Testimony to House Health and Human Services on House Bill 2259

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Chair Landwehr and members of the Committee, my name is Kyle Kessler. I am the Executive Director for the Association of Community Mental Health Centers of Kansas, Inc. The Association represents the 26 licensed Community Mental Health Centers (CMHCs) in Kansas that provide behavioral health services in all 105 counties, 24-hours a day, seven days a week. In Kansas, CMHCs are the local Mental Health Authorities coordinating the delivery of publicly funded community-based mental health services. As part of licensing regulations, CMHCs are required to provide services to all Kansans needing them, regardless of their ability to pay. This makes the community mental health system the "safety net" for Kansans with behavioral health needs.

We appreciate the opportunity to testify in support of HB 2259.

Our members believe that sound clinical and medical treatment are the cornerstones of good mental health and overall healthcare. The previous long-standing and thoughtful legal status of exempting psychotropic medications in statute from prior authorization and preferred drug lists helped contribute to quality treatment for persons who suffer from mental illness.

In 2002, the Kansas Legislature (Sub. for SB 422) secured provisions in law that exempted mental health prescription drugs from a Medicaid preferred formulary and prior authorization. Specifically, the statute referred to "Medications including atypical anti-psychotic medications, conventional anti-psychotic medications and other medications used for the treatment of severe mental illness." We believe these protective measures were the best policy for the state and consumers. This law came at a time when new, safer, and more effective medications were becoming available, allowing prescribers to better assist with keeping those suffering from serious mental illness in the community, and allowing those individuals who were suffering the dignity to be in their own homes and communities.

Then, in 2015, based on the theory that limiting access to mental health medications would help solve some of the budgetary challenges related to pharmaceutical expenditures, SB 123 was passed and significantly changed the process for authorization of mental health medications, creating a new, unnecessary layer of bureaucratic red tape between doctors and their patients. SB 123 created the Mental Health Medication Advisory Committee (MHMAC), which has been tasked with creating polices for authorizing and prescribing mental health medications for Medicaid beneficiaries. SB 123 did not come around due to concerns about treatment or prescribing practices.

Since the committee's formation, we have yet to see any evidence of cost savings or improvements to patient care. In addition, the time required of physicians and nurses, either as committee members, or subject matter experts monitoring and providing input to the committee, takes them away from direct patient care. At a time when the state is suffering from workforce shortages, it makes no sense to pull our medical staff away from serving patients to participate in an administrative process that has failed to generate any improvements to patient care or substantial cost savings to the State.

In fact, recent experiences of other states indicate that imposition of prior authorization requirements and/or so-called "fail-first" policies can result in poor patient outcomes and increased program costs to the State. In Texas in 2017, a report from the Legislative Budget Board found that Medicaid patients facing prior authorizations were three times more likely to undergo psychiatric hospitalization and that patients subject to prior authorizations or "fail first" policies were 7.8 times or 4.7 times respectively more likely to experience medication access problems.[1] In 2019, a Michigan Department of Health and Human Services workgroup was formed to examine the potential of applying prior authorization to psychotropic medications and found that "curtailing access to psychotropics would not necessarily result in savings and could [in fact] negatively impact quality outcomes for our general population and increase costs."[2]

We strongly support reverting to the previous statutory policy of prohibiting prior authorization of mental health medication and placing the responsibility for prescribing decisions where it should be—with the medical team providing direct patient care.

CMHCs have a wide range of qualified medical professionals across the state who are well-trained and educated to treat children and adults who often need these specific medications in a timely and precise dosage. Placing restrictions on these medications can result in unnecessary visits to the emergency room, admission to state mental health hospital programs, or incarceration.

In summary, we value the importance of the provider/patient relationship and believe that treatment decisions are best-made through dialogue, evaluation of personal preferences, treatment goals, and clinical judgment on what course of therapy is most likely to contribute to recovery.

Thank you for the opportunity to appear before the Committee today, and I will stand for questions at the appropriate time.

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[1] "Legislative Budget Board Staff Reports: Health and Human Services." Texas House of Representatives. Jan. 2017. http://lbb.texas.gov/Documents/Publications/Staff_Report/3729_LBB_Staff_Reports.pdf.

[2] "Provide Workgroup Recommendations (FY2019 Appropriation Act - Public Act 207 of 2018)." Michigan Department of Health and Human Services. 1 Mar. 2019, https://www.michigan.gov/-/media/Project/Websites/mdhhs/Folder2/Folder55/Folder1/Folder155/Section_1867-2_PA_207_of_2018_.pdf.