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WHAT THE OSCARS CAN TEACH FLORIDA LAWMAKERS

By NAOMI LOPEZ BAUMAN

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Recent controversy over *A Beautiful Mind*, the biographical movie of Nobel laureate John Nash, sparked unusual interest from the public and mainstream media on its way to winning four Academy Awards, including Best Picture of 2001. At the heart of the controversy was whether the real-life John Nash is anti-Semitic or whether rival movie executives were spreading this rumor to undermine the movie's chances of stealing the show come Oscar night. Despite the controversy, this movie and its story raised public awareness about schizophrenic illness.

Nash, now in his 70's, suffered from schizophrenia throughout much of his adult life. The movie depicts his struggle with the disease and the havoc the disease wreaked on his life, family, and career.

This movie should illustrate to Florida lawmakers the important role that they can play in safeguarding some important new treatments that many of the state's mentally ill Medicaid population now receives through the Medicaid program.

In an effort to curb rising prescription drug spending in the program, Florida lawmakers recently enacted new measures to limit rising prescription drug spending. Enacted in 1965, the Medicaid program is governed and administered between the federal and state governments. The program provides certain medical services and health benefits to the medically needy and indigent.

The recent changes now require drug manufacturers to provide Florida with an additional price discount on drugs, above the price discount the federal government already requires, or else the drug is not to be included in the state's newly-created "preferred list" of drugs in the Florida Medicaid program. Despite strong opposition from patient advocates and drug manufacturers, the preferred drug list is now in place and includes fewer than half of the drugs that receive the federally required price discount. Of the 1,827 drugs on the federal list, Florida has fewer than 830 on its preferred list, making about one-thousand drugs subject to "prior authorization."

Prior authorization is the process where physicians treating Medicaid patients must first seek permission from the state to prescribe each drug not included on the state's newly created preferred drug list. While approval is almost "automatic" in the sense that most authorization requests are granted, the state can take up to twenty-four hours to approve the request. Furthermore, the process allows the state's Agency for Health Care Administration to encourage the physician to prescribe a drug that is on the preferred drug list.

Despite a bevy of evidence to the contrary, Florida lawmakers mistakenly believe that establishing obstacles to obtaining prescription drugs will save \$227 million taxpayer dollars. In a 1996 study for the National Pharmaceutical Council, researchers conducted a comprehensive review of thirty studies from 1972 to 1996.

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These studies, taken together, show that restrictive formularies can decrease drug costs, but will increase overall costs and diminish quality of care. When restrictions were put in place, costs shifted from restricted drugs to increased utilization of non-restricted drugs and other health care services. A recent Pacific Research Institute study examining government attempts to reign in prescription drug spending cites evidence from the United States and around the world demonstrating that restricting access to drugs actually increases overall health care costs.

While mental health drugs are currently exempt from prior authorization requirements, many mental health advocates fear that psychiatric drugs will lose this exemption if prescription drug cost saving targets are not met. A new treatment for schizophrenia — atypical antipsychotic drug therapy — costs substantially more than older drug therapy treatments. But the majority of the research, as well as experience from Medicaid programs around the country, shows that the new treatments can result in overall cost reductions. That is because patients on the new treatments are less likely to require hospitalization, incarceration, etc.

Current efforts to limit access to prescription drug treatments allow bureaucrats to interfere and override important health care decisions that rightfully belong with doctors and their patients. This approach should not be expanded to include Florida's mentally ill population.

John Nash, his family, and colleagues adamantly maintain that he is not anti-Semitic. This movie's inspiring message should not be tarnished by unproven allegations. Instead, it should be praised for its accurate and sensitive treatment of this often understood illness. Hopefully, this movie will assist Florida lawmakers in understanding this devastating illness and will recognize the important role they can play in preventing undue suffering of the state's most vulnerable population. Florida lawmakers should commit to assuring that, when considering health care priorities, they will first "do no harm."

Naomi Lopez Bauman is a research associate with the Washington, D.C.-base Latino Coalition and author of the James Madison Institute's recent study, "Playing Doctor in Tallahassee: How Lawmakers' Efforts to Save Money May Threaten Quality Care for Mentally Ill Medicaid Patients." It can be downloaded at www.jamesmadison.org.

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