HOPE Act started out last year with the Commerce Committee doing a lot of good work on it. Read a report regarding public support for work requirements in welfare programs and decreasing administrative costs in this state.

Talked about passage of the HOPE Act last year and this year’s update. Describes the current HOPE Act language.

Delineated six patient protections in Step Therapy portion of 402:

* Likely to cause adverse reaction
* Expected to be ineffective due to known clinical
* Has already been required to try these step drugs and were discontinued

Second round:

* Can’t change medications if stable on their current drug regimen

Third round:

* 72 hour expedited appeal process. Currently, we require a 5 day drug supply to be given at the pharmacy. Appeal time frame will include weekends.
* 30 day limited fail period for MS medications.

We have talked about the mental health and the behavioral health. They are specifically not a part of this program – they were carved out last year and so this does not apply to those drugs.

(WHAT?)

Ward – Opposes the policies. Disagrees about the statement about mental health what we did last year was to put the

Dove – I’ve learned as vice chair Who supports this bill? *Listed Medical Society, ACMHCK, others – think he must have his bills confused!! He MUST mean 2615.*

Powell – In regard to the issues with the bill, I approached him numerous times with my concerns about this bill. My concerns have been satisfied – particularly around behavioral health. I’ve been pleased to see that these have been addressed. Also, regarding having able bodied people work – I’ve worked with people who were depressed. Work is beneficial. I’ve been encouraged to see the legislation encouraging work for able-bodied people. Question – are mental health medications in a separate category?

Hawkins \_ the mental health medication advisory committee was established last year. It isn’t really a part of this bill but is a part of that bill last year. That is the protection for mental health and behavioral health.

Smith – talking about adults needing to work.

Bollier – Need to clarify – why aren’t drug samples counted as whether or not a person has tried a drug or not.

Hawkins – believe it is because there is no tracking.

Bollier – it is in the medical record. Sad to say that drug sample won’t work for poor people. My husband utilizes drug samples wherever he can. It is a very poor choice and another case of people meddling in medical practice and not doing what is best.

Carmichael – be concerned about a process where the for profit company makes the initial determination of eligibility and no one in the building has any idea what the standard of review is supposed to be. ERISA has created a terrible condition where the insurance companies are given all of the deference in the world.

Kathy Wolfe-Moore – clarified that mental health centers do not support this bill.

Motion to pass the report:

79-43. Passed.

Senate Debate: Senator Michael O’Donnell describes CCR for House Sub for SB 402

Mothers who have been on TANF for over a year, will have a three month exemption from work requirements after the birth of their baby.

Step therapy – we adopted six patient protections from the House.

Listed them – (as previously reported)

Also will require KDHE to study and report to the Legislature on the use of the program and

How do we know if the savings will be achieved? We have removed the $10 million from the caseloads and the MCOs have agreed to that.

Also, we specifically require that any policy must be approved through the DUR Committee and if it is a mental health or behavioral health medication, it will go through the Mental Health Medication Advisory Committee.

Noted this did pass the Senate on a vote of 24 – 16.

Senator Schmidt - Notice in the CCR and in the remarks, if a patient is tried on a medication and it did not work, they can move onto a different drug. How will we verify this if the patient tried those medications while on a different commercial insurance or other coverage?

O’Donnell – that would be in the patient’s medical records. The MCOs do have access to prior medical records. In the case of some people with medical or cognitive disabilities, their care manager or other provider can assert this information.

Schmidt – that means that one of our MCOs has access to the prescription records of a major commercial insurer and the drugs they paid for? I don’t think that is accurate. I think the physician would have the records and could speak to that history, but

O’Donnell the MCOs working with the doctors can have access to know if someone was on a medication before. All doctors keep a pretty thorough record of the medications and I think federal law requires that.

Schmidt – my point is that a Medicaid patient that is grandfathered – that record is readily available. If it is someone coming into Medicaid it will be hassle. There will have to be a phone call to the prescriber.

One thing I do want to clarify – I have been told MH drugs will be carved out and won’t be subject to 402 regarding step therapy. But we’ve had advice from our revisors that step therapy will apply to mh drugs.

Yes – correct. There is a carveout – the changes can be made but can’t be made by KDHE or MCOs without going through the MHMAC and then the second step would have to go through the DUR. It will not affect mental health drugs but there will be a process to go through. The MCOs that are very sophisticated companies will not be adding programs that would threaten the health

I think there is a lot more stigma surrounding that question because we are in a mental health crisis with what is going on and with some of the gun violence issues that are brought on my mental health and not by guns, but by people with mental health problems.

Went on with some other comments about commercial plans having step therapy.

Schmidt – As a pharmacist, I wouldn’t quite agree with all of that. Many of those programs are almost seamless with their electronic records programs and not the same.

Schmidt - So, does the MS exclusion for 30 days and not 90 days of step therapy, is that for all your drugs or only your MS drugs?

O’Donnell - Only the MS drugs.

Schmidt - If mental health drugs are excluded from step therapy in 402, then none of the patient protections in the bill would apply to mental health drugs?

O’Donnell - No – the protections would apply once someone goes through the steps at the MHMAC and DUR Committee, but since they don’t have step therapy right now and are grandfathered in the patient protections aren’t related to them.

We do have multiple groups that have moved from opponents of the bill to neutral now with the changes to the bill, including the association that represents the mental health centers that are located in many of our communities.

Holland –

Was anything else excluded from the $10 million estimate?

Yes, the mental health drugs.

