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TESTIMONY BEFORE THE APPROPRIATONS COMMITTEE IN SUPPORT OF PASSAGE OF MEDICAID DRUG DENIAL NOTIFICATION BILL

Good evening, Senator Harp, Rep. Walker and other members of the Appropriations Committee-

My name is Elizabeth Rodriguez and I am the Branch Director of a visiting nurse organization that provides services to individuals with mental illness. I write to urge you to support a bill which would require written notice to both Medicaid enrollees and their providers whenever prescribed drugs are electronically denied, in whole or in part, at the pharmacy due to lack of prior authorization (PA) or for any other reason programmed into the pharmacy computer system by the Department of Social Services (DSS).

I should first note that I am a member of the Pharmaceutical and Therapeutics Committee which determines which drugs are on DSS' Preferred Drug List and which are not; drugs not on the list are available only through PA. I believe in what I do by volunteering my time to be on this Committee, in that I think it is a reasonable way to save money in the Medicaid program. However, I have always been nervous about what happens to low-income Medicaid enrollees who show up at the pharmacy with a prescription for a drug that requires PA but where the prescriber failed to request it — I know that prescribers often fail to do this in advance.

I have been concerned that, when this happens, people are being denied drugs at the pharmacy and pharmacists are not in a position, in most cases, to take timely action so that the person would walk out with a supply of **some** drug, especially if the one-time temporary supply available from DSS has already previously been provided. However, there was no quantitative data that I was aware of concerning the frequency that these denials were occurring. Thanks to the oversight provided by the Medicaid Care Management Oversight Council, we now have such data – and, coupled with anecdotal data from my own visiting nurses, it is alarming, indicating an urgent need for intervention by the legislature.

A review conducted by DSS's contractor, Hewlett-Packard (HP), at the Medicaid Council Consumer Access Subcommittee's request, looked at HUSKY A and B enrollees, a generally healthier and far less medication-dependent Medicaid population than elderly and disabled Medicaid enrollees. HP found in its review that, even for this healthy population, in a 10-month period from 2008 to 2009, **5,142** claims for drugs were denied by DSS electronically at the pharmacy because the drug the individual sought was not on the state's Preferred Drug List and therefore required PA, PA had not been obtained, and the person had already obtained his or her **one-time** 14-day temporary supply before returning to the pharmacy seeking another supply of the same drug. These "second-time-around" denials occur because DSS does not follow up with providers to advise the prescribers that PA is needed for the recipient to get a further supply of

the drug (or that a different, perhaps less expensive, drug should be prescribed), and no written notice is provided to the patient warning them to take action.

In addition, when these individuals are denied a supply of a drug at the pharmacy for lack of PA, even if the prescriber is then alerted about the need to request such authorization, it takes a painfully long time for the authorization to be submitted and obtained. I polled my visiting psychiatric nurses about this last year and, of about 20 individuals, I received 12 survey responses indicating that most saw their patients waiting several days to get a PA through and granted. And, during this time, these clients go without any of their prescribed medication if the one-time supply has already been provided; it gets lost between the pharmacy and the doctor. We then re-did the poll and included other branches from our company and, of about 50 individuals, I received 30 survey responses indicating the primary concern was with insulin prefills and psychotropic medications. My visiting nurses' responses listed many examples of 7-10, or more, days of patients going without medications due to pending PA approvals. This is a major problem in our psychiatric community, as it not only leaves our patient's without medications for great lengths of time, but it also on many occasions forces our patients to be hospitalized. It is a very frustrating process that directly interferes with providing quality preventative care designed to avoid expensive complications and recurring hospitalizations.

That is why, as a member of the Pharmaceutical and Therapeutics Committee which is responsible for imposing prior authorization for many drugs needed by Medicaid enrollees, I now urge you to adopt the most basic consumer protections which DSS has long been urged to adopt: send a written notice to Medicaid enrollees whenever a drug is denied at the pharmacy, in whole or in part, advising them of the steps they should take to fix the problem, and also notify the prescribers of the need to take action. Taken together, these two steps will substantially reduce the alarming number of cases in which no follow up is conducted, resulting in total denials of access to needed medications at the pharmacy.

Now that we have data confirming that DSS' PA systems frequently result in low-income Medicaid enrollees walking out of the pharmacy with no medications at all, the need for common-sense notification requirements is apparent. I therefore urge you to support passage of a bill this year requiring these two kinds of notification for all Medicaid enrollees.

Thank you.

Respectfully yours,

Elizabeth Rodriguez MSN, CLNC, RN