

TESTIMONY TO THE KANSAS SENATE PUBLIC HEALTH AND WELFARE COMMITTEE
FEBRUARY 11, 2015

Madam Chair and members of the Committee, my name is Walter Hill. I am the Executive Director of High Plains Mental Health Center, providing service to over 5000 patients annually in the 20 county Northwest Kansas region. I have served previously as the President of the Association of Community Mental Health Centers of Kansas, and have been a member of the Governor's Behavioral Health Planning Council for a decade.

Over 35 years of practice in delivering mental health, both as a clinician and as an administrator, I have seen the progress in mental health and psychiatry from days in which there were few choices in psychiatric medications, and many patients remained institutionalized. The potential ramifications of removing the prohibition of Medicaid Pharmacy restrictions is of great concern. Mental health medications are unique in their impacts and therapeutic effects for patients. I have seen many negative effects to our patients, when drug formularies and step programs, require patients to fail first. Often these situations have resulted in dramatic decomposition of the patient with subsequent state hospital admissions.

The science is very clear in research such as the following:

"The most common access problems were not being able to access clinically indicated medication refills or new prescriptions because Medicaid would not cover or approve them (34.0%±1.9%), prescribing medication not clinically preferred because clinically indicated or preferred medications were not covered or approved (29.4%±1.8%), and discontinuing medications as a result of prescription drug coverage or management issues (25.8%±1.6%). With patient case mix adjusted to control for socio-demographic and clinical confounders, patients with medication access problems had 3.6 times greater likelihood of adverse events ($p<.001$), including emergency visits, hospitalizations, homelessness, suicidal ideation or behavior, or incarceration. Also, all prescription drug management features were significantly associated with increased medication access problems and adverse events ($p<.001$). States with more access problems had significantly higher adverse event rates ($p<.001$). *Conclusions:* These associations indicate that more effective Medicaid prescription drug management and financing practices are needed to

promote medication continuity and improve treatment outcomes. (*Psychiatric Services* 60:601-610, 2009)"

Though it is believed there may be some cost savings in implementing such formulary practices, I am concerned that the potential cost savings, in dollars and cents, will be much less than the costs of increased state hospital admissions and care. Many questions are left unanswered about details of implementing the repeal of the prohibition on Medicaid mental health formularies, and in particular the issue of very ill youth accessing appropriate off label use of what are essential and life saving medications for them.

Thank you for the opportunity to address this issue with you. I would be very glad to stand for questions.