



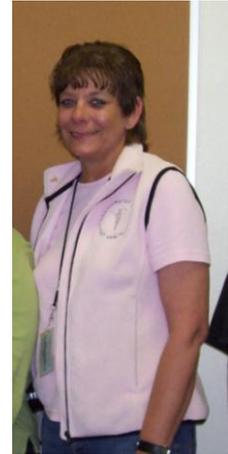
Utahns

SPEAK UP

“Funding for critical Medicaid services needs to be restored,” says caregiver who sees the impact of funding cuts.

Patsy Hough, CARE-A-VAN

Through her job as program manager for CARE-A-VAN, Patsy sees clients who are on Medicaid and who depend on access to services such as outpatient physical and occupational therapy. She sees how the abstract budget decisions legislators make impact low-income Utahns, their health, and their ability to work.



Caregiver knows how critical ‘optional’ services really are

Patsy Hough is the Program Manager for CARE-A-VAN, a local public health program that provides transport to medical appointments for seniors, individuals with disabilities, and others with chronic health conditions who cannot drive themselves. Patsy serves the Medicaid adult population whose eyeglasses, outpatient physical therapy, occupational therapy, speech and audiology services were cut in the September 2008 Special Session.

“I have individuals that depend on outpatient physical therapy to help them recover from surgery or injuries. Others use it to prevent further loss of muscle tone due to chronic diseases like multiple sclerosis,” Patsy explains. Without Medicaid coverage, these individuals lose all access to this vital care. Patsy sees the human cost of cutting these abstract line-items from the budget in terms of their impact on low-income individuals.

A Policy Solution: Restore Optional Services

The recession and economic downturn have rightly forced Government to tighten its belt. But tight budget times should not automatically mean cuts in vital Medicaid benefits. Instead simple cost-containment measures should be implemented. For example, Utah can save at least \$1.5 million dollars by strengthening its Medicaid’s Preferred Drug List (PDL). PDLs are designed to align financing and treatment decisions with evidence based medicine. Other states’ see an 80-90% compliance rate with their PDLs, but Utah only has 60% compliance and is thus missing out on significant savings and quality control for patients. We can incentivize higher compliance by implementing Prior Authorization and eliminating the Dispense-as-Written loophole. These savings could then be reinvested in the program to fully fund critical services like outpatient physical therapy and glasses. The result will be a more efficient and beneficial Medicaid program.