

February 29, 2012

Assembly Speaker Sheldon Silver
Room 932, Legislative Office Building
Albany, NY 12248

Senate Majority Leader Dean Skelos
Room 909, Legislative Office Building
Albany, NY 12247

Assembly Minority Leader Brian Kolb
Room 933, Legislative Office Building
Albany, NY 12248

Senate Minority Leader John Sampson
Room 907, Legislative Office Building
Albany, NY 12247

Dear Legislative Leaders:

We are writing to express our deep concern over the lack of prescription drug patient protections for Medicaid Managed Care members. We are requesting that you add language to the final 2012-13 budget to preserve patient protections with regard to access to necessary prescription drugs. These critical protections existed under the fee-for-service Medicaid program prior to the pharmacy benefit being moved to Medicaid Managed Care and included: a comprehensive drug formulary, standardization of drug benefits, and most importantly, the prescriber retains the ultimate decision-making authority as to what medication is best for his or her patient, referred to as “prescriber prevails”.

Failure to incorporate prescription drug patient protections when the pharmacy benefit was “carved in” to Medicaid Managed Care last year has resulted in patient and physician confusion, a lack of uniformity in coverage, and the denial of vital medications. During the Medicaid Managed Care Prescription Drug Carve-In Implementation Assembly Hearing on December 19, 2011 family members, advocates, and health care providers testified regarding interruptions in patient prescription drug access as a result of the Medicaid pharmacy benefit transition to managed care. Delaying patient access to treatments denies care. Disrupting continuity of care can result in detrimental life threatening consequences to the individuals who are the most vulnerable and potentially lead to more medical complications and higher health care costs. Preserving prescription drug patient protections can prevent limitations to treatment.

Many individuals in the Medicaid program are diagnosed with multiple, complex, and co-morbid conditions that are difficult to treat. There is usually no standard “one size fits all” regimen so treatment requires thinking outside the box. 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. 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.

Until this year, patients and their health care providers enjoyed a balanced approach in which the state was able to control expenditures as well as manage the cost of the benefit. Now with the implementation of the Medicaid Managed Care prescription drug benefit and the exclusion of previous patient safeguards the situation has drastically changed. The earlier process worked to ensure that patients had access to necessary and appropriate prescription drugs. The Medicaid system should facilitate this process not establish more obstacles for providers and patients to overcome. The undersigned organizations strongly believe it is imperative that these essential pharmacy benefit patient protections be restored 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. Thank you for your consideration.

Sincerely,

Lupus Foundation of Mid and Northern New York, Inc.
Lupus Foundation of Genesee Valley NY, Inc.
The S.L.E. Lupus Foundation
Lupus Alliance of America, Long Island/Queens Affiliate
Lupus Alliance of America, NY Southern Tier Affiliate
Lupus Alliance of America, Upstate NY Affiliate
Sjögren's Syndrome Foundation
Northeast Kidney Foundation
American Autoimmune and Related Diseases Association
U.S. Pain Foundation
The Coalition of Behavioral Health Agencies, Inc.
National Alliance on Mental Illness Queens/Nassau
Mental Health Association for New York State
Latino Commission on AIDS
American Lung Association in New York
National Alliance on Mental Illness-New York State
New York State Rheumatology Society
Association of Black Cardiologists, Inc.
Global Healthy Living Foundation
Epilepsy Foundation of Northeastern New York
Mental Health Association of New York City
National Alliance of Mental Illness-New York City Metro
International Institute of Human Empowerment, Inc.
Scleroderma Foundation/Tri-State Inc. Chapter
New York Multiple Sclerosis Coalition Action Network
National Multiple Sclerosis Society, New York City - Southern New York Chapter
National Multiple Sclerosis Society, Long Island Chapter
National Multiple Sclerosis Society, Upstate New York Chapter
American Cancer Society
National Psoriasis Foundation
National Kidney Foundation of CNY
Association of Hispanic Mental Health Professionals
NAACP NYS Conference
Jewish Board of Family and Children's Services
National Patient Advocate Foundation
Hispanic Federation
Medicaid Matters NY