



A Licensed Community Mental Health Center

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GREAT BEND, KANSAS 67530

TESTIMONY TO KANSAS SENATE PUBLIC HEALTH AND WELFARE COMMITTEE

February 11, 2015

Madame Chair and Members of the Committee,

I wish to express my appreciation for the opportunity to speak to you today regarding SB123. I am Dr. Patrick Stang, and I serve as the Medical Director for The Center for Counseling and Consultation in Great Bend, Kansas, which I have done since 1993. I am also a member of KCOMPS, an organization that represents many Kansas CMHC medical professionals, including psychiatrists, nurse practitioners, nurses, and others. I am here to add my voice to our great concern and opposition regarding SB123, which would repeal the protections for open access to medications which are used to treat serious mental disorders.

Our Kansas residents who suffer from mental illness represent one of the most vulnerable of our populations, including adults, children, and geriatric patients. As a psychiatrist at a mental health center here in Kansas, I see people in various stages of their lives and in a wide array of difficult circumstances, primarily due to the effects of their mental illnesses, including schizophrenia, bipolar disorder, severe depression and anxiety, attention deficit disorder, among others. The treatment of mental disorders includes not only medication but of course also therapy, community support and case management. While being one leg of the support and treatment of these patients, proper medication often serves as the basis of their ability to access and profit from the other services, and are often a main bulwark against the need for further and more expensive treatments, such as in emergency departments and state hospitals. Patients with mental disorders do have unique needs and responses to their medications since they impact the most complex organ in the body, the brain.

The passage of SB123 would severely hamper our ability to treat these patients adequately and would set the practice of psychiatry in the State of Kansas back a number of years. We would be forced to use older antipsychotics, antidepressants and other medications which are decades old, less effective, and are fraught with much more severe and difficult to manage side effects. The net result would be less effective treatment for Kansas residents, poor medication compliance among our patients, and the increased use of much more expensive treatment options, such as emergency department visits and utilization of state hospital facilities, not to mention the disruption of our patients' lives, and those of their families, and a potential increase in poor outcomes and increased suicide rates.



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I realize the State is facing serious financial concerns. However, a 2009 study in the Journal of Psychiatric Services which reviewed medication access policies which mirror SB123, found poorer outcomes among patients and no significant cost savings for the states.

In my practice, I often see the potential outcome for a policy such as SB123 in miniature when my patients are sometimes incarcerated in jails in the area. In an effort at cost saving, the patients are often given older, less expensive medications instead of the ones that had stabilized them initially. It is usually not long before our CMHC screener is called as the patient has deteriorated in their mental status and needs to be hospitalized. This happens at least several times per month at our mental health center, and I am sure it is an experience which is repeated across the state. The passage of SB123 would vastly broaden this situation and lead to similar outcomes throughout the state among Kansas residents with serious mental disorders.

I believe my colleagues and I are very open to alternative strategies, such as the use of treatment algorithms and behavioral pharmacy management systems which would help educate medical providers in the state regarding the proper use of psychotropic medications to provide optimal outcomes for patients, but without such severe formulary restrictions.

I certainly appreciate the close attention this committee has given to this issue, and I urge that the current formulary system be maintained for these very vulnerable Kansas residents. I would be very glad to stand for questions at this time.

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PWS/ap