

February 6, 2009

Assembly Speaker Sheldon Silver
Room 932, LOB
Albany, NY 12248

Senate Majority Leader Malcolm Smith
Room 909, LOB
Albany, NY 12247

Assembly Minority Leader James Tedisco
Room 933, LOB
Albany, NY 12248

Senate Minority Leader Dean Skelos
Room 907, LOB
Albany, NY 12247

Dear Leaders:

We, the undersigned, are writing to express our deep concern over several Executive Budget proposals that will adversely impact patient access to prescription drugs within the Medicaid program. Specifically, we are concerned with proposals to require step therapy for certain drugs, to include anti-depressants in the preferred drug list, to place dispensing limits on the quantity and frequency of medications and language that removes physicians' prescribing authority. These proposals have the potential to severely limit access to prescription drugs, thereby decreasing the quality of care of New Yorkers enrolled in Medicaid. We urge to you to reject these measures.

Step Therapy

Otherwise known as 'fail first therapy', this provision would require patients to 'fail' on a less costly medicine before they are able to move on to a more effective treatment, delaying the best and most timely treatment for Medicaid recipients. Step therapy removes a physician's decision-making authority, placing this authority into the hands of the state or its agent. Delaying appropriate treatment is not 'best practice' medicine. It can require multiple doctor visits, unnecessary patient suffering and more costly treatment in the long run.

Limiting the Frequency, Amount and Duration of Drug Therapy

As proposed, Medicaid recipients who are prescribed multiple drugs will be subject to an automatic review. We support appropriate and cost-effective utilization of prescription drugs. However, when this review also includes an automatic prescription limit, therapy frequency or duration limit, patient care and prescriber discretion is compromised. Medicaid patients suffering from multiple diseases or chronic conditions will be impacted most. Medication compliance for persons with chronic conditions is challenging; restrictive policies will make compliance even more problematic.

In states where these restrictive types of programs have been instituted, such as New Hampshire, Georgia and Florida, little in the way of savings were realized. In some cases, administrative costs *exceeded* program savings. Some of these states have reported increases in adverse clinical outcomes, emergency room visits and nursing home admissions. Others have reported increases in mental health costs that exceeded program savings.

Removal of Prescriber Prevails Language

The Executive budget proposes removing language from the Clinical Drug Review Program (CDRP), which guaranteed that a prescriber ultimately retained decision-making authority over drug regimens for Medicaid recipients. If adopted, these decisions would rest with the state or its agent, and would largely be based on cost instead of what is determined to be optimal patient care. We ask that the legislature continue its steadfast support of this important patient protection in the Preferred Drug Program and the CDRP.

Removal of Anti-Depressant Exemption from the Preferred Drug List (PDL) and Drug Utilization Review of Mental Health Drugs

Since the start of the PDL debate, advocates have worked hard to protect Medicaid patients with special needs. This resulted in exemptions for persons being treated for serious mental illness, depression, HIV/AIDS and organ transplants. The Executive Budget proposal seeks to dismantle these protections by removing the prescriber's authority to decide the best treatments for depression. In addition, we fear that removing the exemption for anti-depressants creates a precedent which will be used to remove other exempted categories in the future.

Mental illness is uniquely complex to diagnose and treat. Physicians must carefully select an individual's treatment regimen and will often make changes to suit the dynamic nature of the illness. Mental health treatment does not lend itself to one-size fits all guidelines, as determined by the state. We urge legislative members to contact Governor Paterson and urge his rejection of this proposed administrative change.

When drug access is impaired, a patient's ability to adhere to a health regimen is impaired, resulting in quality of life and long-term expenditure implications. Drug cost should not solely drive medication treatment decisions - medical professionals should. Please help to maintain patient access to prescription drugs by rejecting the above Executive proposals.

Sincerely,

AIDS Community Services of Western New York
AIDS Related Community Services
AIDS Rochester
American Lung Association of New York State
Association of Hispanic Mental Health Professionals
Bronx Community Health Network
Cuban American National Council
EOC of Suffolk County
Inter-American College of Physicians and Surgeons
League of United Latin American Citizens
Long Island Association for AIDS Care
Lupus Foundation of Mid & Northern New York, Inc.
Medical Society of the State of New York

Mental Health Association of New York State
Metropolitan Council on Jewish Poverty
National Alliance for the Mentally Ill
National Association of Hispanic Nurses
National Hispanic Medical Association – NY
National Puerto Rican Coalition – NY
New York Association of Psychiatric Rehabilitation Services
New York State Rehabilitation Services
Southern Tier AIDS Program
Whitney Young Family Health Center