

NAMI IOWA

"Iowa's Voice on Mental Illness"

Date: November 19, 2008

To: Medicaid Program Drug Product Selection Study Committee Members

From: Margaret Stout, Executive Director

C/O Chairpersons Senator Schmitz, Representative Wenthe and other Committee Members:

Thank you for the opportunity to speak with you today about this most important issue for persons with mental illness, their families and others on behalf of our organization. NAMI IOWA has stood firm with our position on the need for equality with the inclusion of mental health insurance coverage that is equal to physical health care. Open access to the needed medications that provide treatment and hope for recovery is equally important. For years we have fought for the right to better treatment and opportunity for those with mental illness. I stand before you today with the same plea for persons with mental illness. People with mental illness have made significant strides with the new medications of today because the person taking the medications is more likely to stay on the medications if there are fewer side effects. Formulary restrictions or limitations will inhibit this practice for many consumers and it may cause a relapse.

Once again it appears that persons with mental illness are being targeted because of cost cutting and a lack of understanding. Research in mental health has found that the more times a person starts and begins a new regimen of treatment the less likely for a good outcome. It makes sense to leave all mental health drug formularies up to the treating physician or facility providing the treatment. Consultation with NIH and NIMH and other experts provide the needed treatment regimen for the professional to follow in treating a person with a particular disease or disorder. Protocols are established for treating an illness such as depression, schizophrenia and bipolar disorder. Most of us trust our physicians to treat us for various maladies each time we visit them. Why make the process any more difficult for mental illness clients?

Did you know that treatment success has improved outcomes for persons with mental illness? The National Institute on Mental Health has done comparisons and has shown it is even more successful to treat mental illness than to treat those with some forms of heart disease. How many people do you know that would let their loved one go without the needed care and drug treatment for their hearts?

The federal drug authority (FDA) has already targeted the practice of the pharmaceutical companies with many guidelines. The companies are monitored for violations. NAMI is not opposed to generic medications and we have never been on record stating this. We do understand that many current medications will be coming off patent in the near future

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allowing cost savings to the state. Why, then, the need for this formulary approach at this time?

Our question to you as legislators is this: Who will monitor any formulary that is established for use with Medicaid consumers? Where is an arm of state government that remains neutral that will be doing this? NAMI has found that appeal processes are very difficult for consumers to understand and purposely written that way to discourage their use. Have any of you tried to appeal a decision on medication or health care lately? I have tried and let me share with you it is not an easy task.

We ask as consumers and families that you delay action on any recommendation to your colleagues on this concept of targeting the psychiatric medications for limited access until more research is done to show that this would not have a negative impact on the mental health system in Iowa. Iowa has a mental health system in "crisis" today and we believe this will just increase the problems.

Thank you for the opportunity to speak with you today.

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