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Testimony in Opposition to SB 341
House Health and Human Services Committee
March 10, 2016

Chairman Hawkins and members of the Committee:

My name is Mike Burgess. I am the Director of Policy & Outreach at the Disability Rights Center of Kansas (DRC). DRC is a public interest legal advocacy organization that is part of a national network of federally mandated organizations empowered to advocate for Kansans with disabilities. DRC is the officially designated protection and advocacy system in Kansas. DRC is a private, 501(c)(3) nonprofit corporation, organizationally independent of state government and whose sole interest is the protection of the legal rights of Kansans with disabilities.

Mr. Chairman, thank you for the opportunity to speak in opposition to SB 341 as it is currently drafted.

I will like to address two important concerns today on behalf of Kansans with disabilities, their families, and caregivers. I would encourage the committee to consider adding language to carve out psychotropic drugs from this policy. Also, I would like to encourage you to add important protections for consumers.

First, unless they are specifically carved out of the bill, psychotropic drugs are by default part of the step therapy provision. While the current agency leadership has indicated they do not plan to include psychotropic drugs as subject to step therapy, it is a fact of life here in Kansas that both administrations and agency leadership change from time to time. Unless it is specified in statute, a future agency secretary could very easily change this policy. Keep in mind throughout a lifetime, many consumers may have had adverse reactions to a specific drug, and their physician likely has a good reason why they are prescribing a specific antipsychotic drug. Prior authorization policies developed by the new Mental Health Medication Advisory Committee can require these medical decisions to be verified without any step therapy policies.

Also, these drugs are utilized by people with all types of disabilities (not just mental illness). There are very important reasons why a physician will prescribe a specific drug for these non-mental illness diagnoses. For example a number of people with intellectual and developmental disabilities use a psychotropic drug, such as Depakote, as an anti-convulsant.

Second, if the legislature is going to move forward with this bill or any other provisions for step therapy, please consider adding some common sense protections for consumers.

While I am sure you have heard step therapy is used in various venues across the country, there are good reasons why states have adopted or are adopting patient protection provisions. A good start would be to consider including some of the process protections included in HB 2720, which was just introduced and referred to this committee.

Additional protections I would urge you to consider are to limit a step to 30 days, and to limit a consumer to only having to fail one step before moving to the drug prescribed to them.

In conclusion, I just want to ask your consideration for carving out psychotropic drugs and for adding common sense consumer protections to the policy if you end up endorsing a step therapy proposal.

Thank you for your time and attention to these concerns. I would be happy to stand for questions at the appropriate time.