



# Utahns

## SPEAK UP

***“Funding for critical Medicaid services needs to be restored,” says caregiver who sees the impact of Medicaid cuts on his trauma patients...***

### **Lee Moss, Nurse Practitioner**

Lee Moss works as a Nurse Practitioner in a Salt Lake hospital. He feels like his efforts are undermined now that his Medicaid patients have lost their outpatient physical therapy benefits. Physical and occupational therapy make it possible for his patients to fully recover and re-enter the workforce. Cutting these services will ultimately cost more in the long run.

### ***Caregiver knows how critical ‘optional’ services really are***

Most of Lee’s patients were relatively young and healthy before they were traumatically injured. To fully recover from severe injury and regain function, patients often require outpatient physical and occupational therapy. *“Without Medicaid coverage for physical and occupational therapy, I worry that my young and healthy trauma patients will be more likely to become permanently disabled,”* Lee says. That will ultimately mean greater costs to the state. *“The patient may need additional surgeries at a much higher cost or may no longer be able to work and then qualify for disability payments or general assistance for themselves and their families,”* Lee continues. This all comes at a much greater cost than the cost of outpatient physical and occupational therapy.

*“These services are not optional,”* says Lee, *“and they ultimately save the state money and increase my patients’ ability to regain their health and economic productivity.”*

### ***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, such as outpatient physical and occupational therapy. The result will be a more efficient and beneficial Medicaid program.