



KANSAS  
**PSYCHIATRIC**  
SOCIETY

To: Senate Public Health and Welfare Committee  
From: Brad Grinage, Legislative Chair  
Date: March 14, 2018  
Re: Senate Bill 438

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 submitting my testimony to 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 provide comments today regarding Senate Bill 438. 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 prior authorization protocols should be based on scientifically supported, specialty specific driven guidelines to ensure that *medical judgment* establishes the requirements.

Prior authorization does not put patients first, which should always be the case. Putting patients first for our members means: 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 review the views of the KPS. We encourage you to pass SB 438 favorably out of committee.

# 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.**

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