

Medicaid Redesign Team Proposals

Memorandum of Support

The undersigned New York State organizations applaud the New York State Medicaid Redesign Team (MRT) in reviewing, prioritizing, and consolidating the proposals it received from stakeholders across the state; resulting in the recommendation of 79 of these proposals. We strongly support initiatives that can improve our health care system and be cost efficient while still preserving health professionals' rights to make treatment decisions in the best interest of their patients. We believe it is imperative that the determination of appropriate medical treatment is best accomplished by open communication between the health care provider and patient and that this relationship remains intact. We are concerned with several of the proposals directed at altering the prescription medication benefit provisions that will jeopardize the provider/patient relationship and negatively impact Medicaid beneficiaries' access to lifesaving and life-enhancing medications.

There are two proposals on this list that could significantly affect patient quality and access to medicine that we are urging New York State Officials to:

Reject proposal #11 that would eliminate the fee-for-service Medicaid drug program and carve the drug benefit into managed care.

Reject proposal #15 that would eliminate "Prescriber Prevails" allowing the State Medicaid Director to make final determinations regarding prior authorizations of non-preferred brand drugs, and require prior authorization for currently protected classes of drugs (antipsychotics, antidepressants, anti-retroviral drugs, and immunosuppressants), and eliminate the Medicare Part D coverage wrap for dual eligibles for the same drugs.

Restricting Access to Medicines Harms Patients – Preserve the Protected Classes

- Establishing administrative barriers, such as prior authorization requirements, can discourage health professionals from prescribing the most appropriate medication for their patients. Delaying patient access to medicines denies care. Patients and their providers need open access to all medications in order to maintain consistent disease management. Disrupting continuity of care can result in detrimental life threatening consequences to the

individuals who are the most vulnerable and can actually lead to more medical complications and higher health care costs.

- Basing decisions for inclusion on a formulary or preferred drug list on cost rather than clinical considerations, ignores important variations that can exist among patients in terms of safety, efficacy, and tolerability in drug classes. New scientific research shows there are gender, racial, and ethnic differences in responses to treatments, and limiting access will greatly widen already existing health disparities.
- Individuals with Psychiatric Disabilities – including individuals with schizophrenia, bipolar disorder or major depression and those with autoimmune disease such as lupus, rheumatoid arthritis, crohn’s disease, scleroderma, sjögren’s syndrome, multiple sclerosis, psoriasis – require individually tailored treatments. Many of these individuals have multiple co-morbid conditions that require unencumbered access to the full array of treatments. Individuals with complex care needs (e.g., mental health and multiple chronic conditions) require unique strategies to manage their care.
- Medications for mental illness vary greatly in their effectiveness in treating specific symptoms or disorders or in their side effects. For example, HIV/AIDS treatment can be very complicated given severe side effects and interactions with other medications. Individuals with complicated multi-system diseases and organ transplants take a multitude of medications to stabilize and treat their conditions. Not all individuals receive the same therapeutic effect or benefit from non-brand medications. Limiting the number of brand name prescriptions to 5 per month causes an interruption in stability of treatment, increases medical costs in the long run and increases the prescriber/provider workload.
- Individual response to any given treatment is not equal. Psychotropic medications often require weeks to fully take effect and abruptly discontinuing one medication without proper clinical guidance can have serious consequences. Immunosuppressant drugs are not always equivalent; what is tolerable for one individual may not be in the next. There is no single medication that individuals respond to—again treatment is highly individualized and no two people are alike. Transplant patients are particularly vulnerable and rely on their immunosuppressive medications to maintain the life of their organ. Their immune systems are sensitive and response to drug therapies differs from patient to

patient. Once stabilized, any change in drug therapy can have adverse affects resulting in multiple complications – not the least of which may be rejection.

