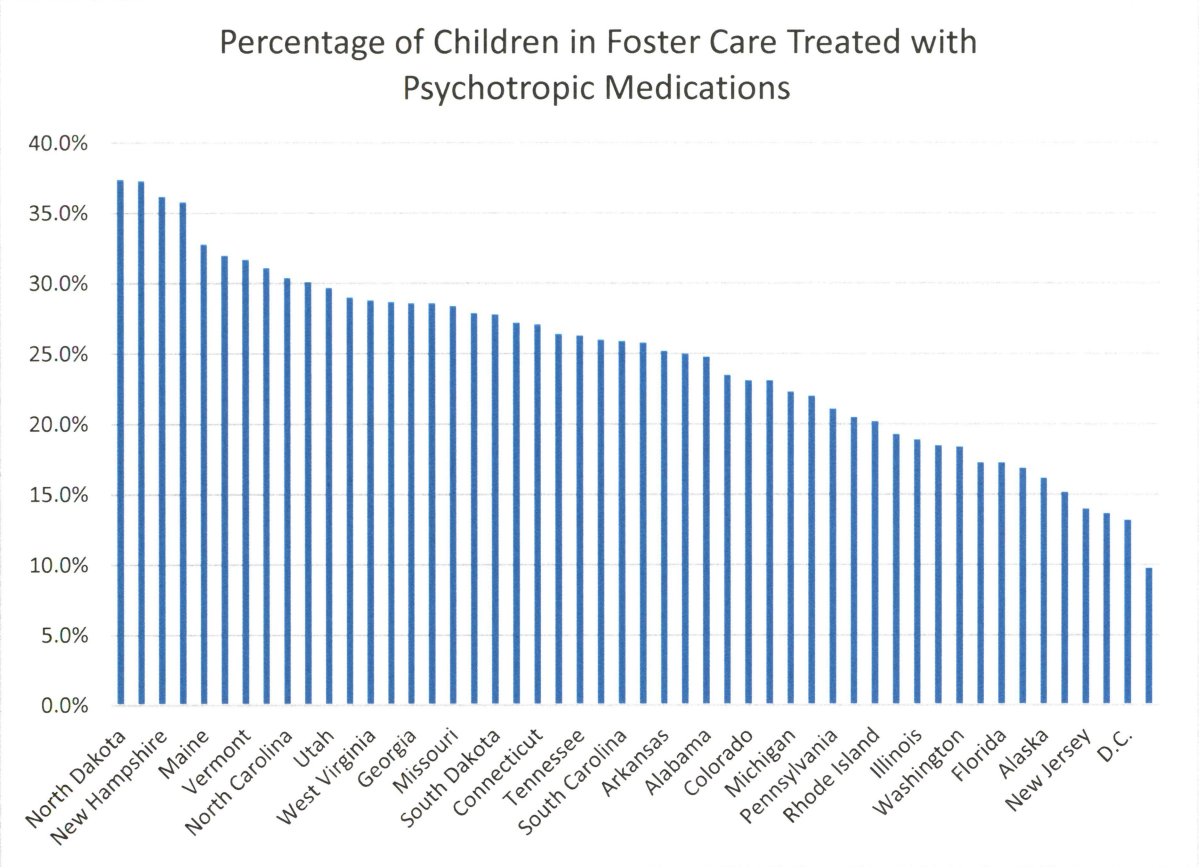


Exhibit B-1: State Demographics Regarding Children in Foster Care Treated with Psychotropic Medications and Related Medicaid Expenditures

State	Population of Children in Foster Care	Number of Children in Foster Care Treated with Psychotropic Medications	Percentage of Children in Foster Care Treated with Psychotropic Medications	Total Medicaid FFS Expenditures for Psychotropic Medications for Children in Foster Care
Iowa	13,951	4,981	35.7%	$7,135,849
Maine	3,527	1,155	32.7%	$1,600,692
New Hampshire	2,614	944	36.1%	$1,741,581
North Dakota	2,734	1,021	37.3%	$1,184,934
Virginia	14,999	5,584	37.2%	$11,959,404

Source: OIG analysis of MSIS eligibility and prescription drug claims data, 2016.

The above data for stimulants and for children receiving psychotropic medications demonstrates the impact of the current limitations on the ability of the ND Medicaid program to administer certain classes within the pharmacy benefit consistent with the administration of other classes. Those efforts consist of incorporating edits and oversight approaches that help ensure appropriate, non-duplicative, safe, efficient, and effective utilization. The department's goal is to ensure every child's right to live a happy, healthy life. I have shared data earlier in this testimony that shows not all prescribers follow guidelines and general practice norms. There can be, and are, extreme outliers. To truly have mental health parity, the use of those medications must receive the same benefit from being evaluated, monitored, and managed as all other medications. Congress has found this to be enough of a concern to where they passed a law to require states to monitor and manage these medications in children.

