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Kansas Psychiatric Society

To: Senate Public Health and Welfare Committee
From: Brad Grinage, MD, Legislative Chair
Date: February 15, 2018
Re: Senate Bill 304

Sen. Schmidt and members of the Senate Public Health and Welfare committee,

My name is Brad Grinage. I am a practicing psychiatrist in the state of Kansas and am appearing before you here today in my capacity as the legislative chair of the Kansas Psychiatric Society. For those of you that are not familiar with the Kansas Psychiatric Society, it is a district branch of the American Psychiatric Association whose members have been serving the citizens of the state of Kansas since its establishment in 1942.

Thank you for the opportunity to appear in front of you today regarding Senate Bill 304. I have attached the American Psychiatric Association policy regarding "prior authorization" for your review. The APA and KPS support medical judgment taking precedence over arbitrary guidelines imposed by those not involved directly in the patients care. Any step therapy protocols should be based on scientifically supported, specialty specific driven guidelines to ensure that medical judgment establishes the requirements.

In instances where step therapy is utilized, it is essential, as indicated by SB 304, that the health insurance plan provides a means to a clear, convenient and readily accessible process to request a step therapy exception. KPS endorses the need for a response to step therapy exception within 72-hours of receipt of the appeal or if exigent circumstances exist, within 24 hours of receipt of the request.

Step therapy should always consider our patient's first: Never requiring medication that is contraindicated or likely to cause an adverse reaction; never requiring patients to try a medication that has been tried before and noted to be ineffective for that patient; never forcing a change when a patient is stable on their current medications; and never superimposing the judgment of anyone in a less informed position than the patients prescribing physician.

The APA Policy describes the issue as follows:

The process of requiring prior authorization for payment or dispensing of psychotropic medication by third party insurance plans or other entities is detrimental to patients

care. This process often results in delays for patients in receiving life-sustaining medications (authorization denials and the need to prescribe a non-first choice medication), and always results in psychiatrists using large amounts of what would otherwise be clinical time to complete the essential prescribing transaction.

There is no clear researched evidence (base) that this process improves the quality of patient care or is cost effective.

Thank you for the time to express the views of the KPS. I would be happy to answer any questions.

Position Statement on Prior Authorizations for Psychotropic Medications

Approved by the Board of Trustees, July 2014

Approved by the Assembly, May 2014

"Policy documents are approved by the APA Assembly and Board of Trustees...These are...position statements that define APA official policy on specific subjects..." – *APA Operations Manual*.

Issue

The process of requiring prior authorization for payment or dispensing of psychotropic medication by third party insurance plans or other entities is detrimental to patients care. This process often results in delays for patients in receiving life-sustaining medications (authorization denials and the need to prescribe a non-first choice medication), and always results in psychiatrists using large amounts of what would otherwise be clinical time to complete the essential prescribing transaction

There is no clear researched evidence base that this process improves the quality of patient care or is cost effective.

Position Statement

The American Psychiatric Association is opposed to any requirement of prior authorization for psychotropic medications prescribed by psychiatrists prior to payment by insurers, except for instances of clear outlier practices or an established evidence base which implicates concern for patient safety. In those instances, the decision to require prior authorization or documentation should be made only by a Board Certified Psychiatrist.

Authors: Robert Feder, MD, DFAPA, Representative, New Hampshire Psychiatric Society and Roger Peele, M.D., DLFAPA, Representative, Washington Psychiatric Society with additional input from the members of the Council on Healthcare Systems and Financing: Harsh Trivedi, M.D., Karen Hopp, M.D., Susan McLeer, M.D., Laurence Miller, M.D., Paul Wick, M.D., Mary Ann Badaracco, M.D., Lisa Hovermale, M.D., Anand Pandya, M.D., Elliot Sorel, M.D., Ole Thienhaus, M.D., Grant Mitchell, M.D., and Lori Raney, M.D.