



HOUSE COMMITTEE ON CONSUMER PROTECTION AND COMMERCE

The Honorable Mark M. Nakashima, Chair
The Honorable Jackson D. Sayama, Vice Chair

HOUSE COMMITTEE ON LEGISLATIVE MANAGEMENT

The Honorable Nadine K. Nakamura, Chair
The Honorable Dee Morikawa, Vice Chair

S.C.R. NO. 15, S.D. 1, REQUESTING THE AUDITOR TO ASSESS BOTH THE SOCIAL AND FINANCIAL EFFECTS OF PROPOSED MANDATED HEALTH INSURANCE COVERAGE FOR A PERCENTAGE OF THE COSTS OF KETAMINE THERAPY TO TREAT DEPRESSION

Hearing: Thursday, April 13, 2023, 2:00 p.m.

The Office of the Auditor offers comments on S.C.R. No. 15, S.D. 1, requesting the Auditor to conduct a social and financial assessment of proposed mandatory health insurance coverage for a percentage of the costs of ketamine therapy to treat depression.

Section 23-51, Hawai'i Revised Statutes (HRS), which requires the Auditor to assess the social and financial impacts of legislative measures proposing to mandate health insurance coverage, directs that the concurrent resolution designate a specific bill proposing the health mandate that includes, at minimum (1) the specific health service, disease, or provider that would be covered; (2) the extent of the coverage; (3) the target groups that would be covered; (4) the limits of utilization, if any; and (5) the standards of care.

S.C.R. No. 15, S.D. 1 identifies S.B. No. 279 (2023 Regular Session), which proposes to require health insurance policies to provide coverage for a yet-to-be-defined percentage of the cost of ketamine therapy "to treat depression in qualifying patients, as determined by qualified psychiatrists or other mental health professionals." S.B. No. 279, however, does not include the minimum information required by Section 23-51, HRS, and more importantly, needed for us to assess the social and financial impacts of the proposed coverage. *See* Section 23-52, HRS. Specifically, S.B. No. 279 does *not* include any definition or other description of the ketamine therapy that health insurers will be required to cover; it does not define either "qualified psychiatrists" or "other mental health professionals"; and it does not include the percentage of the costs to be covered by insurers.

In our view, the health insurance coverage proposed in S.B. No. 279 lacks needed information and detail for us to assess the social and financial impacts of ketamine therapy. We suggest that the Legislature consider deferring S.C.R. No. 15, S.D. 1 until S.B. No. 279 is amended to conform with the requirements of Section 23-51, HRS.

Thank you for considering our testimony related to S.C.R. No. 15, S.D. 1.



1401 S. Beretania St. Suite 450
Honolulu, HI, 96814

Date: 4-11-23

I testify in support of bills: SCR15/SD1

Ketamine is the **only** known psychiatric treatment that is proven to reduce suicidal thoughts. A recently published French study (*Jollant et al.*) in the British Medical Journal showed a 70% reduction in suicidal thoughts. The effect persisted for over six weeks.

In my clinic, I see a clinical response rates of 70-75% for depression, and I have treated hundreds of suicidal patients with success. Thus, it is a **vital** treatment, (like an asthma inhaler) and one which insurances **must** cover. (Gender transition surgeries have mandated coverage by the same argument.)

Insurances do reimburse for standard antidepressants, which can actually **increase suicide thoughts**. Many patients from lower income backgrounds are aware of this, and are aware ketamine is superior. They know they must pay \$395 out of pocket at my clinic, (or 5-600\$ or more at other clinics), as it is off-label. There is no major commercial insurance operating in Hawaii that will cover it. Any appeal for coverage to HMSA or UHA is routinely denied. Patients without funds, must choose less effective treatment. This inequity in treatment coverage must be addressed by the legislature. Denial of coverage makes sense for elective cosmetic procedures, which are not medically-necessary, **but should insurances be able to deny a vital and possibly life-saving treatment?**

Insurances typically only reimburse for FDA approved treatments... ketamine is an old anesthetic from from the 1970s that has been "re-purposed" for depression. Because there is no official FDA "indication" of ketamine for depression, **this ambiguity allows insurances to deny coverage.**

There is in fact one FDA-approved brand version of ketamine that they reimburse, called Spravato. It is a patented brand-name spray that goes in the nose. However, this form of ketamine is **not effective for suicide thoughts**. The studies done by Johnson & Johnson (the manufacturer) did **not** show benefit to suicide thoughts.

Insurances must pay Johnson & Johnson or intermediaries \$600-800 (the brand name price) for a bottle of Spravato, even though it is far inferior to our intramuscular treatment.

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If standard treatments were reimbursed, it would save insurances money in ER visits.

We can effectively managing suicidal thoughts in clinics like mine.

Most of the severely depressed patients treated with ketamine in my clinic receive treatments quarterly, or bimonthly and this leads to a yearly cost of around 1,500-2,500\$. Contrast this with a single ER visit, which may cost insurances >2,000\$. (Psychiatric hospitalization may cost ten times that amount.)

I recommend that HMSA and UHA require a board certified psychiatrist present, prior to allowing reimbursement, and require authorizations proving the diagnosis. Other regulations could be also established.

I am a licensed physician, in state of HI, MD license# 16978, expiration date 1-31-2024. You may call my business line with any questions.

Cordially,

Thomas Cook, M.D.

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SCR-15-SD-1

Submitted on: 4/12/2023 7:44:28 AM

Testimony for CPC on 4/13/2023 2:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---------------------|---------------------------------------|---------------------------|-------------------|
| Robin Martin | Kahala Clinic For Children and Family | Support | Remotely Via Zoom |

Comments:

Aloha Chair, Vice Chair, and Members of the Committee,

My name is Dr. Robin Martin, I am a psychiatrist who trained and now practice in Honolulu with the Kahala Clinic for Children and Family, and am also assistant clinical faculty with the Department of Psychiatry at UH, and I am **in strong support of SCR15** which will assess the effects of a proposed mandated insurance coverage of ketamine therapy to treat depression.

