

May XX, 2022

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California Department of Health Care Services

Melissa Roland

Assistant Deputy Director, Legislative & Governmental Affairs

California Department of Health Care Services

Tyler Sadwith

Assistant Deputy Director, Behavioral Health

California Department of Health Care Services

Richard Figueroa

Deputy Cabinet Secretary

Office of the Governor Gavin Newsom

Tam Ma

Deputy Legislative Secretary

Office of Governor Gavin Newsom

**RE: Trailer Bill: Serious Mental Illness Drugs**

Dear Ms. Gallergos, Ms. Roland, Mr. Sadwith, Mr. Figueroa, Ms. Ma:

I am writing on behalf of [ORGANIZATION NAME] to express our SUPPORT OF the Trailer Bill proposal which would allocate funding to improve access to crucial medications for Medi-Cal patients with Serious Mental Illnesses (SMI) by removing unnecessary barriers.

[SHORT DESCRIPTION OF ORGANIZATION]

This trailer bill, seeks to improve access to crucial medications for Medi-Cal patients who have a SMI by:

- Removing the prior authorization requirement for one year after an initial prescription is approved and allowing automatic approval of prior authorization if the medication was dispensed in the prior year to a person over 18 years of age and is not under the transition jurisdiction of the juvenile court.
- Allowing a 90-day supply of medication for treatment of SMI if the person is over age 18, has met prior authorization, step therapy or fail first requirements, and has filled a 30-day supply of the prescription in the previous 90 days.

- Allowing a pharmacist to dispense an early refill for lost or stolen medication and for an early refill of prescriptions with less than seven days of remaining therapy.

**In light of the increased risks SMI patients continue face during the long standing COVID-19 pandemic, this trailer bill is of critical importance.** 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.<sup>1</sup> 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<sup>2</sup>. Under the best of circumstances, our current healthcare system and criminal justice institutions are not properly equipped for these patients let alone during a pandemic. Increasing psychiatric patients’ access to these medications has the potential to reduce the strain on our health care and other institutions.

[Florida](#), [Georgia](#) and [Louisiana](#) recently passed legislation that created similar protections by exempting drugs prescribed for the treatment of certain types of SMI, such as bipolar disorders and schizophrenia, from prior authorization requirements if the patient received prior authorization from Medicaid in the previous 12 months. Now is the time for California to take the necessary steps to ensure those with SMI have more immediate access to the medication they need.

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 support of this trailer bill proposal.

**NAME**  
**TITLE**  
**ORG**

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<sup>1</sup> California Department of Health Care Services. Health Disparities in the Medi-Cal Population. Schizophrenia Medication Adherence. 2015. [https://www.dhcs.ca.gov/dataandstats/Documents/HealthDisparities\\_SchizophreniaMedication.pdf](https://www.dhcs.ca.gov/dataandstats/Documents/HealthDisparities_SchizophreniaMedication.pdf)

<sup>2</sup> West JC, et al. Medicaid Prescription Drug Policies and Medication Access and Continuity: Findings From Ten States. Psychiatric Services. 2009; 60:601– 610.