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[speaking time – 02:52]
The NCBHC was formed to advocate for youth and families across Nevada. The Consortium brings together the advocacy issues from the Regional Children's Mental Health consortia, which have been established in legislation (NRS 433B.333 &. 335) to develop and implement long-term strategic plans for children's mental health in their respective geographic regions (Clark, Washoe, and Rural). These strategic plans guide meetings and activities that contribute to the safety and well-being of Nevada's Youth and Families in all areas of their lives.

The NCBHC, through collaborative efforts with pediatricians, child psychiatrists, and other child and family prescribers, has identified several concerns related to children's equitable access to appropriate medications. Children who rely upon Medicaid insurance plans often face unacceptable barriers to navigating the insurance process for the coverage of certain, medically necessary, medications legitimately prescribed by their treating practitioners. It is important to note that the barriers identified below are amplified for Spanish language families. Key concerns include –

1. Unnecessary denial of prior authorization
2. Medication formulary changes resulting in a child having to discontinue a medication proven to work for them, for their specific medical condition
3. Unacceptable timeframe between the prescription being written and the prescriber or family being notified that a medication is no longer covered by the patient's insurance
4. Patients' access to a variety of pharmacies to fill hard to find prescriptions is prohibited by MCOs, which has resulted in Medicaid patients being disproportionately impacted by the stimulant shortage (and other drug shortages)
5. Children who transition from fee for service to MCO coverage experience a lapse in approved medications because of the inconsistent prior authorization requirements. They are often expected to start a different medication (for example generic instead of name brand), which sets off cascading events all while the family is working on reunification.

The workgroup established to raise this concern has noted the Fee-for Service Medicaid model is significantly easier for physicians and families to navigate than the cumbersome and varied MCO models. Even so, providers note that even the fee for service model continues to negatively impact family's timely access to prescribed medication. These children still experience lapses in medication due to insurance process barriers. To that end, the NCBHC is requesting inquiry and assessment of cost feasibility into the following possible solutions

1. Create a carve out that establishes one statewide formulary
2. Create one statewide formulary for all MCO and fee-for service patients

a. Create a unified PDL so that MCOs are responsible for covering medications
b. A Common PDL so that for specific classes of drug (asthmatics and psychotropics) as there is currently no coordination between MCO and fee for service Medicaid plans

3. Build a pathway for continuity of care with medications when a MCO formulary changes
4. Eliminate prior authorization for medication prescriptions (PDL authorization and clinical authorization) for children under 18 years old

a. Using the diagnostic code in place of the current PA system
b. Look at other avenues to make PA less cumbersome

5. Evaluate other viable solutions to the issues outlined above