

KANSAS MENTAL HEALTH COALITION

An Organization Dedicated to Improving the Lives of Kansans with Mental Illnesses

Testimony presented to the Senate Public Health Committee on SB 341

Amy A. Campbell – January 27, 2016

Thank you for the opportunity to address your committee today on behalf of the Kansas Mental Health Coalition (KMHC). The Kansas Mental Health Coalition is dedicated to improving the lives of Kansans living with Mental Illnesses and Severe Emotional Disorders. We are consumer and family advocates, provider associations, direct services providers, pharmaceutical companies and others who share a common mission. At monthly roundtable meetings, participants develop and track a consensus agenda that provides the basis for legislative advocacy efforts each year. This format enables many groups, that would otherwise be unable to participate in the policy making process, to have a voice in public policy matters that directly affect the lives of their constituencies. The opportunity for dialogue and the development of consensus makes all of us stronger and more effective in achieving our mission.

The Kansas Mental Health Coalition opposes SB 341 as written - removing the prohibition against step therapy in the Medicaid program in Kansas. Step therapy requirements are also known as “Fail First” policies – requiring the individual to first “fail” on a number of other medications.

Every public description of this new policy by the administration has indicated that the step therapy proposal would not apply to mental health medications. Unfortunately, the language of SB 341 removes the only statutory protection that exists. This could be corrected by inserting the step therapy prohibition language into K.S.A. 39-7,121b.

Many mental health consumers need medication to recover, to alleviate symptoms and to make the illness “manageable”. Access to the full range of FDA approved medications, including those that are new and those most effective promotes successful treatment. Continuity of the medication regime is essential. Finding and maintaining the most effective medications is often the key to a durable recovery that enables children with mental illness to attend school and graduate, enables adults to keep jobs and contribute to their communities, and enables families to stay together.

Last session, the Legislature adopted Sub for HB 2149 which amended the statutory protection from restrictions on access to Medicaid mental health medications. It created the Mental Health Medications Advisory Committee to recommend prescribing policies to the Medicaid Drug Utilization Review Committee. At this point, there are a number of proposed policies moving their way through the process. There has not yet been time to implement these policies. There has not been time to test the proposed safety measures that were promised for mental health consumers – including extended temporary prescriptions and expedited uniform approval processes by the managed care organizations.

The Kansas Mental Health Coalition is committed to working with the Department on Health and Environment and the Legislature to continue to promote safe, positive policies for prescribing. Please do not adopt SB 341 as written.
Thank you for your consideration.

For More Information, Contact:

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39-7,121b. Limitations on restrictions on medications used to treat mental illness; medications available without restrictions; review by mental health medication advisory committee and medicaid drug utilization review board; mental health medication advisory committee established; members; meetings. (a) No requirements for prior authorization or other restrictions on medications used to treat mental illnesses may be imposed on medicaid recipients, except on medications subject to guidelines developed by the medicaid drug utilization review board according to subsection (b). None of the following shall be construed as restrictions under this subsection:

- (1) Any alert to a pharmacist that does not deny the claim and can be overridden by the pharmacist;
- (2) prescriber education activities; or
- (3) the consolidation of dosing regimens to equivalent doses.

(b) The mental health medication advisory committee shall provide recommendations to the medicaid drug utilization review board for the purpose of developing guidelines. The medicaid drug utilization review board may accept the recommendations of the mental health medication advisory committee in whole and such recommendations shall take effect immediately upon such approval. The medicaid drug utilization review board may reject the recommendations of the mental health medication advisory committee in whole and such recommendations shall be referred back to the mental health medication advisory committee for further consideration. No medication guidelines related to mental health medications shall be adopted by the medicaid drug utilization review board without recommendations made by the mental health medication advisory committee.

(c) For the medications used to treat mental illness that are available for use on July 1, 2015, the medicaid drug utilization review board shall review all such medications prior to July 1, 2016. For medications used to treat mental illness that do not exist on July 1, 2015, but are later developed or believed to be effective in the treatment of mental illness, the medicaid drug utilization board shall review all such medications within six months of presentation to the medicaid drug utilization review board.

(d) Neither the department of health and environment nor the mental health medication advisory committee shall implement any program to require that a recipient has utilized or failed with a drug usage or drug therapy prior to allowing the recipient to receive the product or therapy recommended by the recipient's physician.

(e) The mental health medication advisory committee is hereby established.

(1) The mental health medication advisory committee shall be appointed by the secretary of health and environment and consist of nine members; including the secretary of health and environment, or the secretary's designee, who shall be the chair of the committee; two persons licensed to practice medicine and surgery with board certification in psychiatry nominated by the Kansas psychiatric society, one of whom specializes in geriatric mental health; two persons licensed to practice medicine and surgery with board certification in psychiatry nominated by the association of community mental health centers of Kansas, one of whom specializes in pediatric mental health; two pharmacists nominated by the Kansas pharmacists association; one person licensed to practice medicine and surgery nominated by the Kansas medical society; and one advanced practice registered nurse engaged in a role of mental health nominated by the Kansas state nurses association. All nominating bodies shall provide two nominees for each position for which they provide nominations, with the secretary selecting the appointee from the provided nominees.

(2) The mental health medication advisory committee shall meet upon the request of the chair of the mental health medication advisory committee, but shall meet at least one time each quarter.

(3) Members of the mental health medication advisory committee are entitled to compensation and expenses as provided in K.S.A. 75-3223, and amendments thereto. Members of the committee attending committee meetings shall be paid mileage and all other applicable expenses, provided such expenses are consistent with policies established by the secretary of health and environment.

History: L. 2002, ch. 180, § 2; L. 2015, ch. 63, § 4; July 1.