

KANSAS MENTAL HEALTH COALITION

An Organization Dedicated to Improving the Lives of Kansans with Mental Illnesses

Testimony presented to the House Social Services Budget Committee on
the Mental Health Medication Advisory Committee – 2015 Sub for HB 2149

Amy A. Campbell – January 28, 2016

Thank you for the opportunity to address your committee today on behalf of the Kansas Mental Health Coalition (KMHC). The Kansas Mental Health Coalition is dedicated to improving the lives of Kansans living with Mental Illnesses and Severe Emotional Disorders. We are consumer and family advocates, provider associations, direct services providers, pharmaceutical companies and others who share a common mission. At monthly roundtable meetings, participants develop and track a consensus agenda that provides the basis for legislative advocacy efforts each year. This format enables many groups, that would otherwise be unable to participate in the policy making process, to have a voice in public policy matters that directly affect the lives of their constituencies. The opportunity for dialogue and the development of consensus makes all of us stronger and more effective in achieving our mission.

The creation of the Mental Health Medication Advisory Committee in 2015 came about after the Kansas Senate defeated legislation that would have simply revoked statutory protections for mental health prescriptions in the Medicaid program. Within that debate, all parties involved agreed that, if the State would proceed with prescription controls for mental health medications, then moving forward with prior authorization policies should focus on the safety of Kansans – particularly young children – and minimize the potential harm that can occur when medications are interrupted and providers are burdened with excessive requirements.

Consumers and families were particularly concerned about the potential of interruptions, forcing use of medications that are ineffective or have side effects that are not well tolerated based on the deciding factor of cost. Research is plentiful citing the harm caused when individuals with mental illness avoid or delay important treatment or medications. This is a key concern for those who do not have their own transportation, for example, who encounter problems at the pharmacy late on Friday afternoon.

The Advisory Committee was created through conversations with a work group that created new statutory language for K.S.A. 39-7,121b. In addition, this work group developed “guard rails” – basic operational guidelines – for how the Advisory Committee would work and how prior authorization policies would be implemented. The last version we received of the guard rails is as follows:—

- Patients who are already on stable, safe regimens will be able to continue their prescribed treatment.
- Creation of a Mental Health Medication Advisory Committee made up of mental health practitioners and pharmacists with specific experience in providing service to the mental health community.
- Review certain medications for safety and dose optimization.
- New prescriptions or changes in medication will be subject to evidence-based guidelines developed by the Drug Utilization Review Board with the counsel of the Mental Health Medication Advisory Committee.
- Increase length of emergency prescription fills from 3 days to 5 days to allow for processing time in situations where prior authorizations are required and assure that these are paid to the pharmacies.
- Hold the number of prior authorizations needed to a minimum, while still providing for the appropriate protections.

- The three MCOs will be required to follow policies set by the state, and no changes to the current system will be allowed until such time that policies are put in place to assure minimal disruptions to providers and patients.

The Coalition was very pleased to finally see some collaboration on the initiative and supported the creation of the MHMAC.

The Mental Health Medication Advisory Committee met September 1, October 28, and December 9 of 2015. The Kansas Mental Health Coalition commends the members of the MHMAC for the work accomplished to date, and their amount of time spent discussing how prior authorization policies can be implemented carefully to minimize potential harm to the Medicaid member.

At this point, “process improvement initiatives” have been discussed, but are being handled outside the Committee itself. These include uniform procedures by all three MCOs to minimize disruption and time taken away from patients and, development of preferred provider status for expert prescribers.

The Coalition encourages focus on these processes, because we believe they will be the key to whether or not the implementation will be a positive or negative experience to Medicaid providers and participants.

The MHMAC has had a good beginning, but we respectfully have some concerns and recommendations.

Concerns:

- The ability of the public to participate meaningfully in the MHMAC meetings is limited by the lack of information available. The public is unable to access the language of proposed policies nor the list of medications included in the proposed policies in order to provide informed public comment. After the committee has discussed a proposed policy, we are unable to get a copy of the proposal as discussed nor as amended. Even after policies were approved by the MHMAC to be forwarded to the Medicaid DUR Committee, the policies were not posted. Policies approved in January by the Medicaid DUR Committee are still not available.
- MHMAC meeting agendas are posted 14 days in advance and public comment is required to be submitted 7 days in advance. This means that if you are sitting in the audience and would like to share information during the public comment portion of the meeting, you are not allowed to speak unless you have sent in written comments 7 days in advance.
- Within the initial stakeholder work group, the membership of the Advisory Committee was key. So, the addition of six managed care organization representatives at the table in October was a surprise.

Recommendations:

- The MHMAC should have the ability to approve and revise process initiatives to assure good implementation with minimal disruption.
- We encourage the agency to bring forward supporting evidence for proposed policies, beyond simply citing the number of program participants affected. At this point, the Committee has only tackled the “low hanging fruit”. We look forward to seeing well supported safety proposals for young children and older adults soon.
- Policy proposals, including a list of medications, should be posted before and after meetings – these can be clearly marked “DRAFT”.

We commend the work of the agency and the MHMAC to date, and look forward to working with them in the future.

Thank you for your consideration.

For More Information, Contact:

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