

# State Coverage Expansion a Casualty of Recession

BY DENISE NAPOLI

WASHINGTON — Massive budget shortfalls in 40 states, coupled with greater demand for Medicaid coverage, made it tough for states to expand health care coverage for their residents last year, according to the annual survey of state health care and insurance legislation conducted by the Blue Cross Blue Shield Association.

Indeed, these massive budget deficits and the current economic crisis meant that most expansion efforts fell short in 2008, even in high-profile states that had governor backing, like California, New Mexico, and Pennsylvania, according to the annual State of the States report.

“There has not been a consensus [to mandate universal coverage] since Massachusetts, now going on 3 years ago,”

**New Jersey mandated coverage for all children under the age of 18 years without setting any minimum benefit requirements, but the funding source has yet to be determined.**

said Susan Laudicina, director of state policy and research at the Blue Cross Blue Shield Association. And that effort is not likely to be repeated any time soon, though several states passed laws in 2008 to raise their coverage modestly or intend to phase in increased coverage in 2009.

Additionally, some states are now developing universal care strategies that they will try to pass into law in 2009, she said, including Connecticut, Hawaii, Minnesota, Oregon, and Washington.

The expansion of coverage for children was not spared from states' fiscal problems last year, according to the report. However, some states did manage to modestly expand their Children's Health Insurance Programs (CHIP), including Colorado, Florida, Kansas, and Minnesota.

In New Jersey, the Health Care Reform Act (SB 1537) mandated coverage for all children under the age of 18 years, though without any minimum benefit requirements. “Parents can comply with the mandate program by purchasing a licensed private product or by enrolling in Medicaid or CHIP,” according to the report.

However, the funding source for such an expansion has yet to be determined, as does the enforcement mechanism.

The survey also reported on health care transparency efforts. In the 20 states that introduced such bills in 2008, nine laws were enacted, Ms. Laudicina said.

Some of these, like HB 1393 in Colorado, require hospitals to display charges for common inpatient procedures on a publicly accessible Web site. Others, like Louisiana's Right to Know

Act (SB 287), require that the state's department of health and hospitals display not only cost data, but also data on quality measures among medical facilities, individual physicians, and health plans.

Regarding health information technology measures, Ms. Laudicina said that, over the past 3 years, 33 states have enacted legislation promoting the adoption of electronic medical records, and

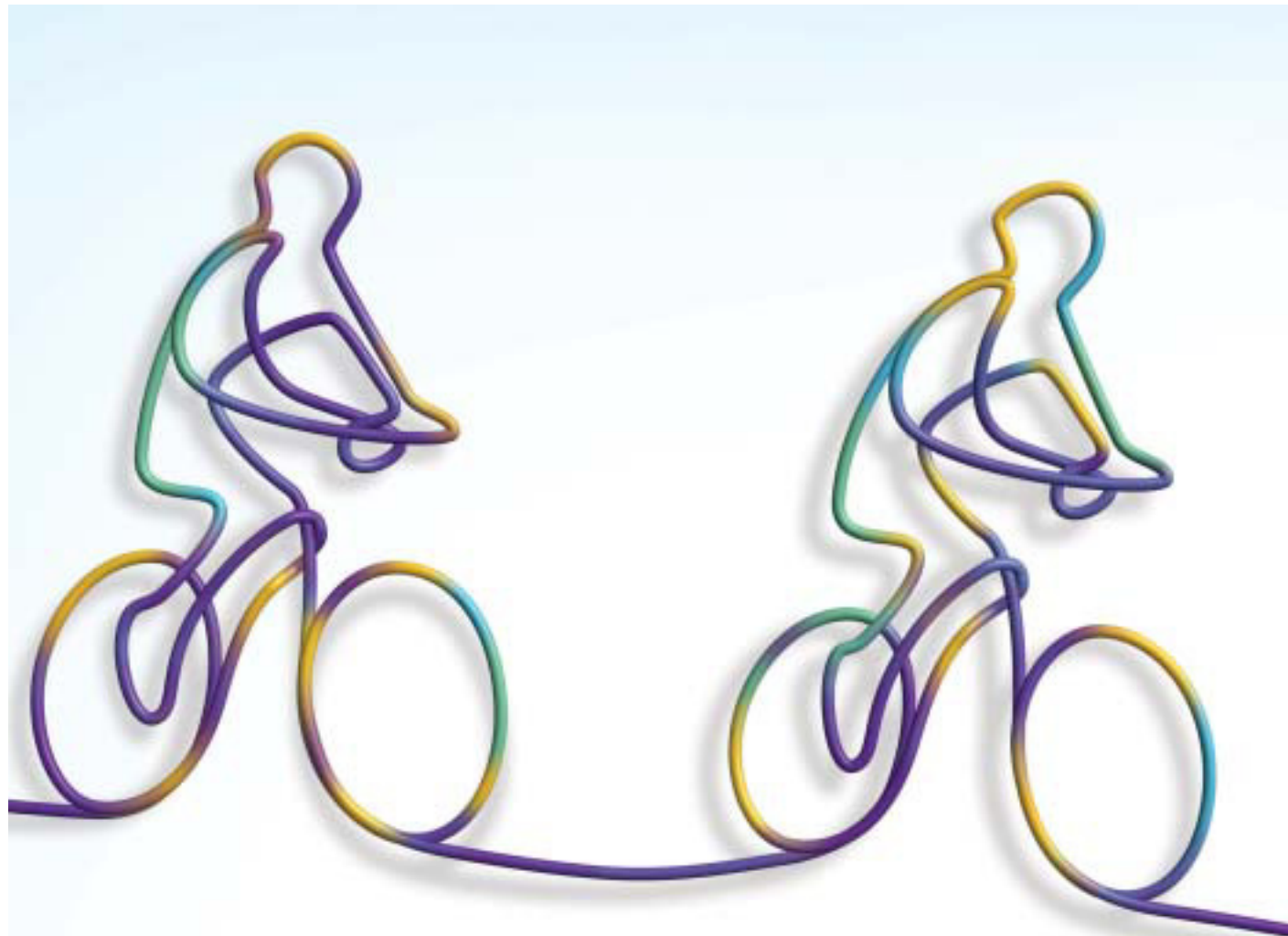
bills are pending in 12 more. And the financial incentives for EMR adoption in the recently passed stimulus package should mean that even more physicians and facilities will implement them voluntarily.

