

SCR-8-SD-1

Submitted on: 4/10/2025 12:17:36 PM

Testimony for HLT on 4/11/2025 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Robin Martin	Individual	Support	Written Testimony Only

Comments:

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

My name is Dr. Robin Martin, I am a psychiatrist practices in Honolulu, and am also assistant clinical faculty with the Department of Psychiatry at UH/ JABSOM Medical School, and I am **in strong support of SCR8** which will explore the social and financial effects of insurance reimbursements to cover 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 proven as a rapid acting anti-depressant and anti-suicidal agent. The biggest weapon we have until now in psychiatry has been electroconvulsive therapy (ECT), with has issues with tolerability (memory loss) and stigma. The biggest comparison study of ECT vs ketamine for depression was published in 2023 in the New England Journal of Medicine, (<https://www.nejm.org/doi/full/10.1056/NEJMoa2302399>) where ketamine was shown non-inferior to ECT, and was more tolerable. Most patients would prefer ketamine over a medically induced seizure, but while ECT is often covered by insurance, ketamine typically is not.

I have seen ketamine 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-8-SD-1

Submitted on: 4/11/2025 9:38:13 AM

Testimony for HLT on 4/11/2025 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Vicky Farmer	Individual	Support	Written Testimony Only

Comments:

Aloha!

My name is Vicky Farmer. I am a resident of the Big Island. I am providing testimony in strong support of SCR8 to request the auditor to assess both the SOCIAL and FINANCIAL effects of proposed mandated health insurance coverage for a percentage of the costs of intravenous ketamine therapy to treat depression.

Ketamine is a dissociative anesthetic that has gained attention for its rapid-acting antidepressant effects, particularly in treatment-resistant depression (TRD). Unlike traditional antidepressants, which typically take weeks to work, ketamine can provide relief within HOURS. Because of this and unknown to many, it has been used in the ER (Emergency Rooms) as a treatment for suicidal ideation for decades. In many instances, SSRIs may not work at all and patients struggle through weeks if not months of trying different medications with an untold amount of side effects only to be back at square one.

Suicide is the second leading cause of death in the state of Hawai'i. Suicide affects 135 people connected to the person who chose to end their life. Hawai'i is severely lacking in medical resources and this is one way to help bridge the gap for those experiencing mental health challenges and suicide. Why would we not consider something that is materially incredibly inexpensive cost-wise and time-wise faster acting than the standard level of care in SSRIs.

I have personally and professionally seen the incredibly positive benefits of iv ketamine. Those struggling with treatment resistant depression meaning those who have sought first line treatments like talk therapy, SSRIs, etc. often come up short of effective outcomes.

In my line of work, I have supported those undergoing ketamine assisted therapy where ketamine delivered intravenously by a qualified and certified medical provider has given an incredible amount of relief from a SINGLE administration of the medicine. Coupled with integration support, patients can experience continued relief and a reduction of depressive and anxiety symptoms respectively 100% and 80%.

Ketamine was designated as a Breakthrough therapy in 2019 in its off label use to treat depression. Ketamine primarily acts on the glutamate system, specifically as an NMDA receptor antagonist. This increases synaptic plasticity and enhances communication between brain cells, leading to antidepressant effects. It also stimulates brain-derived neurotrophic factor (BDNF), which promotes neural growth and repair.

Currently ketamine treatment on island is out of reach to the general population due to the high cost of sessions and lack of insurance reimbursement. Many who even come to find alternative breakthrough therapies like ketamine usually do so after SUFFERING for many years, if not decades. Sadly, some don't even find ketamine or other effective treatments. How does this even make sense? The average cost is about \$600 and up. This should NOT be the case and insurance companies should be mandated to cover this highly effective and beneficial medicine. Overall, this could have highly positive SOCIAL and long term positive FINANCIAL effects. Ketamine has significantly less side effects than SSRIs. Most side effects can be treated through a medical provider on site while undergoing ketamine therapy. Please SUPPORT this measure to get ketamine approved as mandated insurance coverage. This could save lives.

Mahalo,

Vicky Farmer