Mental Health America

June 23, 2008

The Honorable Charles Rangel
Chairman
Committee on Ways and Means
United States House of Representatives
Washington, DC 20515

The Honorable John Dingell
Chairman
Committee on Energy and Commerce
United States House of Representatives
Washington, DC 20515

Dear Chairmen Rangel and Dingell,

On behalf of Mental Health America and our nationwide network of over 300 state and local affiliates, I am writing to express our sincere appreciation for several critically important provisions included in the "Medicare Improvements for Patients and Providers Act of 2008" (H.R. 6331) that would significantly improve access to mental health care. We also urge you to clarify the provision addressing Medicare prescription drug plan formulary requirements, and recommend an improvement to the preventive services section as well.

We strongly support the section in your bill to gradually reduce the higher 50 percent coinsurance rate for outpatient mental health treatment. Reduction of this discriminatory barrier to mental health services has long been a top priority for our organization. Over 25 percent of Medicare beneficiaries struggle with mental illness, but a large majority do not receive needed care. The 50 percent coinsurance requirement prevents many from accessing necessary treatment and undoubtedly is a major contributing factor to the very high rate of suicide among our senior citizens. Moreover, research has shown that Medicare pays much more for expensive inpatient mental health care than other programs that offer better access to outpatient care.

The provision in your bill to allow coverage of benzodiazepines and barbiturates by Medicare prescription drug plans also remedies a harmful restriction impeding access to needed mental health treatment by Medicare beneficiaries. Benzodiazepines are used to treat anxiety, panic disorder, and the manic phase of bipolar disorder as well as other neurologic and rheumatologic disorders. A study by the American Psychiatric Institute for Research and Education has indicated that a large percentage (some 28 percent) of dual eligible beneficiaries have had difficulty accessing benzodiazepines since the inception of the Medicare prescription drug program.

We also greatly appreciate the attention you and your staff have paid to ensuring that Medicare prescription drug plans cover medications in certain categories or classes for which restricting access poses grave clinical risks. As you know, the Centers for Medicare and Medicaid Services (CMS) has identified six classes of medications as needing this special protection, and the assurance provided by this agency policy that practically all anti-depressants, anti-psychotics, and anti-convulsants must be included in Medicare formularies has been a critically important protection for beneficiaries with mental health needs. We urge you to clarify that the provision in your bill builds upon and does not replace the preexisting policies put in place by CMS to ensure access to medications in the six clinically sensitive drug categories or classes. It is also important to secure continuation of the CMS

policies restricting application of prior authorization or other utilization management practices to these medications and the current requirement that plans cover drugs in the protected classes within 90 days of approval by the Food and Drug Administration instead of the usual six-month review.

Comprehensive coverage of mental health medications is crucial because of the often idiosyncratic responses to different medications within these classes. The effect of these drugs can vary based on the age of the individual consumer, their genetic and cultural background, whether the consumer has any co-occurring illnesses, and even variations in metabolic rate. These medications can have distinctive effects on cognitive functioning that vary among individuals and cause idiopathic side-effects that greatly influence medication tolerability in individual consumers. As a result, these drugs are not generally interchangeable and not suitable for common utilization management techniques that focus solely on cost. Moreover, research has repeatedly shown that forcing mental health consumers to switch psychiatric medications is often very harmful.

Finally, we applaud you for seeking to improve access to preventive services for Medicare beneficiaries and ask that you consider adding regular depression screening to the list of preventive services covered by Medicare. With the extraordinary toll of suicide among Medicare beneficiaries, the prevalence of depression among individuals with other chronic illnesses, and the impact of depression on overall medical costs, improving access to depression screening is imperative.

Again, we commend your leadership in introducing the "Medicare Improvements for Patients and Providers Act of 2008".

Sincerely,

David L. Shern, PhD
President and CEO
Mental Health America