

MINUTES OF THE SENATE PUBLIC HEALTH AND WELFARE COMMITTEE

The meeting was called to order by Chairperson Mary Pilcher-Cook at 1:30 pm on Wednesday, February 11, 2015, 118-N of the Capitol.

All members were present

Committee staff present:

Iraida Orr, Legislative Research Department
Randi Walters, Kansas Legislative Committee Assistant
Whitney Howard, Legislative Research Department
Rena Jefferies, Office of Revisor of Statutes
Nobuko Folmsbee, Office of Revisor of Statutes

Conferees appearing before the Committee:

Acting Secretary Susan Mosier, M.D., Kansas Department of Health and Environment (KDHE)
Secretary Kari Bruffett, Kansas Department for Aging and Disability Services (KDADS)
Laura Hopkins, CEO, Amerigroup, Kansas Plan
Dr. John Esslinger, Chief Medical Officer, UnitedHealthcare Community Plan
Dr. Mike McKinney, CEO and Plan President, Sunflower Health Plan
Michael Garrett, CEO, Horizons Mental Health Center
Walter Hill, Executive Director, High Plains Mental Health Center
Dr. Patrick Stang, Medical Director, The Center for Counseling and Consultation
Dr. Eric Atwood, Medical Director, Family Service and Guidance Center
Dr. Taylor Porter, Medical Director, Valeo Behavioral Health Care
Kyle Kessler, Executive Director, Association of CMHCs of Kansas, Inc.
Rick Cagan, Executive Director, National Alliance on Mental Illness (NAMI)
Michael Rutz
Linda Beagley
Judy Sweets
C. Eric Harkness
Mindy Baccus
Anne Owen, PhD
Denise Cyzman, Executive Director, Kansas Association for the Medically Underserved (KAMU)
Terica Gatewood, Pharm-D, Genoa

Others in attendance:

[See Attached List](#)

Hearing on: SB123 — Medications used to treat mental illness under the state medicaid program.

Chairperson Pilcher-Cook opened the hearing on **SB123**. Nobuko Folmsbee, staff revisor, reviewed the bill.

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Acting Secretary Susan Mosier, KDHE, testified in support of **SB123**. She stated that essentially everyone prescribing behavioral health drugs would never intentionally harm patients, but they do see harm occur and that's what they are here to talk about. Acting Secretary Mosier gave an example of the problem that they're trying to address. She reported on the past research that identified the problem in Kansas, and the trends in these psychiatric medications. ([Attachment 1](#))

Secretary Kari Bruffett, KDADS, testified in support of **SB123**. Secretary Bruffett addressed some of the concerns that they know individuals have about the repeal of the statute, and what they are looking to do to insure that individuals continue to get medications that make a huge difference in their lives and help them remain in their homes and communities and be active participants in society. Secretary Bruffett stated that this new policy, if the statute is repealed, would be a nuanced and flexible approach to insure that patients have access to the medications they need while still protecting Medicaid patients, particularly children as well as older adults where they see a very high rate of older Kansans in nursing facilities receiving antipsychotic medications for non-indicated uses. ([Attachment 1](#))

Laura Hopkins, CEO, Amerigroup, testified in support of **SB123**. Ms. Hopkins stated that they understand the difficulties in finding just the right combination of medications, but without this bill there are a lot of restrictions in terms of their professionals at the health plan being able to work with dispensing pharmacists in the community to assure that people are on safe doses of drugs, drug combinations, and drugs that are within the FDA prescribing guidelines. Ms. Hopkins addressed their three general areas of concern. She stated that they believe that **SB123** will provide the opportunity to evaluate and review high doses, combinations of therapies, and medication options collaboratively with prescribing physicians to assure that all considerations have been reviewed. ([Attachment 2](#))

Dr. John Esslinger, UnitedHealthcare, testified in support of **SB123** which repeals the existing statute that severely limits the ability of Managed Care Organizations to do the monitoring that he believes the state expects and the public should expect as well. Dr. Esslinger stated that the approach taken by the state of Kansas is a very good one. He indicated that it requires them to take a very holistic approach to patient care. Dr. Esslinger stated that they understand that patients are unique and there has to be exceptions, they appreciate that and will work with physicians to deal with those exceptions, keeping the member's safety, quality, independence and stability in mind when they're dealing with patients. ([Attachment 3](#))

Dr. Mike McKinney, Sunflower Health Plan, testified in support of **SB123**. Dr. McKinney addressed some of the numbers that are in his testimony. Dr. McKinney indicated that there is more to this than just the medication, but that's one of the things that needs to be emphasized. It doesn't matter what the prescribing is if you don't have the accompanying therapies and the accompanying counseling that should be going with this. That's part of Managed Care, to manage not just control, but to help manage and take care of members of the KanCare program. This is about taking care and doing the right thing. ([Attachment 4](#))

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Michael Garrett, Horizons Mental Health Center, testified in opposition of **SB123**. Mr. Garrett referred the committee to his written testimony, and addressed some of his concerns. He stated that he believes that we have to look at it from an ethical perspective as to what's right and provide care for these people. ([Attachment 5](#))

Walter Hill, High Plains Mental Health Center, testified in opposition of **SB123**. Mr. Hill referred the committee to his written testimony. He highlighted two of his concerns regarding research and the concern that one of those adverse effects in the research is an increase in state hospital admissions. ([Attachment 6](#))