- Individuals with multiple chronic conditions are extremely complex and may require multiple medications for each of their chronic conditions. Health providers know best what therapies they intend to use to balance the various therapeutic and safety concerns in these complex patients. Many diseases are limited in treatment choices. The entire patient picture needs to be considered including: unique bio-chemical needs, individual compliance, side effect tolerability, and limited heterogeneity. There are over 100 Autoimmune Diseases and 50% of them have never had a drug specifically developed for the condition, therefore few therapeutic choices exist for these individuals. Lupus for example, has not had a new treatment in over 50 years; most therapies being prescribed are off-label.
- There is ample evidence that new medications which often cost more than older treatments—can offer some therapeutic advantages over conventional medicines. For example, older immunosuppressant therapies attacked a patient’s entire immune system; causing detrimental side effects, while newer targeted therapies target a particular cell or biomarker making the treatment much more efficient and safer. Simply put, access to newer medications matters to patients in these protected classes.
- Eliminating the state funded Part D wrap around for dual eligible patients may expose thousands of New Yorkers to significant financial burden and may discourage them from considering transplantation as a treatment option. Transplantation not only gives a dramatically improved quality of life, but it also saves healthcare dollars over the long term. The cost of dialysis for one patient per year is \$71,000. The cost in the first year of transplantation is approximately \$107,000 with subsequent years estimated at \$18,000 - \$20,000.
- The determination of the most appropriate medication for a particular individual with mental illness; HIV/AIDS; multi-system autoimmune diseases; or the recipient of an organ donation/transplant must be made on the basis of patient acceptability, prior individual drug response and side-effect profile, and long-term treatment planning – not on cost. Many of these individuals already face difficulties in their daily lives and do not need another roadblock to further complicate their medical care.

Elimination of Patient Protections

The prescriber prevails language was originally included in the law to ensure that the prescriber, who is acutely aware of their patients' needs, is able to make the ultimate decision about which drug therapy is best for his/her patient. It is imperative that this relationship between individual and prescriber remain intact. Only health care professionals familiar with a patient's personal medical history and uniqueness should be making these treatment decisions. The Medicaid system should facilitate this process not establish more obstacles for providers and patients to overcome. Limiting access to vital life-saving medications will disrupt continuity of care and result in driving up the cost of Medicaid in the long run by increasing the number of unnecessary hospitalizations and emergency room visits. Since the vast majority of Medicaid enrollees in New York State are children, blind/disabled, and elderly; and more than 50% are people of color, any limitations to treatment will disproportionately affect access to vital health care for the most vulnerable populations.

For the above reasons we urge New York State Officials to reject proposals 11 and 15. The undersigned New York State organizations strongly believe it is imperative that these safeguards remain in place to make certain that health professionals continue to be empowered to provide the best possible care to patients, and that patients' access to lifesaving and life-improving medicines is protected.

Lupus Foundation of Mid & Northern NY

National Kidney Foundation of NENY

Mental Health Association of New York State

Latino Commission on AIDS

National Kidney Foundation of Central NY

New York State Rheumatology Society

New York State Osteopathic Medical Society

Hispanic Mental Health Professionals

Lupus Alliance of America, Hudson Valley Affiliate

Lupus Alliance of America, Long Island/Queens Affiliate

Lupus Alliance of America, NY Southern Tier Affiliate

Lupus Alliance of America, Upstate NY Affiliate

The SLE Lupus Foundation

Lupus Foundation of Genesee Valley NY, Inc.

Scleroderma Foundation / Tri-State Inc., Chapter

Global Healthy Living Foundation
Hispanic Federation
Hispanic AIDS Forum, Inc.
Sjögren's Syndrome Foundation
South Bronx Mental Health Council
Promesa, Inc.
National Hemophilia Foundation
AIDS-Related Community Services
Epilepsy Foundation of Northeastern New York
National Alliance on Mental Illness Queens/Nassau
Southern Tier AIDS Program
New York Multiple Sclerosis Coalition Action Network
 New York City –Southern New York Chapter
 Long Island Chapter
 Upstate New York Chapter
AIDS Care Rochester
National Alliance on Mental Illness-New York State
International Institute for Human Empowerment, Inc.
NYS Coalition for Children's Mental Health Services
AIDS Council of Northeastern NY
Malecare Cancer Support
Coalition of New York State Alzheimer's Association Chapters
Renal Support Network
Brooklyn Perinatal Network, Inc.
Mental Health Association of New York City
The Neuropathy Association
National Psoriasis Foundation
Association of Black Cardiologists, Inc.
Centro Civico of Amsterdam, Inc.
Medicaid Matters New York
New Yorkers for Accessible Health Coverage
Center for Independence of the Disabled, NY
The Bronx Health Link
The Hemophilia Association of New York, Inc.
Women in Progress