



**SB177- Imposes requirements governing Medicaid Coverage of Certain Antipsychotics or Anticonvulsant Medications**

*Primary Sponsors - Marilyn Dondero Loop, Pat Spearman*

*Co-sponsor- Nicole Cannizzaro, Senate Majority Leader*

<p><b>What is the Medicaid State Plan?</b></p>	<p>The Medicaid State Plans are agreements between Nevada and the federal government describing how the state will administer its Medicaid program (1).</p> <p>Changes to the Medicaid State Plan are made by the Nevada Department of Health and Human Services’ Division of Health Care Financing and Policy (DHCFP). Proposed changes are publicly noticed. Requested changes are then submitted directly to the Federal Center for Medicaid &amp; Medicare Services (CMS)</p>	<p><b>Source:</b> 1) <a href="#">Nevada State Plan</a></p>
<p><b>What is the Medicaid Preferred Drug List?</b></p>	<p>A Medicaid Preferred Drug (PDL) is a list of prescription drugs that are preferred by Medicaid programs. The list is used to guide physicians and other healthcare providers in choosing medications that are effective, safe, and affordable. PDLs are intended to help control costs for Medicaid programs (2)</p> <p>Nevada’s Medicaid PDL is regulated in the Medicaid State Plan</p>	<p><b>Source:</b> 2) <a href="#">Nevada DHCFP</a></p>
<p><b>Why is this important?</b></p>	<p>Currently, Nevada’s Medicaid PDL is outlined in the Medicaid State Plan. The PDL is developed by the Silver State Scripts Board (SSSB) in the Division of Health Care Finance and Policy. This Director of the Department of Health and Human Services makes appoints to this board, membership include a physicians and pharmacists (2).</p>	

	<p>Currently, the Medicaid State Plan allows patients to access certain therapeutics off the PDL. Codifying this language in State Laws ensures patients access to any typical or atypical antipsychotic medication or anticonvulsant that is not on the PDL after a patient has failed on one drug from the PDL.</p>	
<p><b>Why is this a mental health issue?</b></p>	<p>This bill is about <b>medication access</b>. All patients should be able to access the medications they need to treat their health conditions.</p> <p>Major mental health disorders are already some of the most difficult conditions to manage, but these conditions are made worse by medication non-adherence. The most common reasons for medication non-adherence include: inattentiveness, fear of stigma, educational status and age, substance abuse, lack of information and side effects. (3) The additional barrier of limiting a patient and their providers to a PDL that contains drugs that may not meet their needs compounds these other medication non-adherence issues.</p>	<p><b>Source:</b> 3) <a href="#">AllazoHealth</a></p>
<p><b>Why Should the Legislature Care?</b></p>	<p>Healthy people are productive people. Productive people support a strong economy. 17% of Nevadans have been told they have a depressive disorder. Additionally, anxiety and depression are the top two diagnoses for mental health-related inpatient admissions from 2012 to 2020. (4)</p>	<p><b>Sources:</b> 4) <a href="#">Nevada Epi Profile</a></p>
<p><b>What does SB177 Do?</b></p>	<p>Senate Bill 177 was introduced by Marilyn Dondero Loop, and cosponsored by Majority Leader Cannizzaro. This bill seeks to codify Medication Access Language current in the State Plan for Medicaid Nevada State Law.</p> <p>This bill impacts Nevada Fee for Service Medicaid and Nevada Managed Care Medicaid.</p> <p>This bill also authorizes the Nevada Commissioner of Insurance to suspend or revoke the certificate of authority or take other such actions against health insurers who fail to comply with the requirements in the bill.</p>	<p><a href="#">Bill text</a></p>