



**Testimony by the National Alliance on Mental Illness-New York State
Before the New York State Drug Utilization Review Meeting
September 18, 2015**

Good Morning, my name is Wendy Burch and I am from the National Alliance on Mental Illness-New York State. Though NAMI-NYS has received donations from pharmaceuticals in the past, it has always been a small part of our budget and we currently have no financial conflicts of interests to disclose. NAMI-NYS does not endorse specific medications, we believe that the full spectrum of medications must be available to treat people living with a mental illness.

NAMI- New York State and our 46 affiliates across New York represent hundreds of thousands of New Yorkers living with a serious mental illness and their families. Open access to the full range medication is vital to those with mental illness and a top priority for the members of NAMI-New York State. I am here today to urge you to make all atypical antipsychotic medications, antidepressant medications as well medications that treat Attention Deficit Disorder and anxiety disorders available through the New York State Medicaid program.

It is only through proper medication and treatment that those with mental illness can achieve recovery. The treatment of mental illness is not an exact science. Antipsychotic medications are not clinically interchangeable and patients respond differently to different antipsychotic medications. It can often take several trials to find an appropriate drug regimen that stabilizes an individual's condition. The uncertainty of psychiatric diseases provide enough challenges to the dedicated psychiatric care providers who treat our loved ones, we firmly believe that the state should not increase these challenges by limiting what they can prescribe.

Providers must be able to execute their best judgment for each individual patient and that can only be achieved by being allowed to select from a full range of drug options. Creating a true open access to medication is the only way to maximize treatment efficiency, minimize side effects, and avoid drug-to-drug interactions.

In the case of my own sister, who suffers from a mental illness, it took years of trial and error to determine the right combination of medications before she stabilized and was able to live a full and productive life. Recently, due to a change in her insurance, her medication was changed to the generic brand and she suffered a setback in her recovery. As a result, she has been struggling for several months now. This not only affects her; it also affects the lives of the entire family as

we try and support her. At NAMI, we frequently hear similar stories from our members and callers to our Helpline, detailing the stagnation of an individual's recovery when the physician is forced to prescribe a treatment dictated by Medicaid or the insurance provider.

Open access to medication is vital for those with mental illness. Treating mental illness is not an exact science and doctors must be able to view each patient as an individual. The only way for a doctor to treat each patient's unique set of mental health symptoms is to use the complete spectrum of available medications to prescribe a regimen they believe to be most effective for that particular patient.

We urge you to allow our doctors, not bureaucrats, to decide what is best for their patients. Please restore the prescriber prevails language for atypical anti-psychotic medications and add prescriber prevails status for anti-depressants and other medications used to treat people living with a mental illness.

Thank you