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California Access Coalition

April xx, 2020

The Honorable Jim Wood, Chair
The Assembly Committee on Health
State Capitol Room 6005
Sacramento, CA 95814

RE: AB 3285 (Irwin) SPONSOR

Dear Chairman Wood:

The California Access Coalition is pleased to sponsor AB 3285 (Irwin), which seeks to improve access to antipsychotic medications for Medi-Cal beneficiaries with severe mental illnesses (SMI). Ensuring this population has uninterrupted access to prescribed medication to stabilize their mental health condition is *more crucial than ever* as the state attempts to address homelessness amid the COVID-19 pandemic. We respectfully request your support when the measure is heard in your committee.

The CAC is a network of local and state behavioral health organizations that advocate to eliminate barriers that prevent Californians from accessing the care they need. The coalition aims to educate policy makers on the importance of accessible and cost-effective behavioral health care. For more than two decades, the CAC has provided a forum for advocacy and discussion among nonprofit organizations, governmental groups, and pharmaceutical companies.

AB 3285 seeks to improve access to antipsychotic medications for Medi-Cal patients who have a SMI by removing existing unnecessary barriers by:

- Removing the prior authorization requirement for one year after the initial prescription is approved and allowing automatic approval of prior authorization if the antipsychotic medication was dispensed to that patient in the prior year (“365-day lookback”).
- Allowing a 90-day supply of an antipsychotic medication for adults IF the patient previously met utilization requirements (prior authorization, step therapy or “fail first” requirements) and filled a 30-day supply of the medication in the previous 90 days.
- Exempting antipsychotic medications from the six-prescription limit.
- Allowing a pharmacist to dispense an early refill for lost or stolen antipsychotic medication and for an early refill of prescriptions with less than seven days of remaining therapy.

Prior to the emergence of COVID-19, this legislation was vital to address the needs of SMI patients who are enrolled in Medi-Cal. **In light of the increased risks SMI patients now face due to COVID-19, AB 3285 is all the more important.** 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. And, these negative outcomes are further exacerbated across racial and ethnic demographics. In California, 32.4% of psychiatric patients reported at least one medication access problem and 57.9% experienced an access problem that led to a negative outcome. Under the best of circumstances, our current health care 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.

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 study¹ found that homeless individuals have high non-adherence rates: 47.1% for psychiatric medications and 70% for schizophrenia medications. 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 homeless individuals 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 the CAC is seeking these modest, but very impactful changes to the Medi-Cal system that would significantly benefit beneficiaries with SMI. We respectfully request your AYE vote when the bill is heard in your committee.

If you or your staff have any questions, please do not hesitate to contact me at lclarkharvey@cccpha.org or 916-557-1166, ext.400.

Sincerely,



Le Ondra Clark Harvey, Ph.D.
Executive Director

¹ Unni EJ, et al. [Medication non-adherence in the homeless population in an Intermountain West city](#). *Inov Pharm.* 2014;5(2): Article 160



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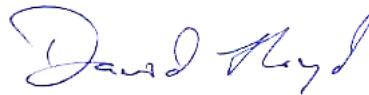
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