Submit your letter to: [leg.unit@gov.ca.gov](mailto:leg.unit@gov.ca.gov); [angela.pontes@gov.ca.gov](mailto:angela.pontes@gov.ca.gov); [Carlos.guadarrama@gov.ca.gov](mailto:Carlos.guadarrama@gov.ca.gov)

DATE

The Honorable Gavin C. Newsom

Governor, State of California

1021 O Street, Suite 9000

Sacramento, CA 95814

**RE: Request for Governor’s Signature – AB 1437 (Irwin & Quirk Silva) Medi-Cal: Serious Mental Illness**

Dear Governor Newsom:

On behalf of [ORGANIZATION NAME}, I write to express our SUPPORT OF **AB 1437 (Irwin and Quirk-Silva),** which will improve access to crucial medications for Medi-Cal patients with serious mental illnesses (SMI) by removing unnecessary administrative barriers.

(SHORT DESCRIPTION OF ORGANIZATION]

AB 1437 seeks to improve access to medications for Medi-Cal patients who have an SMI by:

* Automatically approving a prescription refill for a drug for serious mental illness for a period of 365 days after the initial prescription is approved.
  + This change will focus on prohibiting prior authorization on refills for a drug for SMI, in order to ensure continuity of drug access for individuals stabilized on a particular drug.
  + This change is also focused on a prescription for a person who has probably been diagnosed with an SMI and has been inconsistent with their treatment or has experienced a gap in care.
* Ensuring these changes apply only to prescriptions for a person 18 years of age and older who is not under the transition jurisdiction of the juvenile court.

According to the National Alliance on Mental Illness (NAMI), more than 5 million Californians have a mental health condition with over 1.3 million adults having an SMI. An SMI may include, but is not limited to, schizophrenia, bipolar disorder, post-traumatic stress disorder, a major affective disorder, and any other severely disabling mental disorder. Adults with serious mental health needs are a population of focus in DHCS’ implementation of California Advancing and Innovating Medi-Cal (CalAIM). According to the DHCS Research and Analytic Studies Division, “Mental illness of any kind had a treatment prevalence of 59% and serious mental illness (SMI) had a treatment prevalence of 45%.”[[1]](#endnote-1)

Ensuring adults in Medi-Cal with SMI have access to their prescribed medications is an essential element in avoiding negative health outcomes. Studies of state Medicaid programs found psychiatric patients’ lack of access to these medications contributes to a higher rate of negative outcomes for this population including increased emergency room visits, hospitalizations, homelessness, or incarceration. In addition, these negative outcomes are further exacerbated across racial and ethnic demographics. In California, 32.4 percent of psychiatric patients reported at least one medication access problem and 57.9 percent experienced an access problem that led to a negative outcome.[[2]](#endnote-2) Under the best of circumstances, our current healthcare system and criminal justice institutions are not properly equipped for these patients let alone as they are recovering from a pandemic. Increasing psychiatric patients’ access to these medications has the potential to reduce the strain on our health care and other institutions.

Additionally, the homelessness crisis is a huge priority for an overwhelming number of Californians and the COVID-19 pandemic has illustrated the elevated health risks of communicable diseases for that population and the communities in which they live. Medication adherence is key to positive outcomes, including stable housing, and a 2014 study found that homeless individuals have high non-adherence rates: 47.1 percent for psychiatric medications and 70 percent for schizophrenia medications.[[3]](#endnote-3) Medication adherence is also instrumental in stabilizing SMI patients, which in some cases, can prevent homelessness and in others, can assist patients in transitioning into housing. The provisions of this bill will make it easier for individuals experiencing homelessness to receive medication refills if their medications are lost or stolen, which is a persistent issue in this community. And last, but not insignificant, SMI patients who have been stabilized because of access to critical medications will be better equipped to tend to their healthcare and safety needs.

It is for these reasons that [ORGANIZATION NAME} is seeking these modest, but very impactful changes to the Medi-Cal system that would significantly benefit beneficiaries with SMI. We respectfully request your signature.

NAME

TITLE

ORG

1. DHCS, Understanding Medi-Cal’s High-Cost Populations. March 2015. <https://www.chcf.org/wp-content/uploads/2017/12/PDF-DataSymposium03042015Watkins.pdf> [↑](#endnote-ref-1)
2. West, Joyce C., et al. “Medicaid Prescription Drug Policies and Medication Access and Continuity: Findings From Ten States.” *Psychiatric Services*, 13 Jan. 2015, ps.psychiatryonline.org/doi/full/10.1176/ps.2009.60.5.601#jt07t3. [↑](#endnote-ref-2)
3. Unni, Elizabeth J., et al. “Medication Non-Adherence in the Homeless Population in an Intermountain West City.” *Innovations in Pharmacy*, vol. 5, no. 2, Jan. 2014, doi:10.24926/iip.v5i2.342. [↑](#endnote-ref-3)