Are the MCOs on the boards?

No – there would be a severe conflict of interest if they were.

What are the classes of drugs that provide the most bang for the buck in these programs?

All different forms of drugs have different pricing. Mental health drugs are pricy, as are those used to treat serious illness. This isn’t targeting any specific area. I know for me when I have to get medications, I ask if I can get the cheapest one possible. I personally don’t want to pay for name brand if it is going to have the same result – of course I am a fiscal conservative, so I practice what I preach.

When state’s turn to these policies to money, there are many problems that can emerge.

Prior to the 2015 legislation we passed, the law clearly prohibited having these programs for mental health drugs and so now, at some point, someone can come around and say we are going to have step therapy for mental health.

Faust-Goudeau – told the story again about the harmful experience of her niece and Medicare step therapy policies.

Hawk – is there any enforcement mechanism for the 72 hour appeal process? Is there a penalty?

No. But the MCOs do follow the law. More..

Hawk – overheard the debate in the House about the drug samples not counting as trying a step therapy medication. It appears that this will not count in the step therapy process.

O’Donnell – I will repeat what I heard in the House – it will not apply. Continued. Not usually the cheap drugs, these are the expensive drugs. Think that might be the reason.

Kelly – would not like for us to leave here thinking that mental health drugs have been exempted from step therapy and if you would like I can read a letter from a revisor that clarifies that. It is true that they have a different process to implement their programs, going through a mental health committee, but they can implement step therapy.

Let’s not leave here thinking that we have done what we were asked to do, by the mental health centers, to exempt mental health drugs from step therapy. And would wager to say they are not enthusiastic about this, and probably not really neutral, since we have not taken care of their request to exempt them from this bill.

Schmidt – can not leave here with the inaccuracies. Samples are not given on drugs with a generic available. What I don’t understand about the question if samples will count – there is absolutely no difference if the drugs had been provided

Heres a news flash at 1:10 a.m., when a doctor gives samples, it is also in the chart. So it also makes me doubt if we are going to give credit for trying drugs

Don’t fool yourself that mental health drugs are excluded from this bill, they just have to go through different hoops. And the conference committee was adamant about not putting the exclusion for mental health drugs in this bill.

Pettey – statistics regarding the HOPE Act and the reductions of benefits to children. What we did last year dropped more than 600 children from assistance.

O’Donnell – while I appreciate her advocacy, there is more to the story. We did remove the ATM restriction in this bill. They can still shop in Missouri by taking the money out of ATM. Yes, there are children that move off of benefits, but there are more parents working this year than before. The KAC study also showed fewer children….. The way out of poverty is work. So if we want to reduce poverty let’s create more jobs. We do not control the food stamps portion of the law. That is federal program. We are talking about TANF cash assistance here.

Pettey – my comments are regarding a point of sale transaction. In 2014 we banned Kansas families from using their cash assistance in Missouri. So they are not able to use that money as efficiently as they might if the closest grocery store is in Missouri and if they could purchase with the

O’Donnell – would just like to know when the State of Missouri decided they were not going to take cash from Kansans.

Pettey - Don’t know what the Senator is talking about.

O’Donnell - I said they can card out $200 and use cash for shopping in Missouri if that helps them.

Pettey – they can’t use their TANF cash card outside of Kansas

Faust-Goudeau – I agree that working is beneficial for families. She went on to describe the situation for low income working families – hardships of illnesses, inconveniences of public transportion, low wage no benefit jobs, cost of child care. I totally disagree with the view of “just get a job”. Cited several stores that have recently closed in her district and her worries about where the employees have gone – was told by Walmart that if they could move they could work in other stores, but most people. Majority of head of households who receive these benefits are women.

Kelly – if we are to buy into the premise that you can get your TANF money on the Kansas side and take it to Missouri to spend it, then what is the rationale to not allow them to take their TANF card to a Missouri grocery store?

O’Donnell – this was passed last year and believe it was about keeping the business in Kansas. I can’t speak to everyone’s rationale for it, but it was in the interest of using the money in Kansas because it is designed for Kansans.

Kelly – that doesn’t jive with the answer where the Senator thought it was a great idea to allow them to get the cash in Kansas and then make their purchases in Missouri. Why would we deny the folks especially in the border counties to use their cards at the nearest location and now where the sales tax on food is so much lower.

O’Donnell – we know for a fact that TANF cards were used outside the country, at ballparks, amusement parks and to stop some of this abuse, we passed this policy last year.

Kelly – I remember the debate and the backlash from the bill last year. We have a laundry list that beneficiaries are not to use their card for and that includes those places you’ve cited. But I don’t think we intended that people shouldn’t be able to buy their necessities where it makes the most sense. And it isn’t smart to encourage that people should carry around a bunch of cash. We need to realize what we are doing. These kinds of policies really are a kind of attack on poor people who aren’t here and aren’t well represented here.

O’Donnell – thank you, appreciate the spirited debate. Both of these bills have been diligently worked through the Health committees and the Ways and Means committee. I definitely think the main goal of everyone in this chamber is to promote a better quality of life for everyone. I know for me, the more we can move people off of welfare and get job training programs out there to

I think it is funny that the detractors always use statistics back to 2007 and don’t understand why we can’t go back to the beginning of the Brownback administration. Maybe it is because they don’t want to acknowledge that some of these policies have actually reduced poverty and increased employment and have been successful.

Motion to adopt CCR House Sub for SB 402

Passed 27-13.