

# KANSAS MENTAL HEALTH COALITION

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

---

## Testimony presented to the Mental Health Medication Advisory Committee

August 10, 2021

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, non-profit and for-profit entities 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 has long been involved in advocacy regarding coverage of mental health medications by the state Medicaid program as well as commercial insurance. We follow the work of the Mental Health Medication Advisory Committee to the best of our ability, although it can be a challenge because published agendas do not include the language of the policies to be discussed for approval. The Committee benefits from a great deal of experience and clinical expertise by its members. We hope that providing input today can encourage the Committee that your work is appreciated by mental health advocates and stakeholders. We know that you must take time away from your offices to serve this Committee. There have been proposed policies amended or denied by this Committee to better serve Medicaid beneficiaries and our support for that effort may be invisible to you.

The 2016 Legislature passed House Substitute for SB 402 which opened the door to step therapy policies in KanCare. The Kansas Mental Health Coalition opposed the legislation and provided input to the guardrails included in the final legislation. (See attachment.)

Research supports exempting mental health drugs from restricted access and identifies practical problems with preferred formularies. Across the country, policies that include burdensome prior authorization requirements, restrictive formularies, and fail-first requirements have resulted in the unintended consequences of prolonged suffering, harmful side effects, poor medication and treatment compliance, and further barriers to recovery.

Many mental health consumers, like others with chronic diseases, need medication to recover, to alleviate symptoms and 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 or return to jobs and contribute to their communities; and enables families to stay together.

One way CMS measures quality of care in the Medicaid and CHIP programs is through two core sets of measures, [one for children](#) and [one for adults](#). Each quality measure is accompanied by a gauge that allows you to view Kansas's performance in comparison to other states reporting the measure. In federal fiscal year (FFY) 2019, Kansas voluntarily reported 17 of 21 frequently reported health care quality measures in the CMS Medicaid/CHIP Child Core Set. Kansas voluntarily reported 18 of 24 frequently reported health care quality measures in the CMS Medicaid Adult Core Set.

Within the reported measures, Kansas mostly falls within the range of the bottom quartile, the median, and the top quartile of the 37 reporting states. In a few categories, Kansas exceeds these measures. Unfortunately, there are three adult quality measures where Kansas falls below the bottom quartile:

- Adherence to Antipsychotic Medications for Individuals with Schizophrenia: Ages 19 to 64
- Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment: Age 18 and Older
- Breast Cancer Screening: Ages 50 to 74

(Source: <https://www.medicaid.gov/state-overviews/stateprofile.html?state=kansas>)

We feel strongly that the policy proposed at the May MHMAC meeting would further discourage medication adherence by placing too many barriers between individuals and the medications they need. Further, we do not believe that grandfathering current enrollees eliminates the potential negative impacts on the individuals subject to the new restriction.

As experts in your field, you know that prior authorization and step therapy policies place a significant burden of administrative time and effort on the prescribing provider. Kansas has a well-documented workforce shortage in this field, and we encourage great caution and evaluation of all proposed clinical edits based on data to show the outcomes to be achieved measured against the negative impacts on those providers and the individuals in treatment.

The Coalition does not support implementation of this step therapy policy for anti-psychotics. We encourage you to carefully review clinical data for the medications under consideration to evaluate their efficacy, the side effects, and the ease of returning to a medication that was preferred by the individual. All of these factors aid medication compliance and recovery.

Thank you for listening to our concerns and for your service to this committee and the Kansas Medicaid Program. Thank you for your service to individuals living with mental illness and their families. Please do not hesitate to reach out to the Coalition if we can help in any way or to advocate for legislative changes that would help your work.

Presented by Amy A. Campbell, Kansas Mental Health Coalition  
PO Box 4744, Topeka, KS 66604  
[Campbell525@sbcglobal.net](mailto:Campbell525@sbcglobal.net) 785-969-1617

## **ATTACHMENT: Excerpt from 2016 Summary of Legislation “Public Assistance Eligibility; Step Therapy in Medicaid; House Sub. for SB 402”**

---

### **Step Therapy**

The bill removes the prohibition on KDHE from requiring step therapy for a Medicaid recipient. A recipient is not required to go through step therapy prior to being allowed to receive a physician-recommended product or drug therapy:

- If such drug usage or drug therapy commenced on or before July 1, 2016; or
- For a period longer than 30 days, if the drug usage or drug therapy is used for the treatment of multiple sclerosis.

### **Step Therapy Exemption**

If KDHE utilizes the step therapy system outlined in this legislation, or any other system or program to require a recipient to utilize or fail with a drug usage or drug therapy prior to allowing the recipient to receive any product or therapy recommended by the recipient’s physician, the bill requires KDHE to provide access for prescribing physicians to a clear and convenient process to request an override of such requirement. KDHE is required to expeditiously grant such a request for an override if:

- The required drug usage or drug therapy is contraindicated for the patient or will likely cause an adverse reaction by or physical or mental harm to the patient;
- The required drug usage or therapy is expected to be ineffective based on the known relevant clinical characteristics of the patient and the known characteristics of the required drug usage or drug therapy;
- The patient has tried the required drug usage or drug therapy while under his or her current or previous health insurance or health benefit plan, and such use was discontinued due to lack of efficacy or effectiveness, diminished effect, or an adverse event. For purposes of the step therapy exemption, use of pharmacy drug samples does not constitute use and failure of such drug usage or drug therapy; or
- The patient has previously been found to be stable on a different drug usage or drug therapy selected by the patient’s physician for treatment of the medical condition under consideration.

KDHE, or any managed care organization or other entity administering the step therapy system established under the bill, is required to respond to and render a decision on a prescribing physician’s request for an override as provided under this section within 72 hours of receiving a request.

### **Step Therapy Policy Review and Approval by Medicaid DUR Board**

Any policy or rule and regulation proposed by KDHE related to any use of the step therapy system established by this bill, or any other system or program to require that a recipient has utilized or failed with a drug usage or therapy prior to allowing the recipient to receive any product or therapy recommended by the recipient’s physician, shall be reviewed and approved by the Medicaid Drug Utilization Review Board, prior to implementation by KDHE. Any such KDHE-proposed policies or rules and regulations related to any medication used to treat mental illness require review and approval by the Mental Health Medication Advisory Committee and the Medicaid DUR Board, prior to implementation by KDHE.

**Report Requirement**

The bill requires the Secretary of Health and Environment to study and review the use of step therapy in Medicaid; prepare a report detailing the total funds saved under the program and the percentage and amount of such savings returned to the State; and submit such report to the Senate Committee on Public Health and Welfare, the Senate Committee on Ways and Means, the House Committee on Appropriations, and the House Committee on Health and Human Services on or before January 9, 2017, and on or before the first day of each subsequent legislative session.