Mental Health Liaison Group

December 16, 2005

The Honorable Charles E. Grassley
Chairman
Senate Finance Committee
Washington, DC  20510

Dear Chairman Grassley:

On behalf of the undersigned organizations in the Mental Health Liaison Group, we are writing to urge that Congress include in the final version of the Deficit Reduction Act of 2005 (H.R. 4241/S. 1932) a vital provision to protect Medicaid beneficiaries’ access to antipsychotic and antidepressant medications.

The Buyer amendment (Section 3105 of the House bill) protects the ability of patients to have access to atypical antipsychotic and antidepressant medications using standards that are similar to the protections of the new Medicare Part D drug benefit. The amendment protects patient safety by ensuring that restrictions on access to these vital medications are based on peer-reviewed medical literature and other scientific evidence, and by guaranteeing that patients have a 30-day supply of their preferred medication pending the outcome of any review. In this manner, patient safety protections will be an inherent part of states’ efforts to contain costs through utilization management procedures such as prior authorization. This reasonable balance is crucial for patient care and safety in the Medicaid program.

This provision will help preserve an important aspect of the Medicaid safety net, which is crucial for the low-income individuals covered by this program who have nowhere else to turn for their mental health care. We urge you to support this amendment or alternate provisions that similarly require that standards of professional practice be employed to ensure that restrictive Medicaid formulary policies will not harm beneficiaries. Thank you for your consideration of this important issue.

Sincerely,

American Academy of Child and Adolescent Psychiatry
American Association for Geriatric Psychiatry
American Association of Pastoral Counselors
American Group Psychotherapy Association
American Nurses Association
American Occupational Therapy Association
American Psychiatric Association
American Psychiatric Nurses Association
American Psychological Association

National organizations representing consumers, family members, advocates, professionals and providers
c/o Peter Newbould, American Psychological Association Practice Organization, 750 First Street, NE, Washington, DC  20002
American Psychotherapy Association
Anxiety Disorders Association of America
Association for the Advancement of Psychology
Association for Ambulatory Behavioral Healthcare
Bazelon Center for Mental Health Law
Children and Adults with Attention-Deficit/Hyperactivity Disorder
Clinical Social Work Federation
Eating Disorders Coalition for Research, Policy & Action
Federation of Families for Children’s Mental Health
NAADAC, The Association for Addiction Professionals
National Alliance for the Mentally Ill
National Association for Children’s Behavioral Health
National Association of Anorexia Nervosa and Associated Disorders -- ANAD
National Association of Mental Health Planning & Advisory Councils
National Association of Social Workers
National Council for Community Behavioral Healthcare
National Mental Health Association
Suicide Prevention Action Network USA
Therapeutic Communities of America
U.S. Psychiatric Rehabilitation Association

cc: Representative Buyer