



To: Senate Public Health and Welfare Committee

From: Rachelle Colombo
Director of Government Affairs

Date: February 11, 2015

Subject: SB 123; concerning medications used to treat mental illness in Medicaid

The Kansas Medical Society appreciates the opportunity to submit the following comments on SB 123, which would repeal the provision in KSA 39-7,121b, which prohibits the state from placing any restrictions on access to certain psychotropic drugs in the Medicaid program. Although KMS is acutely aware of the fiscal challenges the state faces, particularly as it relates to prescription drug costs in the Medicaid program, we cannot support this bill.

As a fundamental principle, we believe physicians should be able prescribe treatments and medications based upon their best clinical judgment, with a minimum of government or third party interference or barriers to access. That said, we also recognize that all payors must strike the proper balance between patient needs, available resources, and accountability. However, in the case of the Medicaid population, which by definition is unable to afford coverage for themselves, it places a special responsibility on policymakers to ensure that purely economic considerations do not overwhelm reasoned clinical judgments.

Data shows that individuals with serious mental illness constitute a disproportionately high percentage of the eligible Medicaid population. Experience also shows that different psychotropic medications which are similar can have different side effects and effectiveness with different patients who have the same diagnosis. Often physicians must try several medications before they find the one that works best for a particular patient. Finding the right drug product for a patient can avoid other health problems and related costs, such as unnecessary hospitalizations.

Repealing the provision noted above would subject these medications to the existing prior authorization requirements in our Medicaid (KanCare) program. Unfortunately, our experience with the prior authorization programs utilized by the three MCOs has not been particularly good. Physicians are already frustrated by the burdensome and time-consuming prior authorization programs, and adding psychotropic drugs will only increase the time, cost and hassle for physicians who care for our Medicaid population.

For these reasons, we cannot support a simple repeal of the prohibition on restricting access to these drugs. The care of patients with severe mental illness is highly individualized, often complex, and not without risk. Before changing this provision in law, we feel there should be significant, demonstrable improvements and standardization of the prior authorization process in KanCare. If it is the will of the legislature to repeal the provision above, we would also recommend that a special committee comprised of psychiatrists, primary care physicians and pharmacists be created to help develop policy and oversee the prior authorization program, or other programs that are implemented to regulate the prescribing of these drug products. Thank you.