



## MEMORANDUM IN SUPPORT

### **S.7042a Ortt** *Integrating Mental Health & Pharmacy Care*

The NYS Council, representing 100 behavioral health (mental health and substance use disorder) prevention, treatment, and recovery organizations across New York, **strongly supports this legislation, S.7042a. Ortt**, to amend mental hygiene and education laws, in relation to integrated care and the location of pharmacies.

This legislation makes clear that OMH Article 31 and OASAS Part 822 outpatient clinics may co-locate with pharmacies and provides parameters for how they may do so. Such requirements include that:

- the pharmacy may not be owned or operated by the mental health or substance use disorder clinic (facility);
- there can be no revenue sharing between the pharmacy and clinic; and
- the clinic may not require or otherwise coerce patients to utilize a particular pharmacy.

Now more than ever we must focus on the many benefits of integrated healthcare. There are many state and federal efforts underway to encourage and assist community behavioral health providers with bringing primary care into their clinic settings and vice versa. This is very important but to be effective there must also be a pharmacy component focused on medication management (including Medicaid Assisted Treatment) and adherence.

This is especially true for care recipients with one or more serious challenges who may also have physical comorbidities. Medication therapy can play a critical role in assisting our clients with managing many serious mental health, substance use disorder and physical health conditions.

However, medication is ineffective if a client does not take it. There are many reasons why an individual may not be adherent with their medications. There are access issues like transportation. Also stigma and the need for privacy serve as barriers. Side effects and drug interactions play a role in a client not taking medications as directed. Given this, having a trusted, accessible and trained pharmacist can make all the difference in helping a client to be adherent with his/her medications and to assist with living as productive and satisfying life.

Recently, the NYS Council and our members were made aware of successful models of care in other states which bring together mental health, substance use disorder and pharmacy services in one location. The pharmacies specialize in the needs of individuals with co-occurring physical and behavioral health issues and provide high touch services tailored for each patient. Such services include frequent consultations around patient medication use, personalized refill reminders, adherence packaging, free delivery and medication synchronization. One study looked at this model in Michigan and found that patients who used the co-located pharmacy had a 96% medication adherence rate. Further the model saved the State \$700 per patient per year.

Our members see great value in this innovative approach for our patients and strongly support efforts to bring it to New York. To date, one pharmacy has been established at the same location as a clinic in Bayshore, NY. However, there are multiple and varying agencies involved in the oversight of mental health and substance use disorder clinics as well as pharmacies and we believe there is a need for a standardized policy to enable our members to pursue this model if they wish to. This legislation establishes a clear path to do so. **We strongly urge the enactment of S.7042a Ortt this session.**