Dr. Patrick Stang, The Center for Counseling and Consultation, testified in opposition of **SB123**. Dr. Stang referred the committee to his written testimony. He stated that the treatment of patients includes not only medication, but also therapy, case management, and community support. He described what he has seen when some of his patients have been incarcerated in a local jail and have been taken off their medication and put on some older antipsychotic. ([Attachment 7](#))

Dr. Eric Atwood, Family Service and Guidance Center, testified in opposition of **SB123**. Dr. Atwood referred the committee to his written testimony. He stated that there is uniform opposition to this bill. Dr. Atwood stated that he believes the notion that there is no management of these drugs based on this statute is false; and, there are good appropriate mechanisms that could be done to insure quality, safety, and also cost issues. ([Attachment 8](#))

Dr. Taylor Porter, Valeo Behavioral Health Care, testified in opposition of **SB123**. Dr. Porter referred the committee to his written testimony. He indicated that the data says that when you limit access to Medicaid medication for psychiatric medications, you get more adverse outcomes, and the long run cost per Medicaid recipient is more in addition to the indirect costs. ([Attachment 9](#))

Kyle Kessler, Association of CMHCs of Kansas, Inc., testified in opposition of **SB123**. Mr. Kessler stated that the Governor's Mental Health Task Force produced a large number of recommendations, but indicated that this issue wasn't studied. Mr. Kessler also stated that the Governor's Behavioral Health Planning Council has not tackled this in a number of years. Mr. Kessler believes that a policy change of this magnitude deserves a great deal more study. ([Attachment 10](#))

Rick Cagan, National Alliance on Mental Illness, testified in opposition of **SB123**. Mr. Cagan believes that they have provided compelling documentation for why this is a bad idea. He indicated that their members know from personal experience that the right medication or combination of medications for an individual can mean the difference between experiencing recovery and living successfully with a major mental illness or living with devastating relapses. ([Attachment 11](#))

Michael Rutz testified in opposition of **SB123**. Mr. Rutz indicated that he is here to speak on behalf of his son, Daniel. He stated that without him having access to the Medicaid list, he would not have been

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able to live on his own. Mr. Rutz asked to not let economics drive the quality of life and access of those medications. ([Attachment 12](#))

Linda Beagley testified in opposition of **SB123**. Ms. Beagley stated that twelve years ago she contracted West Nile Virus, and gave a brief history of her condition and medication experience. ([Attachment 13](#))

Judy Sweets testified in opposition of **SB123**. Ms. Sweets indicated that her son was diagnosed with a severe mental illness, and gave a brief history of his condition and medication experience. Ms. Sweets stated that she is strongly opposed to **SB123** because it will adversely affect many people. ([Attachment 14](#))

C. Eric Harkness testified in opposition of **SB123**. Mr. Harkness gave a brief history of his issues with suicidal ideation and his medication experience. ([Attachment 15](#))

Mindy Baccus testified in opposition of **SB123**. Ms. Baccus gave a brief history of her condition with bipolar disorder and her medication experience. Ms. Baccus indicated that she wants some type of guarantee that she can stay on the medications she's on regardless of how many there are and also when medications stop working, she'll have a big PDL to choose medications from. ([Attachment 16](#))

Dr. Anne Owen testified in opposition of **SB123**. Dr. Owen indicated that she has a 26-year old son with schizophrenia and gave a brief overview of navigating the system to get him care. Dr. Owen stated that in her written testimony she referred to a number of studies that show over and over again that trying to reduce antipsychotic medication range of prescribing costs more than it saves not to mention causing suffering. ([Attachment 17](#))

Denise Cyzman, KAMU, testified in opposition of **SB123**. Ms. Cyzman stated that they understand the need to manage expenses while also protecting the health of people with mental illness. Ms. Cyzman indicated that limiting access to essential medications could increase emergency room visits, hospitalizations, and incarceration; possibly impacting the state budget. ([Attachment 18](#))

Dr. Terica Gatewood testified in opposition of **SB123**. Dr. Gatewood spoke regarding her concerns with the prior authorization process for pharmacies. Dr. Gatewood stated that every day that they wait for authorizations, patients are not served, and every day it becomes very detrimental to patients. She indicated that most of her patients will not wait for their medications, they do not have transportation, they do not understand what a prior authorization process is, and why they cannot be treated. ([Attachment 19](#))

Written testimony in support of **SB123** was submitted by:
Eric Stafford, Kansas Independent Pharmacy Service Corporation ([Attachment 20](#))

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Written testimony in opposition of **SB123** was submitted by:

Patrick R. Hubbell, The Pharmaceutical Research and Manufacturers of America ([Attachment 21](#))

Corinna West, MS, CPS ([Attachment 22](#))

Melissa Wangemann, General Counsel, Kansas Association of Counties ([Attachment 23](#))

Kim Brown, Chair, Kansas Association of Addiction Professionals ([Attachment 24](#))

Ric Dalke, Executive Director, Compass Behavioral Health ([Attachment 25](#))

Vishal Adma, MD, President, Kansas Psychiatric Society ([Attachment 26](#))

Craig Sweets ([Attachment 27](#))

Dea VanDeBerghe ([Attachment 28](#))

Rachelle Colombo, Director of Government Affairs, Kansas Medical Society ([Attachment 29](#))

After questions by the committee were answered, Chairperson Pilcher-Cook closed the hearing on **SB123**.

The meeting was adjourned at 2:32 p.m.

Then next meeting is scheduled for February 12, 2015.