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Robert G. (Bob) Bethell Joint Committee on Home and Community-based Services and KanCare Oversight

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Mister Chairman and members of the Committee, my name is Kyle Kessler, I am the Executive Director for the Association of Community Mental Health Centers of Kansas, Inc. The Association appreciates the opportunity to submit testimony regarding mental health medications in the Medicaid program.

The Association represents the 26 licensed Community Mental Health Centers (CMHCs) in Kansas that provide behavioral health services in all 105 counties in Kansas, 24-hours a day, seven days a week. In Kansas, CMHCs are the local Mental Health Authorities coordinating the delivery of publicly funded community-based behavioral health services. As part of licensing regulations, CMHCs are required to provide services to all Kansans needing them, regardless of their ability to pay. This makes the community mental health system the "safety net" for Kansans with mental health needs, collectively serving over 127,000 Kansans.

At the last meeting of this Committee, some brief discussion occurred relating to the prescription of psychotropic medications. Our Association believes that sound clinical and medical treatment are the cornerstones to good mental health and overall healthcare. The protection of psychotropic medications in statute from prior authorization and preferred drug lists helps contribute to the quality treatment for persons who suffer from mental illness.

In 2002, the Kansas Legislature (Sub. for SB 422) secured provisions in current law that exempt mental health prescription drugs from a Medicaid preferred formulary and prior authorization. Specifically, the statute refers to "Medications including atypical anti-psychotic medications, conventional anti-psychotic medications and other medications used for the treatment of severe mental illness."

We believe these protective measures are the best policy for the state and consumers. We encourage the Committee to look at alternatives that target the problem areas about which you have received testimony.

One alternative would be soft edits to heighten awareness of patients, physicians and pharmacists, which could take place with a call from the MCO to the provider after the prescription is filled or refilled. Another is an educational component that would provide more information on off-label prescribing practices to physicians. One example of this could be having a state or MCO sponsored consultative service that provides feedback to any prescriber throughout the state regarding medication questions. Retrospective education of prescribers based on claims data could be a very successful approach to pursue.

CMHCs have a wide range of qualified medical professionals across the state who are well-trained and educated to treat children and adults who often need these specific medications in a timely and precise dosage. Placing restrictions on these medications can result in unnecessary visits to the emergency room, admission to state mental health hospital programs, or incarceration. This cost shifting will not only increase costs but compromise the care and safety of persons with mental illness and those in our communities.

With the growing concern over increasing costs of pharmaceutical expenditures in the Medicaid program, and the growing costs of health care overall, we do appreciate the concerns raised regarding mental health medications. We are supportive of any efforts to pursue enhanced safety for Medicaid beneficiaries while improving health outcomes for those we serve in the public mental health system. Our concerns are that the proposal to remove the statutory language which exempts mental health prescription drugs from a prior authorization or PDL is a drastic measure that could threaten the safety, health, and ultimately jeopardize the recovery process for a person with a mental illness.

The Association and its members value the importance of the provider/consumer relationship and believe that treatment decisions are best-made through dialogue, evaluation of personal preferences, treatment goals, and clinical judgment on what course of therapy is most likely to contribute to recovery.

I appreciate the opportunity to testify before you today to discuss this issue of importance to the public mental health system here in Kansas. I would be happy to stand for questions.