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JEFF ANDERSEN, ACTING SECRETARY

Chair Schmidt and members of the committee, my name is Dr. Greg Lakin and I will be speaking regarding the regulatory concerns of SB 438.

Mental health is an important but difficult disorder to treat. It always has been challenging and fraught with emotions. And no providers likes to fill out prior authorizations or follow a preferred drug list. Due to the nature of mental health disorders, patient compliance is and always be an issue, with or without prior authorizations.

This is really about parity - mental health has a history of fighting for equal rights and all advocates should be commended. But what is before us now is a demand for special rights. Rights and privileges no one else has. This is discrimination and will likely set the State up to be challenged legally by private individuals as well as the risk of losing federal Medicaid benefits.

In 2017 the Mental Health Parity Rules for Medicaid came out requiring all similarly enrolled members to be treated equally. This included a provision for medications as well. By not following this federal mandate we put federal prescription rebate dollars at risk. This would be substantial. (see attached federal regulations.)

It is important that mental health agencies work within the system. If the PA process is more difficult then let's work on it to make it more steam lined and timely. KDHE and KDADS will work toward this end by giving the MCO's proper mandates and authorization. There is new leadership and direction, and change is already happening. I know people have heard this before but not from the current leadership.

Realize further that it's not just about the costs but the precedent it sets. There will continue to be newer and more expensive drugs coming online as other become generic. This increasing cost and brand names for the various mental health diagnosis will be increasing costs exponentially even with safety guards in place.

But in allowing the "gold card" and it really is a gold card no one else has – where only psychiatrist treating only Medicaid patients can prescribe whatever medicates they prefer at any time sets a precedent.

What about neurologists and their patients with seizures and endocrinologists and their fragile diabetes? The list goes on with numerous patients who's needs and just as great as the mental health patients. And what do we tell the working people paying large amounts of money for their private insurance that don't have this special privilege. How do we explain to the masses paying into the system that there is a more entitled class. Diabetics did not ask to be diabetics. Children with seizures did not ask for it either. If there is an entitled group, shouldn't everyone be then?