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Kansas Psychiatric Society

To: Senate Public Health & Welfare Committee

From: Vishal Adma, MD

President, Kansas Psychiatric Society

Date: February 11, 2015

Re: SB123

Madam Chair and Members of the Senate Public Health and Welfare committee, thank you for the opportunity to provide comments on behalf of the Kansas Psychiatric Society regarding Senate Bill 123. The Kansas Psychiatric Society opposes the repeal of the current exemption for mental health drugs from the PDL.

The original reasons for exempting mental health drugs from the PDL are still well-founded. Nothing has changed in the intervening years to suggest that restricting the appropriate use of mental health drugs by qualified prescribing physicians is still not the appropriate public policy.

The fact remains that current law is sound public policy. The committee must recognize the inevitable cost in human suffering, as well as the shift of cost to the public mental health system should Senate Bill 123 be passed. As you are all aware, the public mental health system is already strained to its limits. We would cite the recent limitation on Osawatomie state hospital in receiving any further patients due to being over census as just one example. Further cost shifting considerations should include the increase in spending elsewhere in emergency rooms and county jails, for example.

We are concerned that this measure is motivated more by current fiscal constraints and unsubstantiated future savings rather than the interest of our patients. We often hear in discussions regarding this matter the drug Abilify cited as a cost driver. The committee should be informed that Abilify comes off of patent and goes generic on April 20th of this year according to our information, so there is little savings to be achieved in that example.

This change in policy will create problems for our patients in access to appropriate medications prescribed by physicians who are in the best possible position to determine care. Research has shown that access problems such as these have 3.6 times greater likelihood of adverse events. The more restrictive the access, the higher the adverse effects.

The outright repeal of this current public policy would allow pharmacy benefit managers or others administering the plan that are interested in cost containment to cause medication disruptions, or switches that are not clinically indicated. This will have the effect of causing significant adverse effects for our patients. This disruption in the patient's treatment based not on the clinical advice of the physician, but driven by non-physicians superimposing their judgment based on cost, is exactly the reason for current law to continue.

Further, we find the outright repeal of this protection for our patients an all or nothing proposition. In other legislative committees where this matter has been discussed as it concerns the fiscal 2016 and 2017 budgets, there has been mention of "safety edits" as a methodology KDHE will utilize going forward. This vague description of how KDHE will evaluate the appropriateness of the drugs we prescribe to the mentally ill should not be a sufficient reassurance to the committee.

We suggest that the more prudent course of action is to have the specifics of how KDHE plans to administer these "safety edits" or other practices in black and white before this committee. In this way, the physicians and other stakeholders in the mental health community can have input into the clinical appropriateness and efficacy of KDHE's proposal. Too much is at risk to simply trust those interested in cost containment with the best care for our patients.

On behalf of the Kansas Psychiatric Society, we respectfully request the committee report Senate Bill 123 adversely and maintain the protections for our patients embodied in current law which is still founded in good public policy.

Sincerely,

Vishal Adma, MD

President, Kansas Psychiatric Society