



State panel OK with Medicaid drug rule
Pre-authorization will be costly, mental-health advocates say
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By [Alan Johnson](#)
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A new state Medicaid rule requiring pre-authorization for dispensing a handful of costly mental-health drugs will take effect without objection from a state legislative panel.

Mental-health advocates, speaking at yesterday's meeting of the Joint Committee on Agency Rule Review, said the rule will have "dire consequences for those who need these medications."

Interjecting the state between the doctor and patient is "ill-advised and not fiscally responsible," said James Mauro, executive director of the National Alliance on Mental Illness Ohio.

The legislative panel can reject administrative rules, but more often takes no action, allowing rules to take effect.

That's what happened yesterday with Gov. Ted Strickland's administrative proposal to require Medicaid officials' prior authorization of seven drugs prescribed to treat bipolar disorder, schizophrenia and other serious mental-health conditions.

Strickland vetoed language in the state budget this year that would have blocked pre-authorization. Initially, the administration said the rule change would save or avoid spending \$47 million. The administration now estimates that it will save a much more modest \$6 million annually, mostly through rebates negotiated with pharmaceutical companies.

NAMI Ohio and other opponents counter that the change actually could cost the state and local communities more than \$18 million when patients are unable to get the drugs they need to control their illnesses. That could lead to higher medical and hospitalization costs, lost wages, homelessness and even incarceration of mentally ill patients, they said.

"We don't believe we'll be seeing the kind of adverse consequences that have been described," said John R. Corlett, Medicaid director at the Ohio Department of Job and Family Services.

Corlett said the agency made several compromise changes in the proposed rule, including grandfathering in existing patients and exempting psychiatrists from the prior-authorization restriction.

ajohnson@dispatch.com

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