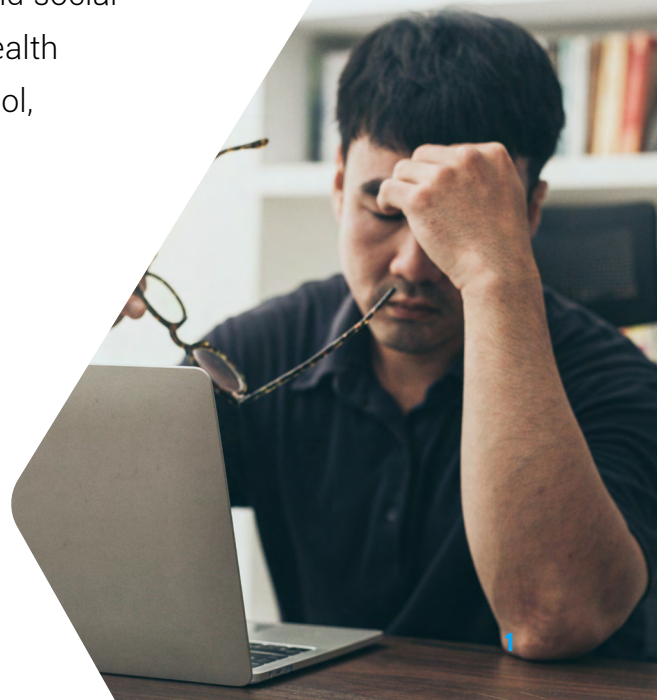


# PROTECT PATIENTS WITH MENTAL HEALTH CONDITIONS BY PROHIBITING NON-MEDICAL SWITCHING

## What is a mental health condition?

The National Alliance on Mental Illness (NAMI) defines a mental health condition as a condition that affects a person's thinking, feeling, behavior, or mood.<sup>1</sup> Mental health conditions are common in the United States. One in five adults in the U.S. experiences a mental health condition each year and on average more than 50 percent of Americans will be diagnosed with a mental health condition at some point during their life.<sup>2</sup> While there is no single cause associated with the development of a mental health condition, several factors can contribute to developing one such as genetics, physical and social environment, and lifestyle.<sup>3</sup> When left untreated, mental health conditions can interfere with an individual's daily life, school, work, and relationships.

An individual's mental health is not static and can change over time. Mental health is just as important as physical health, and the two are often intertwined. For example, a mental health condition, such as depression, can increase an individual's risk of developing diabetes and heart disease.<sup>4</sup>





## What is non-medical switching?

Non-medical switching occurs when a health insurer effectively requires a stable patient to switch from his or her current, effective medication to an alternative drug by excluding the original medication from coverage, elevating the drug to a higher cost tier, or otherwise limiting access to a treatment or increasing the patient's out-of-pocket costs.<sup>5</sup> These changes often occur after the plan year has begun, when patients are locked into their plans and thus unable to change coverage to access their existing medications.

Forcing a patient who is stable on a medication to switch medications for financial rather than medical reasons can cause negative health outcomes, such as medical complications, a resurgence of symptoms, and lower quality of life. Non-medical switching inappropriately supersedes a physician's professional judgment and removes a patient's ability to have a say in their treatment plan.<sup>6</sup>





## How does non-medical switching impact patients with mental health conditions?

Many patients with mental health conditions try several treatments before finding one that works, a process that can take months or even years. Every patient is unique and a medication that works for one may not work well for another. Moreover, psychopharmaceutical medications that treat mental health conditions are complex and are not easily interchangeable.<sup>7</sup>

Non-medical switching can drastically impact an individual's mental and physical health, as well as potentially increasing a patient's health care costs.<sup>8</sup> Recently, a survey by the Alliance for Mental Health Care Access (AMHCA) found that one in five patients with mental health conditions required a visit to the hospital or emergency department due to a change in how their medication was covered.<sup>9</sup> Additionally, 60 percent of survey participants reported having increased anxiety after a non-medical switch.<sup>10</sup> Non-medically switched patients also reported negative health consequences such as weight gain, reduced interest in social activities, missed work or school, problems with family or friends, and other negative impacts with their co-occurring health conditions.<sup>11</sup> Lastly, more than 40 percent of patients reported that their new medication did not work as well as their previous treatment.<sup>12</sup>

Non-medical switching can also undermine a patient's treatment adherence, which can ultimately increase overall health care costs.<sup>13</sup> One report found that medication nonadherence directly contributes to an estimated \$100 billion in costs to the U.S. health care system, with indirect costs contributing an additional \$1.5 billion in lost patient earnings and \$50 billion in lost productivity.<sup>14</sup> Thus, unnecessarily interfering with a stable patient's access to mental health treatment is not only detrimental to their health, but also economically harmful to both the patient and the larger U.S. health care system.





## **Mental health coverage policies must ensure patients can access the treatments that are best for them.**

Providers should be able to direct their full attention to selecting the best medication for their patients, not on how to manage benefit utilization policies like non-medical switching that impair their patients' progress. To keep stable patients healthy, state and federal lawmakers should establish new legislation that prioritizes access to care and limits or prevents health plans and pharmacy benefit managers from switching patients off their medications for non-medical reasons during the plan year and during re-enrollment periods.

To see if your state protects patients against non-medical switching, visit Aimed Alliance's [Non-Medical Switching Enacted Laws Map](#) on the Aimed Alliance website.

## **HOW CAN YOU HELP?**

Call your state and federal legislators and ask them to introduce or pass state legislation that ensures access to mental health care without interference from dangerous health insurance policies like non-medical switching.

## **WHERE CAN YOU GET MORE INFORMATION?**

For more information, contact:

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