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Dedicated to promoting the highest quality care for people with mental disorders and to serving the professional needs of Ohio's psychiatric physicians.

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**Testimony of
Dr. James Wasserman, President, Ohio Psychiatric Physicians Association**

**Senate Finance Committee
Amended Substitute House Bill 153**

Wednesday, May 18th, 2011

Good morning Chairman Widener, Vice Chairman Jones, ranking member Skindell and members of the Senate Finance Committee. My name is Dr. James Wasserman and I am President of the Ohio Psychiatric Physicians Association (OPPA), Distinguished Life Fellow of the American Psychiatric Association and board certified psychiatrist. Currently, I am the attending psychiatrist at the Community Support Network of Twin Valley Behavioral Health in Columbus Ohio, one of Ohio's seven state psychiatric hospitals serving the needs of those with severe mental illness. I am here today to present testimony on the Medicaid portion of Amended Substitute House Bill 153 on behalf of the Ohio Psychiatric Physicians Association.

The OPPA is a medical specialty society with more than 1,000 psychiatric physician members, located throughout Ohio. Psychiatrists are physicians who specialize in the diagnosis and treatment of mental illness. The OPPA members serve the mental health needs of Ohio practicing in settings ranging from institutional settings, such as Twin Valley Behavioral Health to private practice within the community. The OPPA is a mission driven organization dedicated to promoting the highest level of care for people with mental disorders.

I am testifying today to express support for language added in the substitute House bill that codifies the current state policy of exempting psychiatrists from prior authorization when prescribing anti-psychotics and anti-depressants. This policy was implemented in recognition that cost management techniques, such as prior authorization, are not appropriate for sensitive populations such as those with severe mental illness. The existing policy recognizes the specialized training and expertise of psychiatrists as being uniquely qualified to prescribe these specific medications without restrictions. The OPPA is thankful to Representative David Burke (R-Marysville) for successfully seeking the inclusion of language codifying the existing state policy into the Am Sub HB 153, and respectfully request the Senate to maintain this language.

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The OPBA is extremely concerned with language added in the House Omnibus Amendment, requiring that the prior authorization exemption only apply when, "The drug is prescribed for an intended use that is indicated on the drug's labeling, as approved by the Federal Food and Drug Administration." The language in Sec. 5111.172 (B)(4) is an unnecessary restriction from the policy currently in place; a restriction that stands to be most directly felt by pediatric patients.

After a new approval, further Food and Drug Administration "indications" for a medication frequently lag behind the most up-to-date research, and thus the current standard of psychiatric care. This is for several reasons:

- While the FDA approval process for a new medical indication is in process, physicians in the community familiar with the most recent research (typically specialists in that field--psychiatrists in the case of antipsychotics and antidepressants) begin prescribing the medication for this new use (or age group) well before the FDA grants the official indication. The practice, called "off-label prescribing" is common, and, as practiced by psychiatrists is based on the latest research. Such use thus represents the cutting edge of effective treatment for the mentally ill.
- In the case of child and adolescent psychiatry, off-label prescribing is often the only option, as newly FDA approved medications are typically only "indicated" for use in adults as the research for safety in children has not been done. However, with further research, such safety and proper uses are established long before FDA gives approval.
- Finally, if the medication is generic, a pharmaceutical company (given the absence of a profit motive) may never even apply for the new indication.

The OPBA respectfully request that the language in Sec. 5111.172 (B)(4) be deleted from Am Sub HB 153.

Thank you Chairman Widener, ranking member Skindell, and members of the Committee for your time and consideration. I would be happy to respond to any questions you may have.