

Testimony on HB21-1275

Medicaid Reimbursement for Services By Pharmacists

Senate Committee on State, Civic, Military & Veterans Affairs

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Thank you Chair and Members of the Committee. As the Executive Director and the Board President, of the state's largest grassroots mental health organization, we have the honor of representing the thousands we serve and hundreds of volunteers in this testimony. NAMI's mission is to build communities of recovery and hope by educating, supporting and advocating for individuals affected by mental illness and their families. On behalf of our affiliates from the Western Slope to the Southeast border and over the I-25 Corridor, we offer our support of HB21-1275. Before we continue, we would like to thank the bill House sponsors, Representatives Lontine and Will, and Senate sponsors, Senators Ginal and Kirkmeyer.

First and foremost, we want to emphasize our support of the bill overall. As advocates for those struggling with persistent and severe mental illness - schizophrenia, bipolar or depression, for example - we point out the portion of the bill where we feel the strongest: reimbursement for the prescribing of long-acting injectables.

This bill, as stated, "allows a pharmacist or pharmacy with authority to administer extended-release injectable medications for the treatment of mental health or substance use disorders to seek reimbursement for those medications under the medical assistance program as either a pharmacy benefit or as a medical benefit."

This is an essential lifeline, both physically and mentally, for those needing such a prescription. It is also a lifeline for their caregivers because of the ability to control a mental illness and lessen the economic, health, and social consequences often associated. We wish you could hear firsthand from those on long acting injectables but asking them to convey the complexities of Medicaid reimbursement or pharmacy benefit would ask much of them. Our focus is to help them overcome so many functional challenges – not to place barriers. Therefore, we will utilize this written testimony to share at least one story. The focus of this case is Southeast Colorado and how having injectables available through the pharmacy benefit would help.

Our NAMI colleagues from Southeast Colorado, and others including the counties you likely represent, often have family members who share their story. In these cases, caregivers and loved ones mention how their sisters, brothers, sons or daughters have been helped by injectable medications.

A long acting injectable is preferable to oral medications in more serious and debilitating presentations of mental illness because of the practical and medically-supported challenges of adhering to a daily regimen. The Pueblo County story from our colleague mentions her brother. She recalls the first time that he asked to be on an injectable, many years ago, because he wanted the security of it in case something went wrong with the pills. Many more of our colleagues have shared that they care for an individual who has no insight – “anosognosia” is the medical term – into the illness and require involuntary medications or require significant support to achieve adherence just once a month. The mental disorganization that is often present, and the lack of insight that often requires significant supervision and assistance, are two elements of mental illness that we as a State should be using every available opportunity to address.

Adherence and assurance are but two rationales for supporting this bill, but there is also practicality. Without this bill, many communities with facilities such as drop-in centers, would be unable to get the injectables to its population in need. The aforementioned Pueblo County, for example, has such places without a psychiatrist on staff. With this bill, the everyday challenge of finding someone to prescribe and/or to administer injectables would be so much easier knowing there is pharmacist authority and reimbursement.

If it isn't enough to hear the impact of the individual, the family, and the community...there's a little more. **Note this fact: Colorado is the only state that doesn't have this option for patients.** That's correct. There are 49 states and then there is the Centennial State. This is not the kind of headline we wish to broadcast.

There are incredible personal, economic and societal costs when access to effective medication is stripped away by bureaucracy, lack of access, or simply just oversight. **In the U.S., the annual economic burden of major depressive disorders exceeds \$210 billion, while that of schizophrenia is \$156 billion. Post-COVID forecasts warn that the cost of treating widespread anxiety and depression will create a \$1.6 trillion drag on the US economy.¹ Looking at this bill in the short-term **doesn't take into consideration the significant cost savings from reduced hospital/ER use and reduced incarceration.****

Your support of HB21-1275 will allow the consumer and caregivers to live the positive outcome of access to evidence-based treatments of persistent and severe mental illness. These are the success stories we all want to hear and read, rather than how consumers and providers didn't have access to necessary medication. Simply put, having injectables available through the pharmacy benefit would make all the difference.

¹ <https://thehill.com/opinion/healthcare/539925-2020-devastated-us-mental-health-healing-must-be-a-priority?rl=1>