

Remarks

Charles G. Curie
Administrator
Substance Abuse and Mental Health Services Administration
U.S. Department of Health and Human Services

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Attached is the text prepared for delivery; however, some material may have been added or omitted at the time of delivery.

Thank you, Daryl. Good afternoon everyone. I am joining this teleconference from Green Bay, Wisconsin. I am in Green Bay because I spoke at the Midwest Tribal Budget Consultation Session. Rather than risk flight delays and missing this important teleconference, I have remained in Green Bay so that I can address the new Medicare D benefit with you.

First let me say that this is a critically important initiative to the Administration. The Administration has launched a broad outreach campaign to educate seniors and disabled Americans about Medicare's new prescription drug coverage program - - more than 29 million beneficiaries have already signed up.

As you know, Medicare is a critical safety net for Americans with disabilities. Millions of Americans with development and physical disabilities, mental illness, and HIV/AIDS count on Medicare.

The good news is Medicare's new drug coverage brings these Americans secure coverage and modern medicine. SAMHSA has a role to play in educating and supporting our consumers with accessing the full spectrum of benefits available.

SAMHSA is proud to have the opportunity to participate with CMS as a partner in the education and outreach to the Mental Health and Substance Abuse Community. This is a new benefit that will enable millions of Americans who previously had no access to coverage of medication to obtain necessary medications at a minimal cost.

We know that for many Americans with major mental illnesses, access to medication is an essential element of successful recovery. Additionally, we know that many can not maintain sobriety and recovery from Substance Abuse without the assistance of medication.

I recognize that there have been very real issues associated with transition to this new benefit in the mental health and substance abuse community. We acknowledge that these challenges have been associated with demands on consumer patience and on staff time at many levels in our mental health and substance abuse service delivery systems.

We have worked closely with our partners in CMS to have confidence that as the program matures the needs of persons with mental illness and substance abuse will continue to be well addressed.

Specifically we must recognize the special consideration that has been provided for persons with Mental Illness by CMS. This includes the mandate that all or essentially all medications from the classes of anti-depressants, mood stabilizers and anti-psychotics be included in every formulary that operates under this program.

CMS has developed and supported transitional guidance, which mandates that every person stable on a particular combination of medications be allowed to remain on that medication as this program is introduced.

We look forward to continuing our relationship with Dr. McClellan as well as our special guest today, Chief Medical Officer of CMS, Dr. Jeffrey Kelman. We think this solid partnership between SAMHSA and CMS has facilitated a smoother transition for many within the mental health and substance abuse community.

I would like to highlight a few of SAMHSA's efforts to facilitate the transition. As I believe you know, I have been assisted in these efforts by my Senior Medical Advisor, Dr. Anita Everett. I have invited Dr. Everett to participate in today's call.

Dr. Everett is somewhat unique in her participation in government at this level in that she also is a practicing community psychiatrist one day a week and has personal first hand experience in working with consumers who have mental illnesses and are Medicare beneficiaries.

Dr. Everett and other lead SAMHSA staff have been incorporating specific information about the prescription drug benefit in numerous national public appearances made over the last six months to mental health and substance abuse groups.

Under my direction, SAMHSA also created an e-mail list of lead staff within each State Department of Mental Health and Substance Abuse. Information from CMS and specific to areas of interest in mental health and substance abuse were forwarded to these groups.

This also created a venue through which exchange between these state departments could occur. To date 37 postings have been mailed out to this list and the list has been used to solicit and help resolve problems around access to long acting injections of antipsychotics as well as the impact of co-pays for persons living in residential settings that are not IMDs.

We have also created a page on the SAMHSA website dedicate to the Medicare Modernization Act which provides specific information on prescription drug coverage and preventive care services.

In addition to outreach on the website, an education and outreach partnership was created with several national mental health advocacy groups through an interagency funding agreement with CMS.

These groups include the National Council for Community Behavioral Healthcare (NCCBH), the National Association of State Mental Health Program Directors (NASMHPD), the National Mental Health Association (NMHA) and NAMI, the National Alliance for the Mentally Ill.

This enabled the development and dissemination of widespread education and outreach materials to a wide range of state and local affiliates of these organizations throughout America.

We have also reached out to the substance abuse treatment field as well. Dr. Everett has participated in regular meetings with national substance abuse treatment organizations to provide education and outreach and to answer questions.

SAMHSA has also created opportunities for Dr. Kelman and other CMS staff to present to Mental Health and Substance abuse provider groups including the American Psychiatric Association and others.

Printed materials have included an entire edition of the widely read SAMHSA News which was dedicated to the Medicare prescription Drug Benefit. This is distributed to over 66,000 community clinical and administrative settings.

And, the Prescription Drug Benefit was promoted through the distribution of CMS Medicare Modernization Act brochures at SAMHSA Booth exhibits displayed at national and regional meetings of significance.

We have also taken the critical step of education SAMHA staff through an All Staff SAMHSA In-service. In addition, Dr. Everett has participated in a number of regional forums and as a mental health expert in a number of outreach calls to the medical providers with the PRIT or CMS Physicians Regulatory Issues Team.

All of these efforts merge into one clear message: millions of Americans will benefit from the Medicare Modernization Act and SAMHSA will continue to do it's part in making sure all Americans disabled by mental illness or addiction get the services and benefits they need and deserve.

At this time I would like to invite Dr. Everett to make a few remarks and to introduce Dr. Kelman from CMS.

Thank you.