The Department does not anticipate any changes in expenditures due to this bill, which is why there is no fiscal note.

This concludes my testimony, and I am happy to answer any questions you may have.

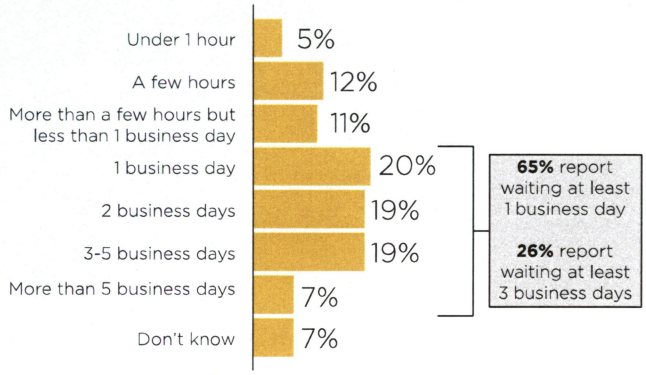
#2
SB 2243
3/4/19
pg. 1

2018 AMA Prior Authorization (PA) Physician Survey

Patient impact

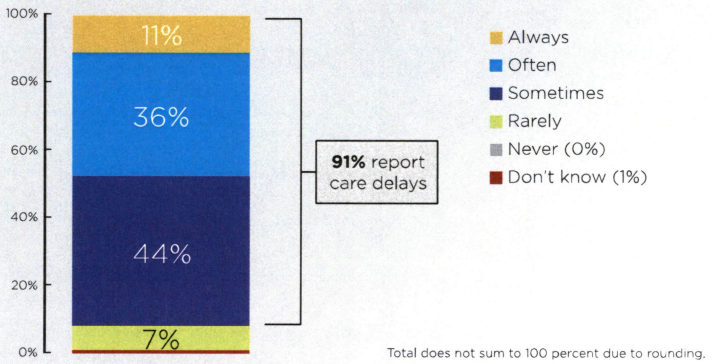
Average wait time for PA responses

Q: In the last week, how long on average did you and your staff need to wait for a PA decision from health plans?



Care delays associated with PA

Q: For those patients whose treatment requires PA, how often does this process delay access to necessary care?



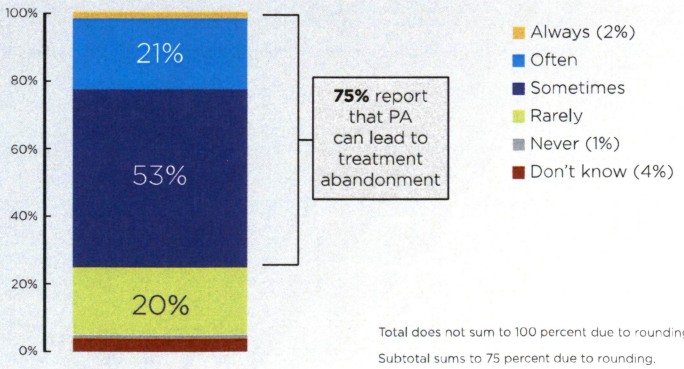
Total does not sum to 100 percent due to rounding.

In your experience, has the PA process ever affected care delivery and led to a serious adverse event (e.g., death, hospitalization, disability/permanent bodily damage, or other life-threatening event) for a patient in your care?

28% reported PA led to a serious adverse event

Abandoned treatment associated with PA

Q: How often do issues related to the PA process lead to patients abandoning their recommended course of treatment?

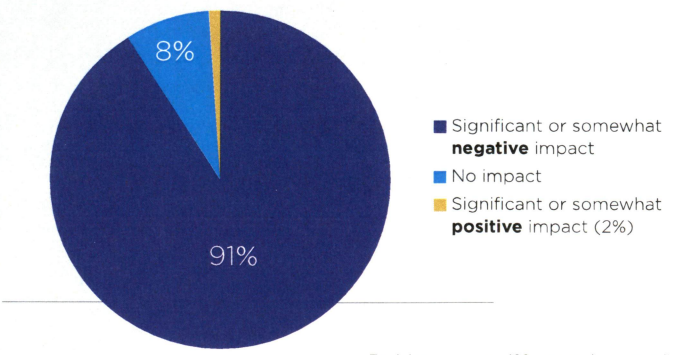


Total does not sum to 100 percent due to rounding.

