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To Whom It May Concern:

This letter is to affirm Schackman Kramer and Associates LLC commitment in supporting HF 19/SF 61 which removes barriers to medication access for mental health and substance use disorders.

Providers have become less available, and medications have become harder to prescribe due to the significant number of barriers in place that providers must navigate so a patient can receive medications. This trend is exasperated in rural Minnesota. Roughly 6% of the licensed health care providers in Minnesota work in small rural towns, and 4% work in isolated rural areas. More specifically, in small rural towns, approximately 2.6 physicians per 100,000 people exist for providing services (Minnesota Department of Health, 2021). There is an unbelievable amount of stress on the resources in rural Minnesota, forcing providers to make a choice between treating someone with a medication or not based on how hard it is going to be to get it from the pharmacy.

Medical providers in rural Minnesota who are not a part of larger corporations, are not usually financially positioned to purchase medications for \$2,000 or more in hopes a patient shows for an appointment. It is also not feasible for a provider to drive to a pharmacy to get the medication and administer it to a patient as this takes time and can be a significant distance to travel. Due to the barriers, providers will often change a medication that is able to be purchased by a patient but might not be the most ideal treatment option. Providers are also often inundated with prior authorizations regarding medications such as injectables. These authorizations take a significant amount of time which also leads to providers changing medications to a less ideal treatment so they can still provide care to patients.

This inability for patients to receive medications such as long acting injectables without having to go through a plethora of roadblocks, increases the risk for rehospitalization and relapse of symptoms. Research has shown with every relapse in symptoms for a patient diagnosed with schizophrenia, the time it takes to stabilize becomes longer, and there is greater risk of symptoms not reaching full remission. Cost of care ultimately increases, and resources are ultimately being taken by a patient who could have been stable if they were able to receive the medication.

HF 19/ SF 61 will give rural providers, like myself, the ability to bill provider administered medications through the pharmacy benefit, giving us more flexibility in prescribing. By removing the barriers for medication access, it will assure providers are treating patients with the best possible treatments available. This will ultimately lead to a better quality of life and less burden overall on the mental health system in Minnesota.

On behalf of the team at Schackman Kramer and Associates LLC, we encourage the committee to support HF 19/SF 61 which offers better options regarding medication management for patients and providers, leading to better quality of life for the patients we serve.

Sincerely,

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