Senate Bill 123 Testimony

Madam Chair,

I am here today in support of Senate Bill 123.

The treatment of behavioral health conditions is complex and encompasses many areas of discipline. Our approach is holistic, and we work with our provider partners to ensure the most innovative and updated approaches are made available to our members, including medication therapy.

I am not a physician or a pharmacist, but I am the family member of individuals with conditions that may be considered serious and persistent behavioral health conditions. I personally understand, as does my team which includes a psychiatrist, pharmacist, and many LPC's, LMSWS and RNS licensed in the state of Kansas, the extraordinary role that medication can play in helping people succeed in their schools, families and communities. And, we understand the difficulty in finding just the right combination of medications that work well for an individual and the time and attention that is needed when medications must change.

However, as with any medication, drugs used to treat behavioral health conditions, which range from anti-depressants to anti-psychotics, can have serious long term side effects, especially in children. Review and monitoring for safe and appropriate use in these populations is crucial for their long term health. Therefore, our focus in supporting SB 123 is to promote the safe and appropriate use of medications while increasing medication adherence to maximize outcomes for all of our members. Without SB 123, our team of professionals at our health plan and dispensing pharmacists in the community have no authority to question or to recommend alternatives when we identify potentially dangerous drug combinations, dosages, or use of drugs in members outside the FDA approved age ranges.

Our chief concern in supporting SB 123 is promoting the safety and long term health of our members.

To that end, there are three general areas of concern:

1. **FDA Approved Usage and Age Range:**

   A class of drugs prescribed for a variety of behavioral health conditions known as 'atypical anti-psychotics' is approved by the FDA for such mental health diagnoses as schizophrenia, acute bipolar mania, and autism irritability. These are often prescribed to treat other issues such as, attention deficit- hyperactivity disorder (ADHD), conduct disorder, and oppositional defiant disorder. The majority of these are approved by the FDA to be used in patients who are 13 years of age or older with the exception of one drug that is approved for people 10

years of age. We currently have 6,878 number of children under the age of 10 prescribed these medications.

While these drugs may be an integral part of the treatment plan, they have many potential side effects that can have long-term impacts. Some of these include weight gain, diabetes, and high cholesterol. Children are prone to involuntary movement disorders such as tardive dyskinesia. These long-term side effects may start a cascade of future health care needs increasing the long term risks of hospitalization, disability, and early death.

2. **Dosage and Drug Interactions:**

SB 123 would allow us to alert the pharmacist of potential safety concerns such as drug to drug interactions, high-doses, and therapy duplication. For drug to drug interaction, the pharmacist would receive a message indicating a drug the member has already received interacts with the drug they are trying to fill. This is especially crucial when the two drugs were filled at different pharmacies or prescribed by two different doctors. The high-dose edit will alert the pharmacist that the dose submitted is high for the member's age. Therapy duplication alerts the pharmacist that the member is already on the drug. All of these safety measures allow the pharmacist an opportunity to visit with the prescribing provider about the concern. We currently have 1,362 members with prescriptions that may exceed safe dosing guidelines.

3. **Dose Optimization:**

SB123 will provide the opportunity to work with providers to increase patient medication adherence through dose optimization. This allows the patient to take fewer tablets per day. For example, substituting one 10 mg tablet for two 5 mg tablets may increase adherence while also reducing Medicaid expenditures. We currently have 1,439 members with suboptimal dosing of prescriptions.

SB 123 will provide us 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. And, if together we find that alternatives can or should be considered, we can work collaboratively to tailor a transition plan for the member that is safe and appropriate and that promotes the best overall outcomes.