



Testimony to Senate Public Health and Welfare Committee on Senate Bill 304

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Madam Chair 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 represents the 26 licensed Community Mental Health Centers (CMHCs) in Kansas that provide behavioral health services in all 105 counties, 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 mental 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.

Our members believe that sound clinical and medical treatment are the cornerstones to good mental health and overall healthcare. 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 specific medications in a timely and precise dosage. Placing restrictions on these medications can result in unnecessary visits to the emergency room, admission to a state mental health hospital, or incarceration.

While we are not in support of any restrictions on medications used to treat mental illness, we feel that the protections in Senate Bill 304 would be of benefit to individuals with mental illness who are subject to step therapy protocols by their health insurance plan.

If we take a step back and look at the evidence as it relates to step therapy, we see that this type of short-sighted policy has no place in the treatment of mental illness. A study published in the American Journal of Managed Care in February 2014 stated that there is...”strong evidence that the disruption to therapy that formulary restrictions [such as step therapy] cause offsets much, if not all, of the possible savings to Medicaid, at least among atypical antipsychotic users with schizophrenia or bipolar disorder.”

The National Association of State Mental Health Program Directors published an issue paper in October of 2008 stated...“Given significant individual variability in response, ultimately all marketed antipsychotic medications should be available to patients who require treatment with them.” It goes on to say, “Prior authorization and step therapy are two of the mechanisms that generally add administrative burdens and costs.”

The Association appreciates this Committee’s review of this very important issue and we ask for your support of Senate Bill 304. Thank you for the opportunity to submit this written testimony.