Subtotal sums to 75 percent due to rounding.

Impact of PA on clinical outcomes

Q: For those patients whose treatment requires PA, what is your perception of the overall impact of this process on patient clinical outcomes?



Total does not sum to 100 percent due to rounding.

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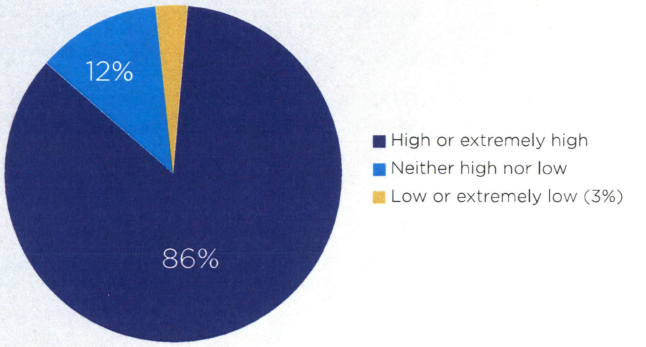
Physician impact

Physician perspective on PA burdens

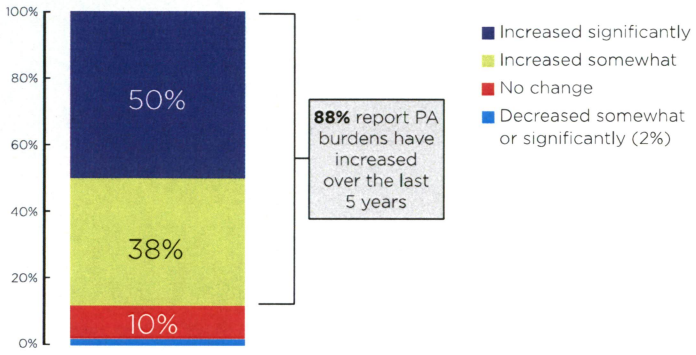
Q: How would you describe the burden associated with PA in your practice?



Total does not sum to 100 percent due to rounding.

Change in PA burden over last five years

Q: How has the burden associated with PA changed over the last five years in your practice?

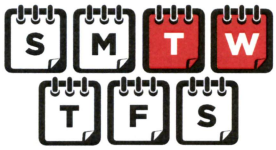


On average, practices complete

3.1

PAs per physician, per week*

Physicians and their staff spend an average of almost



two business days (14.9 hours) each week completing PAs†

More than 1 in 3

36%

of physicians have staff who work exclusively on PA††

Survey methodology

- Twenty-nine question, web-based survey administered in December 2018
- Sample of 1,000 practicing physicians drawn from M3 panel
- Forty percent primary care physicians/ 60 percent specialists
- Sample screened to ensure that all participating physicians:
  - Are currently practicing in the United States
  - Provide 20+ hours of patient care per week
  - Complete PAs during a typical week of practice

Survey questions

* **Volume of PAs:** Please provide your best estimate of the number of prescription and medical services PAs completed by *you yourself and/or your staff* for your patients *in the last week*. Do not include PAs that practice staff completed for the patients of other physicians in your practice.

† **Time to complete PAs:** Thinking about all of the PAs you and your staff completed in the last week, please provide your best estimate of the number of hours spent on processing these PAs. Do not include PAs that practice staff completed for the patients of other physicians in your practice.

†† **Practice resources for PA workload:** Do you have staff members in your practice who work exclusively on PA?

For information on the AMA's advocacy efforts and resources to reduce PA burdens, visit **ama-assn.org/prior-auth**.

To join the AMA's grassroots PA reform campaign and sign a petition to Congress, visit **fixpriorauth.org**.

AMA
AMERICAN MEDICAL ASSOCIATION

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AMERICAN PSYCHIATRIC ASSOCIATION

800 Maine Avenue, S.W.
Suite 900
Washington, D.C. 20024

March 1, 2019

North Dakota Legislative Assembly
House Human Services Committee
State Capitol
Bismarck, ND 58505

Re: Oppose SB 2243 – Repeal of Statutory Protections for Access to ADD and ADHD Medication

Dear Chair Weisz, Vice-Chair Rohr, and Members of the Committee,

I am writing on behalf of the American Psychiatric Association (APA), the medical specialty association representing over 37,800 psychiatric physicians and their patients. We are strongly opposed to SB 2243, which would eliminate existing statutory protections for attention deficit disorder (ADD) and attention deficit hyperactivity disorder (ADHD), subjecting them to prior authorization.

