

**HOUSE OF REPRESENTATIVES
COMPILATION OF PUBLIC COMMENTS**

Submitted to the Committee on Insurance

For HB 4713

Compiled on: Tuesday, April 11, 2023 5:47 PM

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Hearing Date: April 11, 2023 8:00 AM

Eric Kunish, Chair

National Alliance on Mental Illness-Central Texas Affiliate

Austin, TX

I support this bill! Aggressively treating first episode psychosis is very important for long term outcomes.

Susan Burek

Self: I'm a parent and a parent advocate for people with disabilities

Austin, TX

I strongly support HB 4713, related to group health benefit plan coverage for early treatment of first episode psychosis.

PLEASE VOTE FOR HB 4713.

Thank you very much.

Aaryce Hayes, Policy Specialist

Disability Rights Texas

Austin, TX

DRTx supports the efforts of Rep Plesa to ensure insurance coverage for early treatment of first episode psychosis. Early intervention using a holistic model with a multi-intervention approach that is person centered is more effective clinically and financially than the current practice of symptom management following a crisis.

Lee Spiller

Citizens Commission on Human Rights-Texas

Austin, TX

Against-

This sounds like an expensive mandate, and one that requires a complex array of services and fidelity to a prescriptive model of care.

We are concerned that this will lead to a “drug early, drug often” strategy that may have adverse consequences in the long term.

Antipsychotic drugs are associated with a number of side effects, some of them severe. These include neurological problems like tremors, movement disorders, dystonia, and even life-threatening effects like Neuroleptic Malignant Syndrome.

A Finnish study published in 2020 examined long term outcomes (19-years) of patients related to cumulative exposure to antipsychotic drugs in the first five-years after a first episode of psychosis. Persons with greater cumulative exposure to antipsychotics in the first five years after First Episode Psychosis were more likely to still be on antipsychotics, more likely to still be receiving psychiatric treatment, more likely to be on disability. Higher cumulative exposure to antipsychotic drugs was also associated with higher mortality rates.

<https://academic.oup.com/schizbullopen/article/1/1/sgaa050/5904462>

An international study published in 2022 pointed to the potential for memory impairment with antipsychotic drugs in First Episode Psychosis. “Risperidone/paliperidone may cause progression of memory impairment in the early months of [First Episode Psychosis]. Replication is needed in confirmatory trials. The findings support the need for careful consideration of the risks and benefits of various antipsychotics and the importance of accounting for their cognitive effects in longitudinal research.”

<https://www.medrxiv.org/content/10.1101/2022.02.16.22271103v1>

International research published by the World Health Organization in 2000 reinforced longstanding perceptions that long term outcomes for Schizophrenia patients were better in developing countries than in developed countries. We would suspect that developing countries are less able to pay for expensive pharmaceutical products.

A PBS story published in 2014 pointed out that Americans use more drugs than persons in other developed countries, ranking “first for their use of antipsychotics as well as drugs for dementia, respiratory problems and rheumatoid arthritis.” The article pointed out that we also pay more for drugs. We suspect that conditions today are much the same.

We urge caution in passing new programs without demanding robust outcomes data.