POLICY & PRACTICE

Medicaid Limits Curb Rx Access

Medicaid limits on prescription drugs for mental illness often have adverse consequences for patients, according to a survey of 600 psychiatrists and 1,600 patients (Psychiatr. Serv. 2009;60:601-10). Researchers found medication access was a greater problem in states with more limits, such as prior authorization or restrictive formularies. More than a third of respondents said they could not get a therapy because Medicaid would not cover or approve it. About 30% said the preferred medication could not be prescribed because it was not approved or because the patient could not afford the copay. In addition, the survey found that patients who have problems making a copayment were eight times more likely to suffer an adverse event. Those patients who had trouble accessing a medication experienced a 3.6 times greater likelihood of adverse events, including emergency room visits, hospitalizations, homelessness, suicidal ideation or behavior, or incarceration.

Insurance Dictates Teens' Care

Health insurance is a major determinant as to whether adolescents with major depressive episodes receive treatment, according to a report by the Substance Abuse and Mental Health Services Administration (SAMHSA). The data are based on SAMHSA's 2007 National Survey on Drug Use and Health, which includes a representative sample of 22,000 adolescents. The survey found that 8% of adolescents aged 12-17 years had experienced at least one major depressive episode in the past year, but only 39% of them had received treatment. When broken down by insurance status, only 17% of uninsured teens got treatment, compared with 43% of those on Medicaid or a State Children's Health Insurance Plan, and 41% of those with private insurance.

Mental Illness Costly For Kids

The most expensive condition to treat in children in 2008 was mental illness, according to the Agency for Healthcare Research and Quality. Treating mental disorders in noninstitutionalized children 17 years or younger cost $8.9 billion in 2008, according to the agency. The data are taken from the Medical Expenditure Panel Survey. The second-most expensive disorder was asthma, at $8 billion, followed by trauma, at $6.1 billion.

Pot Potency Doubles

Marijuana potency keeps rising. The latest figures from the University of Mississippi's Potency Monitoring Project, show tetrahydrocannabinol (THC) levels in marijuana are, for the second year in a row, the highest ever recorded. The project has analyzed marijuana samples for the National Institute on Drug Abuse since 1976. In 2008, an analysis of 1,500 samples found THC levels at 10.1%, a doubling since 1983, but up just slightly from the previous year, when THC levels were about 9.6%. The most potent sample had a THC concentration of 27%. The project also found that samples crossing the Southwest borders are as potent as what has been seen in domestic sources.

Parity Comments Due

The federal government is seeking public comments before implementing the Mental Health Parity and Addiction Equity Act of 2008. The Health and Human Services department and the Labor department said they want to know the financial and treatment limits that health plans currently impose, their practices in determining medical necessity for and denying mental health benefits, and how plans handle out-of-network mental health benefits.

Using Methadone Safely

The Food and Drug Administration and SAMHSA have launched a public outreach program to teach consumers, health professionals, and clinicians on how to safely use methadone for pain and drug addiction treatment. Methadone poisoning deaths have been on the rise, tripling since 2004, according to the Centers for Disease Control and Prevention. FDA and SAMHSA are making available to the public and health professionals a brochure, poster, and fact sheet and have created an information sheet that pharmacies can give to patients.

PhRMA Revises Trial Standards

The Pharmaceutical Research and Manufacturers of America has revised its voluntary standards for how drug manufacturers run clinical trials and communicate trial results. The new standards call on drug makers to register on a public Web site all interventional clinical trials, including some phase I studies. The standards also call for companies to "greatly expand transparency" by providing summaries of results from all interventional clinical trials, regardless of whether the research is discontinued or the medication being studied is ever approved. The standards also call for drug makers to adopt the authorship standards of the International Committee of Medical Journal Editors.

—Alicia Ault

Medicare Contractor Program Is Back on Track

The controversial Medicare Recovery Audit Contractor program is continuing as planned after federal officials cleared up some contracting disputes.

The rollout of the permanent, national Recovery Audit Contractor (RAC) program is proceeding, with the full implementation of the program expected across the country by Jan. 1, 2010.

Under the program, Medicare contracts with private companies to identify and correct improper payments made through the Medicare fee-for-service program. The contractors will be paid on a contingency fee basis for both the over- and underpayments that they identify.

During its demonstration phase, the RAC program came under fire from physician testers who said it placed the burden on physicians to prove that payments they received were correct.

Last November, officials at the Centers for Medicare and Medicaid Services imposed an automatic stay on the program due to protests filed by two contractors who bid unsuccessfully to be part of the program. Under federal statute, the disputes were reviewed by the Government Accountability Office and a decision was issued earlier this year. As part of the settlement, two subcontractors have been retained to work with the four RACs announced last October.

With the RAC program back on track, the CMS will resume provider outreach activities over the next few months.

The demonstration resulted in the return of more than $900 million in overpayments between 2005 and 2008 and nearly $38 million in underpayments, according to the CMS.

—Mary Ellen Schneider