

# Access to Psychiatric Medications



## **Commitment to Recovery**

*NAMI is committed to the health and well-being of persons living with mental illness. As part of that commitment, NAMI advocates to ensure appropriate access to treatment and supports that promote recovery.*

## Access to Psychiatric Medications 2008 Overview

### Overview

Access to medications is an important policy issue for advocates because medications play a significant role in recovery for many persons with mental illness. Unlike many other conditions, individuals have unique reactions to psychiatric medications and the wrong medication or medication disruptions can result in devastating consequences.

In contrast, medication tolerance and continuation is often key to successfully treating mental illness. Policies that promote access to and continuation of psychiatric medications provide high health value for both individuals and the programs that serve them.

### Advocating for Health

Today's budget climate and complex policy issues are challenging for both advocates and elected officials. Policymakers need and want reliable and understandable information that will help them make sound policy decisions.

This Policy Toolkit is designed to help by providing advocates useful resources on key medication issues.

#### ***Policymakers need to hear your stories***

The experiences of consumers and family members are vital in fighting against one-size-fits-all policies. Nothing "makes it real" for legislators like hearing a story of how medications made a difference in the life of someone with mental illness.

The good news is that everyone has a story. Let your friends and members know that it doesn't matter if their story is one of hope or one of challenge; every experience is meaningful. Start collecting stories by sending postcards, distributing a simple survey, polling NAMI support and education groups, or making email appeals.

*To make the greatest impact on policymakers, pair your personal stories with fact sheets from this policy toolkit.*



### State Policy Landscape

This year, there are significant challenges that may impact state policies on psychiatric medications.

#### **Budget Crises**

After several years of prosperity, state budget shortfalls for fiscal year 2009 are projected at \$35 billion and rising.<sup>1</sup> With declining revenues, little support for tax increases, and significant competing needs, many states are looking closely at Medicaid pharmacy budget controls.

#### **Federal Deficit Reduction Act (DRA)**

The federal DRA gives states new abilities to impose cost sharing (e.g. co-pays) on non-preferred drugs for Medicaid populations. It also allows states to enforce cost sharing and premium payments through various means.<sup>2</sup> These policy options may help states manage spending, but can pose new threats to accessing needed medications.

#### **Generic Atypical Antipsychotics**

Risperidone (Risperdal<sup>®</sup>), will become available in generic form in 2008. Individuals who are on Risperdal<sup>®</sup> may be required or encouraged to switch to a generic form.

Some states may also propose troubling policies and preferred drug list changes that restrict access to other atypical antipsychotics as a means to promote greater use of risperidone. Of particular concern are "fail first" and "step therapy" policies that require individuals to fail on a preferred medication before they are allowed to take a non-preferred medication that may work better for them and "therapeutic substitution" policies that allow pharmacies to substitute another medication for the one that was prescribed.

#### **Legislation**

In early 2008, more than 540 pharmaceutical bills and resolutions were already under consideration in the states.<sup>3</sup> Prescription drug legislation can range from the helpful to the harmful—from bills providing Medicare Part D beneficiaries with "wraparound" benefits to bills allowing therapeutic substitution.