



Testimony
Robin Reedy, Executive Director, NAMI Nevada
(National Alliance on Mental Illness)
To the
Joint Interim Standing Committee
on Health and Human
Services

Open comment at beginning of meeting:

On behalf of NAMI Nevada, the state chapter of the National Alliance on Mental Illness, I would like to offer our concern about the potential impact that Medicaid policy has on our members, families and all those that live with a mental health condition.

As a matter of principle, NAMI Nv is in support of open access to all safe and effective medications for mental health conditions as prescribed by qualified health care professionals. Access to meds is crucial.

The States' effort to address the ever-increasing costs of prescription drugs have led Medicaid to join the National Medicaid Pooling Initiative (NMPI), a drug purchasing pool. Pool Purchasing is a concept that has value, but our concern about access has increased. How will Medicaid patients with mental illness be affected by participation in NMPI? The Preferred Drug List (PDL) in Nevada is very different from the PDLs of the 12 other states participating in the pool. Kentucky lists nine atypical antipsychotics as non-preferred that are currently on the Nevada PDL, including six oral medications.

When a patient and their prescriber find a stable medication plan, it is extremely important to maintain it or risk non-adherence. If, as Nevada joins the NMPI, the drugs that provide stability are moved from preferred to non-preferred status on the Nevada PDL, this could have a serious impact on Medicaid recipients. The most dangerous time for an individual living with Mental Health conditions is a change in medications.

Nevada Medicaid, through the Silver States Scripts Board, can maintain the current list of preferred drugs, transition to the NMPI and not suffer a financial impact. A state is allowed to

enter into product specific supplemental rebate agreements with manufacturers in addition to participating in the NMPI.

NAMI Nv believes that the decision to prescribe medication to patients with a mental health condition should be based on the clinical judgement of the treatment providers. Research has shown that prior authorizations, and denials for psychiatric populations results in poor outcomes which include increased utilization of ER's, higher incarceration, and higher usage of mental health inpatient hospitalizations. All these outcomes cost more money than what is saved in prescription costs. Therefore, it is very important to ensure that the current PDL is maintained.

Thank you for your time.

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