



February 15, 2011

The Honorable David Burke  
Ohio House of Representatives  
77 S. High Street  
Columbus, Ohio 43215

Dear Representative Burke:

On behalf of the Coalition for Healthy Communities, we want to thank you for including language in H.B. 93 to ensure that individuals with mental illness have open access to mental health medications. We are grateful that we have a legislator in the House of Representatives who has a keen understanding of the fact that limiting access to mental health medications can lead to costly outcomes, not only for the person with the mental illness and his or her family, but for the community as a whole.

The language in the bill as introduced promotes open access to medications for individuals with mental illness, and for that we are truly grateful. We are concerned, however, that the general reference to "mental illness" in Section Sec. 5111.172 may be too broad and will likely draw opposition. For this reason, we would like to ask that you consider language that builds on a policy that has already been established in Ohio and appears to be working well for both consumers and prescribers, when that prescriber is a psychiatrist.

Current Medicaid policy exempts psychiatrists from prior authorization for atypical antipsychotics and antidepressants. Placing the psychiatric exemption in statute and applying it to all those who are served across the Medicaid programs will ensure that the exemption remains in place after the pharmacy benefit moves to managed care and would continue to cover those in fee for service. It has been estimated that psychiatrists treat a majority of individuals diagnosed with severe and persistent mental illness, so this exemption would go a long way toward ensuring access to these medications for this vulnerable population.

To enhance the effectiveness of the current exemption, we ask that you consider expanding the exemption from prior authorization to include advanced practice nurses (APN) with a specialty in psychiatry who have a collaborative agreement with a psychiatrist. Ohio, as well as the rest of the nation, has a shortage of psychiatrists. APNs who meet this description help fill this gap in many community mental health centers around the state. Applying the exemption to this group of practitioners would broaden the impact of the original policy without diminishing the quality of service to consumers with mental illness.

We also ask that you consider including language adding injectable atypical antipsychotics to the psychiatric exemption and allowing providers to choose between a pharmacy, durable medical equipment or medical option. This form of medication is currently treated as a medical benefit, and as a result, it is often difficult for providers to access it in the public system for their clients as they must purchase it first, and be reimbursed after the fact. Given the shortage of funds in the mental health system, few providers are in a position to do this. Giving providers the option of accessing these medications as a pharmacy, durable medical equipment or medical option would help ensure its availability to those few individuals who require this form of treatment.

*Advocating for Quality Mental Health and Substance Abuse Services*

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Additionally, we strongly support adding language that will ensure that individuals that are addicted to prescription medications or other opioids have access to medication assisted treatments. To support this and address the treatment needs of these individuals, we want to make sure that Medicaid managed care plans include in their formulary and make available without prior authorization medications such as suboxone and buprinorphen.

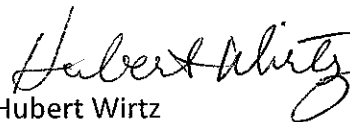
Lastly, we ask that you consider including language that requires the managed care plans to follow a unified formulary and utilization management practices, including a single prior authorization process, currently established by Medicaid's Pharmacy and Therapeutics Committee. During the years leading up to the pharmacy benefit being carved back in to ODJFS, our offices were inundated with calls from providers, consumers and family members frustrated by their inability to access needed medications because of limitations placed on the accessibility of certain drugs. The high volume of complaints lead the Strickland Administration to analyze the various formularies and utilization management strategies used by the 7 managed care plans. ODJFS found that that when managed care plans used prior authorization strategies; there was 95 percent disagreement on which drug should be available. ODJFS determined that if the issue being addressed by implementing prior authorization is to support clinical best practice or demonstrated lower cost with the same clinical efficacy, then all managed care plans should have the same prior authorization requirements otherwise deference should be given to the treating prescriber. This resulted in the ODJFS decision to bring the benefit back in house. Given the current circumstances, there is no reason to believe that the situation and tremendous variability across the plan's formularies will be any different a second time around without the establishment of a single formulary with uniform utilization management standards.

Thank you for giving these requests your thoughtful consideration. We look forward to working with you to help you craft the best bill possible.

Sincerely,



Laura Moskow Sigal  
Co-Chair; Coalition for Healthy Communities  
Mental Health America of Franklin County



Hubert Wirtz  
Co-Chair; Coalition for Healthy Communities  
Ohio Council for Behavioral Health & Family  
Services Providers



Terry Russell  
Chair, CHC Access to Medication Committee  
National Alliance on Mental Illness of Ohio

cc: Members; House Committee on Health and Aging  
John McCarthy, Director; Office of Health Plans  
Greg Moody, Director; Office of Health Transformation  
Tracy Plouck, Director; Ohio Department of Mental Health  
Orman Hall, Director; Ohio Department of Alcohol and Drug Addiction Services

ATTACHMENTS

## **Coalition for Healthy Communities**

Alcohol & Drug Abuse Prevention Association of Ohio  
American Academy of Pediatrics-Ohio Chapter  
Buckeye Art Therapy Association, Inc.  
District 1199 SEIU - AFL-CIO  
Mental Health Advocacy Coalition  
Mental Health America of Ohio  
Multiethnic Advocates for Cultural Competence  
National Alliance on Mental Illness of Ohio (NAMI Ohio)  
National Association of Social Workers-Ohio Chapter  
Ohio Ambulatory Behavioral Healthcare Association  
Ohio Association of County Behavioral Health Authorities  
Ohio Association of Child Caring Agencies  
Ohio Association of Residential Recovery Services  
Ohio Council of Behavioral Health & Family Services Providers  
Ohio Citizen Advocates for Chemical Dependency Prevention  
and Treatment  
Ohio Counseling Association  
Ohio Empowerment Coalition  
Ohio Federation for Children's Mental Health  
Ohio Mental Health Counselors Association  
Ohio Nurses Association  
Ohio Psychiatric Physicians Association  
Ohio Psychological Association  
Ohio School Psychologists Association  
Ohio State Medical Association  
Ohio Suicide Prevention Foundation  
US Psychiatric Rehabilitation Association, Ohio Chapter  
Universal Health Care Action Network of Ohio