Testimony in Opposition to Kansas Senate Bill 341
Presented to House Health and Human Services Committee
Susan Crain Lewis, President/CEO
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Good afternoon, my name is Susan Crain Lewis, and I am the President/CEO of Mental Heath America of the Heartland. MHAH is an advocacy organization based in Kansas City that serves the Eastern portion of the state of Kansas with advocacy, education and support services for persons with mental illness, and the persons who work with and care for and about them, whether in a professional or personal role.

I come before you today to express grave concerns and pronounced opposition to Senate Bill 341. This bill has the very real potential to result in implementation of "fail-first" step therapy barriers to persons with mental illness receiving the medications essential to their mental health and functioning in the community.

Step Therapy and "Fail First" policies have been shown through research studies and other states' experience to result in discontinuation of medication, psychiatric decompensation, and suicidal ideation which result in hospitalization, court and law enforcement contact, homelessness, and jail confinement being close to 4 times as likely. *

It should be noted that most states that allow step therapy for mental health medications apply them only to anti depressants, specifically exempting antipsychotics, and in some cases mood stabilizers, for just this reason.

"Fail First" policies are particularly detrimental when applied to mental health medications and the persons who use them to remain stable, functioning members of our community. The effects of these medications "wear off" very quickly—in a matter of a few days – so interruptions or delays can be harmful. Barriers put into place, even with mechanisms to overcome them, are often confusing and not navigable to persons with psychiatric disorders. The mere delay of an hour or two at the pharmacy often results in a patient leaving without a prescription, and failing to return, due to confusion, decompensation, or simple lack of transportation.

Unfilled prescriptions, and medications that are not taken result in costly adverse consequences. Ohio found that direct medical costs of adverse health consequences resulting from lapses in care cost 3 times what they saved on medications **; and Wisconsin found that patients with irregular medications use had twice the rate of hospital stays, and stays that were three times as long, and that cost 4 times as much. *** Kansas is already struggling with pressure on our psychiatric hospital beds, and as a result, our ER beds.

And that doesn't begin to cover the costs of jailing a person.

The process of determining the most effective and best tolerated medication for any chronic condition is a complicated process for any chronic disease, it is even more so for diseases which impact our most complex organ, the brain. Patients and their doctors already struggle to find the medication that works best, with side effects that the patient can live with, so that the patient can be 'compliant" on the regimen of psychotropic medication that enables them to work, raise their family, and keep a home. For many, multiple trials of different medications and multiple attempts to find "what works" are already a part of the process of recovery.

Step therapy would force these people, who are currently functioning well, to go back to a medication that they and their doctors already know doesn't work, work adequately, or is intolerable and won't be taken—they are forced to fail first in the eyes of the state or an insurance company—when they already have proven failure. This is not only inhumane—it's silly. The costs of discontinued medications thrown away, and doctor visits to '"try again" on a new "step" are costs borne by the state, and by our medical providers, as well as the patient and those around them. The current bill does not prohibit this practice – as long as the individual obtained their medication after the "grandfather" date in the bill.

In the state of Georgia, they found that step therapy for atypical antipsychotics saved $19.62 per member per month and COST the state an additional $31.59 per member per month in outpatient visits for doctors and patients to jump through the hoops and experience the failures required by policy to prove that they "deserved" and needed the medications they had previously been taking successfully.

The cost savings in medication are generally attained by switching people to older, less expensive versions of medications. These older versions often bring with them devastating, life altering, and life shortening side effects. I would be remiss if I didn't put a human face on this problem.

My friend and colleague, Pete, died several weeks ago, 8 years earlier than the average white American man, as a result of an illness. Many people with mental illness die early – from other illnesses that commonly strike as a result of their mental illness. Pete had Parkinsons brought on by use of older antipsychotics, prescribed when he was first struck by mental illness, and never updated, due to cost. Before his meds brought on Parkinsons, Pete worked full time— often seven days a week, in the retail and hospitality industries. The side effects of his medications were tremors, slurred unintelligible speech, a slow stumbling walk, and profuse drooling. It was impossible for Pete to continue to work and earn. Some 15 years ago, he began to work for my organization, and we found a willing and able individual, with a great smile and sense of humor, who contributed to our operations, and provided important support and empathy to his peers with mental illness. I am glad I got to work with Pete, but can't help but think of the career path and potential that this man lost due to the older generation medications he had to take.

As a taxpaying citizen of the state of Kansas, I recognize and appreciate the importance of saving money wherever we can. But as a practical person, I cannot support a savings in one area that could cost us close to double what we saved (in the case of outpatient services) and 4 times as much (in the case of hospital services) in others.

It is unwise to move forward with this bill unless there is a standing entity that could be charged with monitoring adverse effects, and tracking costs across systems, as well as determining which particular

classes of medications have too many costs to be "worth" applying Step Therapy provisions to. These tasks would far exceed the scope of the new Mental Health Medication Advisory Committee. Frankly, the MHMAC has not been implemented in the way we understood it would when the Legislature created the Committee last year.

I have attended this committee's meetings, and am sad to report they lack transparency and are not open—the way these meetings are operated affords no opportunity for the people I represent to have meaningful input into the discussions or process. As an advocate and a practical person, I am concerned about possible intent to expand this committee's scope to include step therapy. It isn't ready.

And as an advocate, and compassionate person, I cannot support any bill that would increase suffering for my fellow Kansans, roughly one in four of whom could suffer from a mental illness in their lifetime, and need to have medications that work for them to continue productive lives.

I urge you to reconsider Senate Bill 341's harmful removal of the statute that protects persons with mental illness, and other chronic diseases, from the inefficient and costly mechanisms of step therapy and fail first polices.

Thank you for your attention and your consideration of this request.

For More Information do not hesitate to contact me--

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*West, Joyce, et. al., Medicaid Prescription Drug Policies and Medication Access and Continuity: Findings from Ten States, Psychiatric Services, 2009; 60.
** Driscoll & Fleeter, Estimate of the Net Cost of a Prior Authorization Requirement for Certain Mental Health Medications, 2008.
***Svarsted, b. et.al. Using Drug Claims Data to Assess the Relationship of Medication Adherence with Hospitalization and Costs. Psychiatric Services, 2001; 52.