We are concerned about the bill's potential impact on the well-being of North Dakotans who suffer from ADD and ADHD as this would limit Medicaid patients' access to medically necessary pharmaceutical treatments and interfere with the physician – patient relationship. Doctors need to have complete discretion to prescribe the most appropriate medicines for patients with ADD and ADHD. Removing these critical protections may have dire health consequences for beneficiaries.

While North Dakota might be using prior authorization in an attempt to save money, restricting access would result in much higher costs in other areas of the program and for society in general created by the clinical harms from delaying, limiting, or denying vulnerable patients' access to these medications. A 2011 study by the American Psychiatric Institute for Research and Education (APIRE), found that Medicaid patients receiving Medicare prescription drug benefits, who were previously stable on their medications but had to switch medications because clinically-indicated refills were not covered or approved, experienced significantly higher adverse events (62% versus 37%), including ER visits, hospitalizations, homelessness, and incarceration.

In consideration of the potential negative impact on patient health and the lack of overall monetary savings that could be achieved, ADD and ADHD medications should not be subject to prior authorization. We urge you to vote "no" on SB 2243. If you

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3-4-19
p. 4

have any questions, please contact Erin Berry Philp, Director of State Government Relations, at ephilp@psych.org

Sincerely,

Saul Levin, M.D., M.P.A.
C.E.O. and Medical Director
American Psychiatric Association

NORTH DAKOTA PSYCHIATRIC SOCIETY

A District Branch of the American Psychiatric Association

#3
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March 4, 2019
From: ND Psychiatric Society
Re: SB 2243

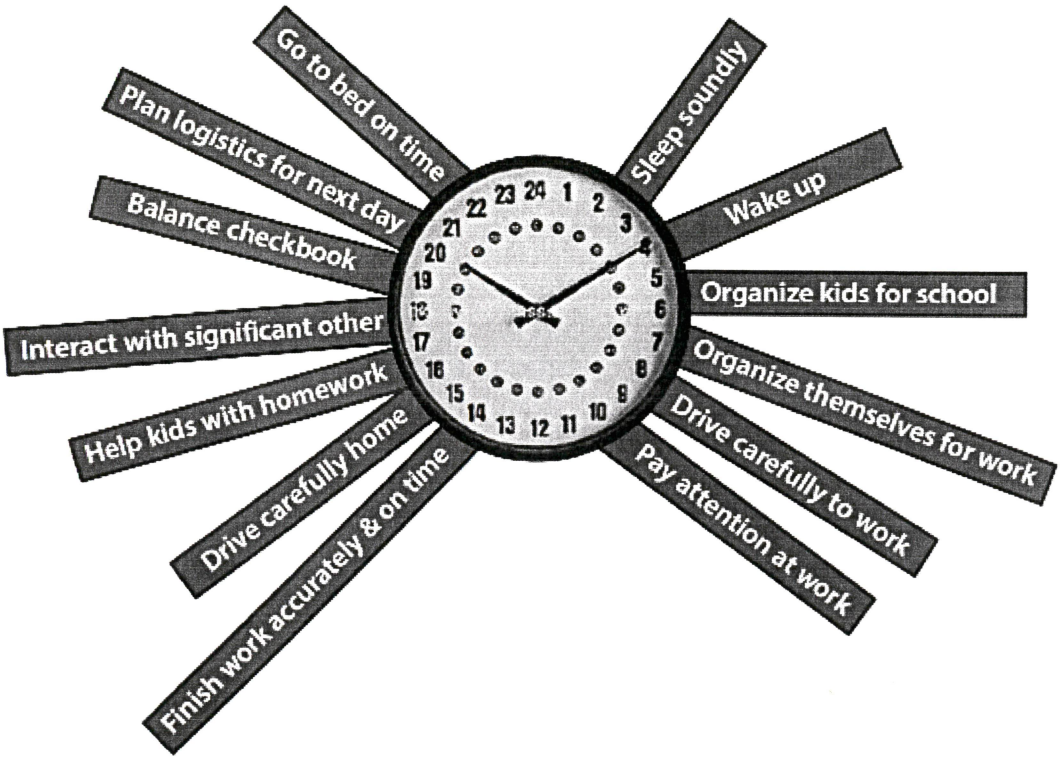
Esteemed Chairman Weisz and members of the Human Services House Committee,

On behalf of the ND Psychiatric Society, we are writing to bring to your attention the dangers[1-3] of going forth with the provisions regarding the ADHD treatment limits.

ADHD is not just about inattention, but also about impulsivity, lack of thinking through.

And life happens around the clock, not only during the 8 hours of clinical action of a medication.

