

Testimony before the Public Health Committee

January 31, 2007

SB.1

Good afternoon, Senator Handley, Representative Sayers, and members of the Public Health Committee. My name is Kate Mattias, and I am the Executive Director for the National Alliance on Mental Illness of CT (NAMI-CT).

This is indeed a momentous time in Connecticut as the state examines a growing number of legislative proposals that support universal healthcare in Connecticut. We applaud proposals that seek to maximize Medicaid reimbursement, while extending access to Medicaid and SAGA by raising income eligibility limits. From recent events we know that both Maine and Massachusetts have an enhanced federal Medicaid match as a cornerstone of their health care reform models. Of note, Maine, Massachusetts and Rhode Island have developed subsidies up to 300% of the FPL.

However, while we welcome this new state focus on universal health care, we ask that the legislature be ever-mindful of the fact that any proposed legislation should expressly include:

- support for maintaining or expanding current state healthcare mandates for individuals with mental illnesses,
- strengthening the Connecticut mental health parity statutes and ongoing monitoring of the private insurance industry regarding implementation of state parity laws,
- and a strengthening of CT's Medicaid coverage in order to maximize federal subsidies and expand coverage to many of our most vulnerable citizens.

Currently, income limits are extremely low for eligibility to the Medicaid for the Aged, Blind, and Disabled program – approximately 60-70% of the FPL, which leaves many of our citizens with minimal resources and substantial health needs to grapple with the complex and administratively burdensome spend down program. We ask that any universal health care initiative endorsed by the state raise these income limits to be equal to that of adults in the HUSKY program.

As many know, it has taken years to establish the current protections that exist for mental health treatment and medications, such as the Behavioral Health Partnership which holds out significant hope for coordinated care for children with behavioral health needs and their families, the exemption of mental health related medications from the state's preferred drug list in order to offer vulnerable individuals access to the most effective drug treatments, the state mental health parity laws for private insurers, the repeal of co-pays for people who are on Medicaid for the Aged, Blind and Disabled, and the state wraparound to Medicare Part D for people who are on Medicaid or ConnPace. All of these efforts make our citizens and our communities, healthier and more productive. We cannot lose sight of these gains while we work to extend healthcare coverage to our uninsured in CT. Nor can we turn our attention away from the Home and Community Waivers that the legislature is currently working on which will bring relief to hundreds of people with disabilities in their own communities.

Moreover, even with these current protections there are still thousands of individuals each year who are unable to obtain access to mental health treatment and medications that are crucial to their recovery and ability to maintain a life in their community. The inability of both public and private insurers to account for the adequacy and accuracy of their mental health provider networks has been a major barrier in access to care, as well as the lack of appropriate reimbursement rates for Medicaid and SAGA.

NIMH estimates that more than 25% of adults age 18 and older has a diagnosable mental illness with about 6% living with a serious mental illness – one that significantly impacts their activities of daily living. Mental disorders are the leading cause of disabilities nationwide. According to the WHO study: *Global Burdens of Disease*, mental illnesses account for approx. 15% of overall disease burden on our national economy in terms of productive days lost - greater than all cancers together.

Here in Connecticut we find comparable numbers and we also find individuals – youth and adults - with serious mental illnesses who get caught up in the criminal justice system for lack of community-based mental health services; we find families desperate for transition services and continuity of care for their children with serious mental illnesses who age out of the DCF system; we find younger and younger adults with mental illness confined in locked units in nursing homes across the state for lack of community-based mental health services, and we find individuals with serious mental illnesses living in homeless shelters or on our streets oftentimes because mental health intervention was unavailable or denied.

We cannot abandon these people in our move towards universal healthcare coverage; it must be a win-win proposition for everyone in Connecticut. NAMI-CT stands ready to work with the state to make true universal healthcare coverage a reality.

Thank you for the opportunity to express our position on this critical issue. I would be happy to answer any questions from the Committee.