



Statement to the
Medicaid Program Drug Product Selection Study Committee
Room 116
State Capitol
Wednesday, November 19, 2008
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On behalf of the Iowa Nurses Association we appreciate the opportunity to make a statement.

First, on behalf of our psychiatric nurses-staff and advanced practice, the primary issue is the constraints of limiting the number of options for Medicaid patients which deters the full range of treatment options for them to have. This is particularly an issue if the patient has some life changing experience and finds themselves on Medicaid to pay the health care costs. They had been successful on a medication and changing the medication to only one that is approved by Medicaid has consequences for the patient.

This is where our statement every year to the Council on Human Services is restated for this committee:

The Office of Technology Assessment (OTA) Study (1979) published in MEDICAL CARE, February 1982 noted that "...the episode is a "more appropriate unit for measuring differences in effectiveness of care, since the outcome of the care process may be causally related not only to a service received at a single visit, but to any services received over the course of the episode."

By changing the medication to save money in the category of pharmaceutical costs of the Medicaid program, there may be an unintended consequent cost for a hospital stay or destabilization (moving to a lower level of functioning in their activities of daily life).

New drugs are being developed for a reason and the older drugs cannot take care of the problem. It is not preferred to keep changing medications.

With the Medicaid population, they are the most socially and mentally fragile population and then to have policies of Medicaid not help get to "best practices" and good outcomes seems to be counterproductive to all involved.

1. Providers cannot make a choice of the full range of medications available.
2. Providers cannot keep the person on a medication that is working for the individual.
3. Gaps in care due to directed changes in medications can create this problem.

We recommend careful balancing of the pros and cons of Medicaid drug product selection.

The balance of my time is turned over to the Iowa Nurses in Long Term Care to provide their perspective on this issue.