

## **Testimony in Opposition to Kansas Senate Bill 341**

Attention: Senate Public Health Committee  
Senator Mary Pilcher-Cook, Chair

Provided by: 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 Health America of the Heartland, 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 my grave concerns and my pronounced opposition to Senate Bill 341, which has the very real potential to result in the 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 over and over, in both 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. \*

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. \*\*\* And we are 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 families, 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.

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.

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 costs 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.

I cannot support increasing spending for law enforcement officers to intervene with and transport people in psychiatric crisis, rather than keep our homes and communities safe from crime, for judges and jailers to handle people whose crime is they were sick, and for hospital emergency rooms to be clogged with people with mental health needs rather than having beds for trauma patients, in order to save a dramatically smaller number of dollars on medicine.

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 provision which protects persons with mental illness, and other chronic diseases, from the inefficient and costly mechanisms of step therapy and fail first policies.

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

\*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.