Not treating ADHD properly – tailored for each individual's life - means unnecessary exposure to risk of accidents, drug use, self-injury/suicide[3], productivity loss, etc.



Driving home, after the clinical action of the stimulant has ended, results in 36% increased risk of a **car crash**[4]. What is the age group who dies most in car crashes? The 5-29 year olds (The 2018 WHO report: https://www.who.int/en/news-room/fact-sheets/detail/road-traffic-injuries).

Would stimulant treatment have changed this outcome? Yes[5].

Can I prescribe this treatment? No.

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SB 2243
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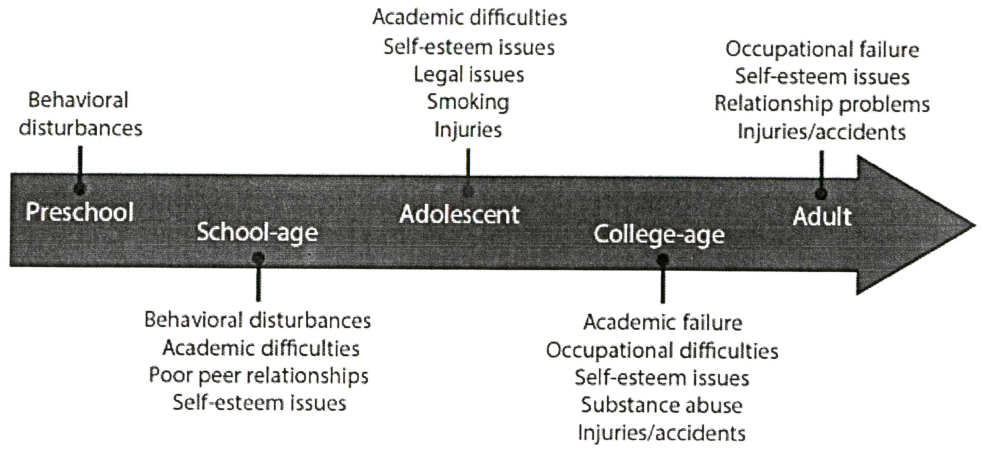
Esteemed members of the Committee and parents in the audience, can you understand my frustration as a responsible doctor who knows both the science and the individual patient's brain function?

Symptom and Functional Impairment in Attention-Deficit/Hyperactivity Disorder Across the Lifespan



We thank the Human Services House Committee for listening.

Gabriela Balf-Soran, MD, MPH
ND Psychiatric Society President
APA State Representative
Associate Director – UND School of Medicine – Behavioral Sciences and Psychiatry Dept

1. Brown, K.A., S. Samuel, and D.R. Patel, *Pharmacologic management of attention deficit hyperactivity disorder in children and adolescents: a review for practitioners.* Translational pediatrics, 2018. **7**(1): p. 36-47.
2. Gautam, M. and D. Prabhakar, *Stimulant Formulations for the Treatment of Attention-Deficit/Hyperactivity Disorder.* Prim Care Companion CNS Disord, 2018. **20**(6).
3. Stickley, A., et al., *Attention-deficit/hyperactivity disorder symptoms and suicidal behavior in adult psychiatric outpatients.* Psychiatry Clin Neurosci, 2018. **72**(9): p. 713-722.
4. Louzã, M.R., *Association of ADHD with increased motor vehicle crashes.* The Journal of Pediatrics, 2017. **190**: p. 287-290.
5. Gobbo, M.A. and M.R. Louza, *Influence of stimulant and non-stimulant drug treatment on driving performance in patients with attention deficit hyperactivity disorder: a systematic review.* Eur Neuropsychopharmacol, 2014. **24**(9): p. 1425-43.

#1 SB 2243
3-18-19

PROPOSED AMENDMENTS TO ENGROSSED SENATE BILL NO. 2243

Page 2, line 3, remove the overstrike over "~~Antipsychotics;~~"

Page 2, line 4, remove the overstrike over "~~(2)~~"

Page 2, line 5, remove the overstrike over "~~(3)~~"

Page 2, line 5, remove "(2)"

Page 2, line 6, remove the overstrike over "~~(4)~~"

Page 2, line 6, remove "(3)"

Page 2, line 7, remove the overstrike over "~~(5)~~"

Page 2, line 7, remove "(4)"

Page 2, line 8, remove the overstrike over "~~(6)~~"

Page 2, line 8, remove "(5)"

Page 2, after line 19, insert:

"e. The restrictions of this subsection do not apply if prior authorization is required by the centers for Medicare and Medicaid services."

Renumber accordingly