



SENATE COMMITTEE ON COMMERCE AND CONSUMER PROTECTION

The Honorable Jarrett Keohokalole, Chair
The Honorable Carol Fukunaga, Vice Chair

S.C.R. NO. 15 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

S.R. NO. 13 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, March 16, 2023, 10:00 a.m.

The Office of the Auditor offers comments on S.C.R. No. 15 and S.R. No. 13, 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.

Pursuant Section 23-51, Hawai'i Revised Statutes (HRS), before any legislative measure that mandates health insurance coverage for specific health services, specific diseases, or certain providers of health care services as part of individual or group health insurance policies, can be considered, there shall be a concurrent resolution passed requesting the auditor to prepare and submit to the legislature a report that assess both the social and financial effects of the proposed mandate coverage. In addition, the concurrent resolution shall designate a bill introduced in the legislature must include, at minimum, the following information identifying the (1) specific health service, disease, or provider that would be covered; (2) extent of the coverage; (3) target groups that would be covered; (4) limits of utilization, if any; and (5) standards of care.

S.C.R. No. 15 and S.R. No. 13 identify an unspecified senate bill that will require insurance coverage for a percentage of the costs of ketamine therapy to treat depression. We ask the committee to include a bill that contains the minimum information required in Section 23-51, HRS.

Thank you for considering our testimony related to S.C.R. No. 15 and S.R. No. 13.



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Honolulu, HI, 96814

Date: 3-13-2023

I testify in support of bills: SCR15/SR13

Hawaii's youth suicide rate is significantly higher than the national average. Among young adults, suicide is a leading cause of death nation wide. In a crisis, it is difficult to get talk therapy appointments. As a psychiatrist, I can of course prescribe antidepressants, such as Lexapro and Prozac, but these may actually **increase** suicidal thoughts. In 2007, the FDA required pharmaceutical companies to put a "black box" warnings on these medications, because they can increase suicidal thoughts.

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, ketamine is delivered into the shoulder muscle. I have provided it since 2018 for my patients. I see a clinical response rates of 70-75% for depression, and I have treated hundreds of suicidal patients with success.

The patients pay \$395 out of pocket, (or 5-600\$ or more at some other clinics), since the treatment is off-label. Currently, there is no major commercial insurance operating in Hawaii that will cover these treatments. Any appeal for coverage to HMSA or UHA is routinely denied.

Depressed and suicidal patients are left deciding whether to pay for possible life-saving ketamine treatments on their own.

Lower income patients often choose less effective treatment. This inequity in treatment coverage must be addressed by the legislature. Such inequity seems appropriate for elective cosmetic procedures, which are non medically-necessary.

But for insurances to deny a "vital" and possibly life-saving treatment, a treatment that could potentially save someone's life, is an issue the legislature ought to address.

Why do they deny?

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Insurance companies are only required to pay for FDA approved treatments. Ketamine is an old anesthetic from the 1970s that has been “re-purposed” for depression since 2006. Hospitals are able to bill the insurances for this anesthetic use of ketamine, however, when we use it for depression to save lives, we cannot bill for it. There is no official FDA “indication” of ketamine for depression, and this ambiguity allows insurances to deny coverage.

There is in fact one FDA-approved brand version of ketamine that they reimburse for, 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 intermediaries \$600-800 (the brand name price) for a bottle of Spravato, even though it is inferior to our standard ketamine shoulder injection treatments.

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\$. (Psych hospitalization may cost ten times that amount.)

I would recommend HMSA require a board certified psychiatrist present prior to allowing reimbursement, and require authorizations proving a diagnosis of severe depression.

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

Submitted on: 3/14/2023 9:34:52 AM

Testimony for CPN on 3/16/2023 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Kevin Martin	Individual	Support	Remotely Via Zoom

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.

Since I began participating in ketamine therapy I have received a masters degree from the University of Hawai'i at Manoa, bought a home, volunteered, 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 therapy — 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 egregious costs of ketamine treatment for those in need. I have approached Dr. Cook about potentially starting 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.

SCR-15

Submitted on: 3/14/2023 8:16:02 PM

Testimony for CPN on 3/16/2023 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Nicole Loria	Individual	Support	Written Testimony Only

Comments:

Ketamine is an extremely effective treatment for mental health disorders. I suffer from a debilitating anxiety disorder and was able to regain my quality of life through ketamine shots once every 2-3 months. I've been able to get off prescribed psychotropics and antiansiolitics that made me groggy and dull. However, the cost is high and I feel strongly it should be available to everyone through their insurance.

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

My name is Alexandra Takayesu. I was born and raised and now living in Kula, Maui. I **strongly support this measure.**

I am a JABSOM-trained board-certified psychiatrist, an assistant professor of psychiatry at the University of Hawaii, a member of the Hawaii State Maternal Mortality Committee, and licensed physician in the state of Hawaii.

Ketamine treatment has a strong and growing evidence base in decreasing suicidal ideations and treating treatment resistant major depressive disorder. It is a widely prescribed medication in the field of psychiatry however there is a significant portion of the population who are unable to access this treatment due to financial constraints. It currently is not covered by insurance for the treatment of major depressive disorder and can only be accessed by those with enough financial means to pay out of pocket— treatments cost in the range of \$500-1200 for a complete series of treatment.

The majority of my patients live below the poverty line and they are the very people who would most benefit from this ketamine treatment.

Please support this measure as the first step to increasing access to life-saving treatment to those most in need.

Mahalo,

Alexandra Takayesu, MD