



## Testimony to House Health and Human Services on Senate Bill 341

534 S. Kansas Ave, Suite 330, Topeka, Kansas 66603  
Telephone: 785-234-4773 / Fax: 785-234-3189  
[www.acmhck.org](http://www.acmhck.org)

*Kyle Kessler*  
*Executive Director*  
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Mister Chairman 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 appreciates the opportunity to testify on Senate Bill 341, which deals with step therapy within the Medicaid program.

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 mental health needs, collectively serving over 127,000 Kansans.

Our members believe that sound clinical and medical treatment are the cornerstones to good mental health and overall healthcare. 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 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.

A study published in *Psychiatric Services* in May 2009 stated that..."medication disruptions or switches that are not clinically indicated have been shown in this and other studies to be associated with significant adverse effects [such as emergency room visits, psychiatric hospitalization, suicidal ideation, homelessness, or incarceration] for psychiatric patients."

The National Association of State Mental Health Program Directors published an issue paper in October of 2008 stating..."Given significant individual variability in response, ultimately all marketed antipsychotic medications should be available to patients who require treatment with them." It goes on to say, "Prior authorization and step therapy are two of the mechanisms that generally add administrative burdens and costs."

What is contained in SB 341 appears to be a simple strikeout of language that could lead to additional restrictions on medications used to treat mental illness. We would ask the committee to make sure that any changes proposed to the Medicaid program relating to this be thoroughly vetted. Step therapy is a short-sighted and dangerous policy decision for individuals that live with mental illness and we want to ensure that the intent of this bill is limited to non behavioral health medications. We have attached language that would clear up any ambiguity on this aspect of the bill.

The Association appreciates this committee taking a look at this very important issue. Thank you for the opportunity to appear before you today.

**SENATE BILL No. 341**

By Committee on Public Health and Welfare

1-20

1 AN ACT concerning the Kansas medical assistance program; relating to  
2 the electronic claims management system; removing certain limitations  
3 thereunder; amending K.S.A. 2015 Supp. 39-7,121 and repealing the  
4 existing section.

5  
6 *Be it enacted by the Legislature of the State of Kansas:*

7 Section 1. K.S.A. 2015 Supp. 39-7,121 is hereby amended to read as  
8 follows: 39-7,121. (a) The department of health and environment shall  
9 establish and implement an electronic pharmacy claims management  
10 system in order to provide for the on-line adjudication of claims and for  
11 electronic prospective drug utilization review.

12 (b) The system shall provide for electronic point-of-sale review of  
13 drug therapy using predetermined standards to screen for potential drug  
14 therapy problems including incorrect drug dosage, adverse drug-drug  
15 interactions, drug-disease contraindications, therapeutic duplication,  
16 incorrect duration of drug treatment, drug-allergy interactions and clinical  
17 abuse or misuse.

18 ~~(c) The department of health and environment shall not utilize this~~  
19 ~~system, or any other system or program to require that a recipient has~~  
20 ~~utilized or failed with a drug usage or drug therapy prior to allowing the~~  
21 ~~recipient to receive the product or therapy recommended by the recipient's~~  
22 ~~physician.~~

23 (c) *The department of health and environment shall not utilize the*  
24 *system established under this section, or any other system or program, to*  
25 *require that a recipient has utilized or failed with a drug usage or drug*  
26 *therapy prior to allowing the recipient to receive any product or therapy*  
27 *recommended by the recipient's physician if such recommended drug*  
28 *usage or drug therapy commenced on or before July 1, 2016.*

29 *{(d) The secretary of health and environment shall study and*  
30 *review the use of the program established under this section and prepare*  
31 *a report detailing the exact amount of money saved by using such*  
32 *program that requires that a recipient utilized or failed a drug usage or*  
33 *drug therapy prior to allowing the recipient to receive any product or*  
34 *therapy recommended by the recipient's physician, and the percentage*

With respect to  
medications used to  
treat mental  
illnesses,