However, concerns about compliance with yet-to-be-set federal health IT standards will likely cause some states to put IT legislation on the back burner.

Other proposals that were considered

by states in 2008 included mandated coverage of adult dependent children until age 25, 26, or even 30 years, said Alissa Fox, who is senior vice president of the Office of Policy and Representation at the Blue Cross Blue Shield Association. This possibility will remain on states' agendas in 2009.

The report is based on a survey of the 39 independent Blue Cross and Blue Shield companies across the nation. ■



## IMPORTANT TREATMENT CONSIDERATIONS

PRISTIQ 50-mg Extended-Release Tablets are indicated for the treatment of major depressive disorder in adults.

### WARNING: SUICIDALITY AND ANTIDEPRESSANT DRUGS

**Antidepressants increased the risk compared to placebo of suicidal thinking and behavior (suicidality) in children, adolescents, and young adults in short-term studies of Major Depressive Disorder (MDD) and other psychiatric disorders. Anyone considering the use of PRISTIQ or any other antidepressant in a child, adolescent, or young adult must balance this risk with the clinical need. Short-term studies did not show an increase in the risk of suicidality with antidepressants compared to placebo in adults beyond age 24; there was a reduction in risk with antidepressants compared to placebo in adults aged 65 and older. Depression and certain other psychiatric disorders are themselves associated with increases in the risk of suicide. Patients of all ages who are started on antidepressant therapy should be monitored appropriately and observed closely for clinical worsening, suicidality, or unusual changes in behavior. Families and caregivers should be advised of the need for close observation and communication with the prescriber. PRISTIQ is not approved for use in pediatric patients.**

### Contraindications

- PRISTIQ is contraindicated in patients with a known hypersensitivity to PRISTIQ or venlafaxine.
- PRISTIQ must not be used concomitantly with an MAOI or within 14 days of stopping an MAOI. Allow 7 days after stopping PRISTIQ before starting an MAOI.

## Warnings and Precautions

- **All patients treated with antidepressants should be monitored appropriately and observed closely for clinical worsening, suicidality, and unusual changes in behavior, especially during the first few months of treatment and when changing the dose.** Consider changing the therapeutic regimen, including possibly discontinuing the medication, in patients whose depression is persistently worse or includes symptoms of anxiety, agitation, panic attacks, insomnia, irritability, hostility, aggressiveness, impulsivity, akathisia, hypomania, mania, or suicidality that are severe, abrupt in onset, or were not part of the patient's presenting symptoms. **Families and caregivers of patients being treated with antidepressants should be alerted about the need to monitor patients.**
- Development of a potentially life-threatening serotonin syndrome may occur with SNRIs and SSRIs, including PRISTIQ, particularly with concomitant use of serotonergic drugs, including triptans, and with drugs that impair the metabolism of serotonin (including MAOIs). If concomitant use is clinically warranted, careful observation of the patient is advised, particularly during treatment initiation and dose increases. Concomitant use of PRISTIQ with serotonin precursors is not recommended.
- Patients receiving PRISTIQ should have regular monitoring of blood pressure since sustained increases in blood pressure were observed in clinical studies. Pre-existing hypertension should be controlled before starting PRISTIQ. Caution should be exercised in treating patients with pre-existing hypertension or other underlying conditions that might be compromised by increases in blood pressure. Cases of elevated blood pressure requiring immediate treatment have been reported. For patients who experience a sustained increase in blood pressure, either dose reduction or discontinuation should be considered.