

Modern Healthcare

Modern Healthcare: [A health insurance practice that could fuel the mental health crisis](#) | Opinion

By Rimal Bera, MD | September 20, 2021

The coronavirus pandemic shook mental health in America. The Centers for Disease Control and Prevention found that Americans are reporting greater depression and anxiety during COVID-19, while a greater share of adults reported unmet mental healthcare needs. Now federal lawmakers, employers and other stakeholders are putting a larger spotlight on mental health in the form of workplace benefits, [policy recommendations](#) and training programs.

Given these recent trends and increasing focus on mental health, improving access to mental health treatment is more important than ever. Yet some health plans instead are serving their own bottom line by making it more difficult for patients with conditions like depression to get their medication.

Often called non-medical switching, health insurers and pharmacy benefit managers use coverage changes to drive stable patients from the medication they're taking to one that's more profitable for the health plan. This often entails increasing a stable patient's out-of-pocket costs for their current medication or removing coverage for a medication altogether. In this scenario, the stable patient may be forced to switch to an entirely different medication because they can no longer afford their current prescription. Given that these changes can occur after the patient has carefully chosen a plan based on their own medical needs, non-medical switching is effectively a bait-and-switch tactic.

Insurers and pharmacy benefit managers should be held accountable for ensuring patients with depression, anxiety and other mental health conditions can get the treatments they need—the treatments their providers recommended. When they don't, it can have dire costs for the patient, the plan and the entire healthcare system.

Faced with higher costs or reduced access to their prescribed treatment, patients with mental health conditions often switch to a different drug, which may be older or less effective for their condition. [One study](#) demonstrated that every switch from one depression medication to another yielded worse outcomes for patients: depression-related hospitalizations, weight gain, and even increased risk of suicide.

Another analysis, by the [Alliance for Patient Access](#), found that nearly 60% of patients who experience non-medical switching report a complication as a result of their medication change. The same study found that these treatment changes can affect emotional health, as patients reported that the switch left them feeling anxious (75%), frustrated (83%) and helpless (70%).

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Health insurers and pharmacy benefit managers may make these changes to maximize their profits as they negotiate higher rebates or better deals for different drugs. Non-medical switching does not, however, reduce healthcare costs. In fact, the opposite scenario often plays out. According to one study, patients who were stable on their depression medication and then switched to a different medication for non-medical reasons had higher healthcare costs within three months of the switch compared with patients who did not switch.

When a health plan causes a patient to switch treatments for non-medical reasons, a patient's treatment plan essentially becomes a compromise between what their doctor recommends, what the health plan chooses to cover, and what the patient can afford.

These sudden coverage changes neglect the careful decision-making process that takes place between a patient and their physician to find the right medication. Physicians are in the best position to make treatment recommendations for someone who is managing a mental health condition—or any other health complication—and are cognizant of cost as they do so.

The 1 in 5 Americans living with a mental illness today deserve to know that treatment decisions will remain between them and their doctor. As we reorient back into normal life, we must hold health plans and pharmacy benefit managers accountable for providing strong, broad access to the most effective mental health medications. When health plans insert themselves into treatment decisions, they only worsen the mental health crisis—at a cost to everyone involved.

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