



AB 1178: Medi-Cal: Serious Mental Illness: Drugs

Frequently Asked Questions:

Q: What is the purpose of this bill?

AB 1178 will improve access to crucial medications for Medi-Cal patients with Serious Mental Illnesses (SMI) by removing unnecessary barriers.

Q: What specific problem does the bill aim to fix?

Medications can be essential for an individual with SMI to avoid disruptions in their every-day activities, making it important for these patients to adhere to their recommended drug regimens. Revising prior authorization requirements to mental health drugs to ensure that such restrictions have clinical value will reduce the incidence of individuals experiencing a mental health crisis, which often lead to hospitalizations, homelessness and worse.

Q: Why does this address medication access only for those with serious mental illness (SMI)?

Patients with serious mental illness who have been stabilized on medication are particularly likely to have negative outcomes if they experience disruptions in their medication. A study of 10 state Medicaid programs comparing drug access problems among psychiatric patients found patients who experienced treatment access problems were 360% more likely to experience a negative outcome including emergency visits, hospitalizations, homelessness, suicidal ideation, or incarceration. In California, the study found that 57.9% of patients with a psychiatric diagnosis experienced an access problem leading to a negative outcome.¹

Q: Would this bill help people experiencing homelessness?

It could. A 2014 study of treatment adherence among individuals experiencing homelessness found that refill non-adherence rate was 47.1% for psychiatric medications. Non-adherence rates for individuals experiencing homelessness were higher with drugs used in schizophrenia, with around 70% of individuals unable to follow their regimen². To prevent negative outcomes and provide greater support to individuals experiencing homelessness, the state must revise the existing process Medi-Cal patients are forced to navigate to obtain the mental health medications that have already been prescribed and approved through the TAR process.

Q: How many people would be directly affected by this change?

According to data provided to the Global Medi-Cal Drug Use Review (DUR) Board in February 2021, there were approximately 600,000 adults in Medi-Cal who were prescribed a medication to address serious mental illness in the 2020 fiscal year. At any point in time one of these individuals could be denied or delayed a refill due to the existing prior authorization requirement.

¹ 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](https://doi.org/10.1176/ps.2009.60.5.601#jt07t3).

² 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](https://doi.org/10.24926/iip.v5i2.342).

Q: What precise changes would this bill make to current Medi-Cal policy?

AB 1178 makes the following four changes:

- Prevents prior authorization from being required for any drug prescribed for the treatment of a serious mental illness (SMI) for 365-days after the initial prescription is dispensed for a person over 18 years of age and is not under the transition jurisdiction of the juvenile court.
- A drug prescribed for the treatment of SMI is automatically approved if there is a record of a paid claim that documents a diagnosis of a SMI within 365 days before the date of that prescription for a person over 18 years of age and is not under the transition jurisdiction of the juvenile court.
- Allows a 90-day supply of a medication for treatment of SMI, if the patient is over age 18, has met all required utilization controls, and has filled a 30-day supply of the prescription in the previous 90 days.
- Allows early refill for lost or stolen medications for treatment of SMI and for an early refill for prescriptions with less than 7 days of therapy remaining for medications for treatment of SMI.

Q: Why 365 days? Is it safe to go a year on the same medications without receiving prior authorization from Medi-Cal?

Treatment for persons with serious mental illness is often a series of trial and error between the prescribing provider and the patient. However, once a patient experiences a positive treatment response, maintenance treatment is typical. As an example, in patients with schizophrenia, [experts recommend](#) “first-episode patients [are] treated for at least 1 year, while those with multi-episodes should have treatment for at least 5 years.” Other state Medicaid programs also use a 365 day lookback for these types of drugs to include continuity of care, including [Colorado](#), [Missouri](#) and [Virginia](#).

This bill recommends 365 days because it aligns with typical dosage periods for these types of treatments. Similarly, to ensure uninterrupted care for certain kinds of patients, Medicare recently [finalized a rule](#) for Part B drugs changing the threshold from 108 to 365 days.

This bill does not change the frequency at which a patient sees their health care provider, or whether a prescriber and patient working together might decide to change a medication during the year. It only seeks to remove the requirement for additional authorizations once a medication is started and the patient and prescriber want to continue to that treatment path.

Q: Will this bill change the protections Medi-Cal currently has in place for children and youth?

The existing Medi-Cal program rules, alerts and clinical guidelines related to medication interactions with certain drugs and antipsychotics, concomitant use with anticholinergic medications, restrictions on prescriptions for patients under 18 years of age, and for patients over 65 years of age who reside in skilled nursing facilities, will not be altered by this bill.

This bill is narrowly focused on the ambulatory population over the age of 18 who are not under the transition jurisdiction of the juvenile court, and who have already received a first prescription for a drug prescribed for the treatment of a serious mental illness.

For example, the current Medi-Cal policies requiring an approved Treatment Authorization Request for any antipsychotic medication for all Medi-Cal beneficiaries 0 – 17 years of age and requiring an approved Treatment Authorization Request for beneficiaries residing in skilled nursing facilities (SNFs) would not be affected by this bill.

Q: Don't the changes happening through CalRx address this issue?

Before CalRx was proposed, mental health medications were “carved-out” of Medicaid managed care contracts, along with a few other types of therapy. Because these medications are already handled on a fee-for-service basis by Medi-Cal, the policy changes being implemented by CalRx do not pertain to this category of medications. Because the managed care plans do not manage mental health services for the severely mentally ill, this bill is not affected by CalRx, and is still needed in order to ensure continuity of care for patients and prescribers who have already received a TAR approval for their medication.

Q: Why, amidst COVID-19, is this bill a top priority?

1,364,000 adults in California have a serious mental health condition such as schizophrenia or bipolar disorder, and only 507,000 Californians with a serious mental health condition received any treatment in 2018.³ Since the COVID-19 pandemic hit, mental health needs rose considerably. Online [screening data from Mental Health America](#) showed several troubling trends:

- Suicidal/self-harm thinking reached a new high in 2020.
- Rates of moderate to severe anxiety were much higher in 2020, than 2019.
- Rates of moderate to severe symptoms of depression in November and December 2020 were higher than any point in the 24-month period from January 2019 through December 2020.
- In 2020, two times the number of people scored at risk for psychosis, compared to 2019.

The COVID-19 pandemic actually makes addressing continuity of care for people with serious mental illness by removing barriers to already approved mental health medications even more important. Accessing care, and especially medications, as explained in previous answers, was already a problem for patients with psychiatric needs in Medi-Cal before the COVID-19 pandemic. There is every reason to think these issues will get worse, not better, in the foreseeable future.

Q: What entities have voiced their support of this bill?

The following organizations or people have voiced their support of this bill:

- California Access Coalition (Co-Sponsor)
- Psychiatric Physicians Alliance of California (Co-Sponsor)
- Guyton Colantuono, NCPS, Executive Director of Project Return Peer Support Network

³ Substance Abuse and Mental Health Services Administration (SAMHSA) 2018-2019 NSDUH State-Specific and 2019 Detailed Tables.