In my profession I see on a daily basis the significant mental health challenges our state is facing, and the limitations in our current treatment paradigms. Major depression is becoming the leading cause of disability worldwide, and suicide is the leading cause of death in the youth of Hawaii. We are in desperate need of new therapies, and increasing access to treatments that are proven safe and effective. Ketamine is one such treatment, and is the only rapid acting anti-depressant and anti-suicidal agent that we have access to. I have seen it work when everything else has not, saving lives and restoring hope to patients and families. Unfortunately this treatment is vastly underutilized due to lack of insurance coverage, requiring significant out of pocket expenses that make this treatment out of reach for many who need it the most. This bill is an important step forward in addressing this issue and helping make available a powerful tool in addressing the mental health crisis in Hawaii. Please support this bill.

Sincerely,

Dr. Robin Martin

Board Certified in Psychiatry and Neurology

SCR-15-SD-1

Submitted on: 4/11/2023 7:58:59 PM

Testimony for CPC on 4/13/2023 2:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---------------------|---------------------|---------------------------|----------------|
| Kevin Martin | Individual | Support | In Person |

Comments:

Hi,

My name is Kevin Martin and I'm a 32-year old male and have been living on island for over six and a half years now. More specifically, prior to my arrival on Oahu, I was enlisted in the US Army for three and a half years as a Cavalry Scout, where I spent eleven months deployed to Kandahar, Afghanistan. On August 12th, 2011, I was hit by a roadside bomb, during an emergency recovery mission to assist numerous wounded in action and killed in action US service members. Five days later, I was again hit by another roadside bomb while conducting reconnaissance operations. As a result, I was awarded a Purple Heart for Traumatic Brain Injury. My deployment to Afghanistan was difficult, dangerous, and damaging. During the course of my deployment to Afghanistan, I hit a total of three roadside bombs, all of which occurred before I turned 21 years old.

Even so, the worst part about the war was not a bullet, bomb, terrible boss, or a bad mission - it was coming home. There was an initial thrill of returning home, being alive, and getting accepted into college. However, after a few years of having a smartphone, instagram, and accruing student loan debt (the hallmarks of millennial American life) - I began thinking about killing myself regularly. Fast forward, three years after I got out of the Army, I had managed to graduate from one of the most prestigious liberal arts schools in the country, but it met nothing because I genuinely did not want to live anymore. I was diagnosed with major depression disorder and PTSD with traumatic brain injury.

I knew I needed to make some changes, so I did what many lost souls have done and ran away to Hawai'i. I moved to Oahu two weeks after finishing my undergrad. I hoped the change of scenery would help, as I sought help from both the VA and private medical care both before and after arriving in Hawai'i with very minimal results. During that time, I engaged in cognitive behavior therapy, transcranial magnetic stimulation, gestalt therapy, eye movement desensitization and reprocessing (EMDR) therapy, and took whatever pharmaceuticals I was prescribed. None of these treatments worked for me and it felt like my life had become a perpetual game of one step forward and two steps back, until I became a patient of Doctor Thomas Cook of Beyond Mental Health.

I began seeing Dr. Thomas Cook of Beyond Mental Health in 2019 after a fellow graduate student of mine at UH recommend him to me. At the time, I had confided to my classmate that I was suicidal and that was why I had missed the last class. I received a total of fourteen ketamine infusions from June 2019 to May 2020 and I would call the changes that occurred during that time nothing short of miraculous. The changes were rapid, immediate, and sustained which was in direct contrast to all the other treatments I'd tried.

In a short period of time, I watched myself melt away from a strong, resilient, and reliable young man into the most fragile, depressed, and hopeless person I'd ever met. I was 28 years old and thought my life was over until I met Dr. Thomas Cook. One of the saddest aspects about this story is that I had to pay out of pocket for this treatment. Meanwhile, the VA had spent over \$50,000 of taxpayer money on ineffective services and bushleague medications. Had I not been collecting disability and compensation from the VA, I would be dead. I would have not been able to afford this treatment and I would have been one of those 22 veterans each day that take their own life. This has to end. You need to force the INSURANCE COMPANIES TO COVER THE COST OF KETAMINE INFUSIONS. NO IF'S, AN'S, BUT'S OR EXEMPTIONS TO BE MADE.

In the last four years since I began participating in ketamine therapy I have: received a masters degree from UH Manoa, bought a home, and have worked as an civil engineer on numerous wastewater and detention construction projects on Oahu. Moreover, the changes in me as a person are palpable and I have been informed during performance reviews by supervisors that they consider me to be a reliable, hardworking, and thoughtful individual. Those who knew me prior to working with Doctor Cook are marveled by the changes in me. It was so apparent to Dr. Cook, that he had Mahalani Richardson, of Hawaii News Now, come down to his office for a news interview about my successful treatment.

Thanks to Ketamine — I am now a taxpayer, not a tax receiver. I valuably contribute to our community, economy, and have even spent thousands of dollars of my own money to help pay for others ketamine treatment. I even approached Dr. Cook about trying to start a fund to help try and cover the cost of this life saving treatment. Last month, the CDC released a report that stated, “1 in 3 teen girls seriously considered suicide in the past year”. What are you going to do anything about the raging mental health crisis in this country or what? Personally, it's been difficult for me to have pride in this country, given all I've had to endure since returning stateside. Furthermore, a recent gallop poll showed that the share of Americans who are “extremely proud” to be American is at an all-time low. Help change that for me, give me a reason to be a proud American again, and force these insurance companies to cover ketamine treatment for depression.