

3/4/08

Good morning/afternoon, members of the Human Service Committee, thank you everyone for being here.

My name is Barber, Albert, Hartford tenant, registered voter, advocate and activist for human rights, and multiply medically challenged human being.

Concerning raised Bill #560, An act concerning fair and adequate hospital reimbursement. [At the end of the raised S.B. 560, it states "to establish fair reimbursement rates for hospital services provided under the Medicaid and State Administered General Assistance programs" What is considered 'fair' and/or 'adequate'? Who decides this? Are they "qualified?" Without proper compensation, qualified physicians and other qualified health providers are going to continue to disappear, continue to be inaccessible, to those of us who <sup>are</sup> most vulnerable, from infants to elderly, we are still left with little and basically no choice to go for medical help.

According to Medicare Patient's Rights, I have the right, if I have a complex or serious medical condition, to receive a treatment plan that includes direct access to a specialist. Unfortunately there are several complex and serious medical conditions, I've requested assistance with my searches, from DSS, DMHAS, CRMHC, my primary care doctor, the outpatient mental health organization I'm a member of, NAMI, Keep the Promise Coalition, my other physicians, if they knew anyone who might know someone, who might know someone, North Central Regional Mental Health Board, people who, I thought, were supposed to be knowledgeable of this information, I've been without a therapist for 1 1/2 yrs. And without any emotional/mental source of stability, my physical body, lets just say I'm definitely negatively affected. Everything from increasing allergies, disabling migraines, increasing seizures from low blood sugars, (and ps by the way Food Pantry filling carbohydrates - if the glucose is not used for their energy - I'm allergic to myself) My immune system is still in shambles from mis-diagnoses, mis-mediations, and being so far beyond stressed.

Like I said last year, testifying for a similar bill, poverty is never an acceptable cause of death.

Thank you for listening.



Dear Medicare Beneficiary:

Congress passed a law in 1997 that made many changes in the Medicare program. The law includes a section called Medicare + Choice, which creates new health plan options. This bulletin provides you with a brief introduction to the changes in the Medicare program. You are still assured all of the basic Medicare benefits that you now enjoy. In addition, there are—

if you think you qualify for financial help, contact your State or local welfare, social service, or Medicaid agency.

## MEDICARE PATIENTS' RIGHTS

As a Medicare beneficiary, you have certain guaranteed rights. These rights protect you when you get health care; they assure you access to needed health care services; and they protect you against unethical practices. You have these Medicare rights whether you are in the Original Medicare Plan or another Medicare health plan. Your rights include:

- The right to protection from discrimination in marketing and enrollment practices.
- The right to information about what is covered and how much you have to pay.
- The right to information about all treatment options available to you.
- The right to receive emergency care.
- The right to appeal decisions to deny or limit payment for medical care.
- The right to know how your Medicare health plan pays its doctors.
- The right to choose a women's health specialist.
- The right, if you have a complex or serious medical condition, to receive a treatment plan that includes direct access to a specialist.

If you believe that any of your rights has been violated, please call the State Health Insurance Assistance Program in your State. The phone number is listed on page 6.

## Section 2: Your Medicare Rights

Mon/Aug 27, 07  
pgs 7-11  
(Medicare.gov)

If you have Medicare, you have certain guaranteed rights and protections. You have these rights whether you have the Original Medicare Plan (with or without a Medigap policy) or a Medicare Health Plan. You have the right to the following:

### 1. Be treated with dignity and respect at all times

### 2. Be protected from discrimination

Discrimination is against the law. Every company or agency that works with Medicare must obey the law. You can't be treated differently because of your

- race,
- color,
- national origin,
- disability,
- age,
- religion, or
- sex (under certain conditions).

Also, your rights to health information privacy are protected. If you think that you haven't been treated fairly for any of these reasons, call the Office for Civil Rights in your state. Call toll-free 1-800-368-1019. TTY users should call 1-800-537-7697. You can also visit [www.hhs.gov/ocr](http://www.hhs.gov/ocr) on the web for more information.

### 3. Get information about Medicare that you can understand to help you make health care decisions

This information includes

- what is covered,
- what costs are paid,
- how much you have to pay, and
- what to do if you want to file a complaint.

You can have someone help you make decisions when you need it.

### 4. Have your questions about the Medicare Program answered

You can call 1-800-MEDICARE (1-800-633-4227) to get your questions answered or get the telephone number of your State Health Insurance Assistance Program. TTY users should call 1-877-486-2048. If you enrolled in a Medicare Health Plan, you can also call your plan.

Words in green are defined on pages 33-37.

## Section 3: Your Rights and Protections in the Original Medicare Plan

2007  
Available thru  
medicare.gov  
(was)

In addition to the rights listed in Section 2, if you are in the Original Medicare Plan, you have the following rights and protections:

### 1. Access to doctors, specialists (including women's health specialists), and hospitals

You can see any doctor or specialist, or go to Medicare-certified hospitals that participate in Medicare.

### 2. Timely information on Medicare payment, and fair and efficient appeal processes

If you have the Original Medicare Plan, you can get certain information, notices and appeal rights that help you resolve issues when Medicare doesn't pay for health care including

- **Advance Beneficiary Notices (ABNs)**—You are given this notice by your doctor, health care provider, or supplier before you get an item or service that Medicare may not pay for (see below and pages 12–15).
- **Important Message from Medicare**—You are given this notice about your rights once you are admitted to a hospital (see page 15).
- **Fast Appeals**—You are given a notice of non-coverage that will explain your appeal rights before you are discharged from care or before Medicare stops paying for certain types of care (see pages 16–17).
- **Billing Information**—You can ask for this information after you get an item or service (see page 18).
- **General Appeal Rights**—You have these rights if you disagree with the coverage or payment decision Medicare makes on your claim (see page 18).

#### Advance Beneficiary Notices (ABNs)

If your doctor, health care provider, or supplier thinks that Medicare won't pay for an item or service, they will give you a written notice. This written notice is called an "Advance Beneficiary Notice" (ABN). The ABN explains what items or services Medicare won't pay for, the reasons why Medicare won't pay, and gives you an estimate of costs. The ABN helps you make an informed choice about whether or not you want to get this health care knowing that you or your other insurance may be responsible for payment.

Words in green are defined on pages 33–37.

# Getting the Help You Need

## Your Medicare Rights

No matter what type of Medicare you have, you have certain rights.

**As a person with Medicare, you have the right to all of the following:**

- Get a decision about health care payment or services
- Appeal (or get a review of) certain decisions about health care payment or services, or prescription drug coverage
- Get information (including information on covered services and costs)
- Get emergency room or urgently-needed care services
- See doctors, specialists (including women's health specialists), and go to Medicare-certified hospitals
- Participate in treatment decisions
- Know your treatment choices
- Get information in a language or way you understand from Medicare, its providers, and contractors under certain circumstances
- File complaints, including complaints about the quality of your care
- Nondiscrimination (see page 93)
- Have your personal and health information kept private

## What Is an Appeal?

If you have Medicare, you have certain guaranteed rights. One of these is the right to a fair process to appeal decisions about health care payment of services. An appeal is a kind of complaint you make in situations like these:

- A service, item, or prescription drug you need isn't covered, and you think it should be paid
- A service, item, or prescription drug you want is denied, and you think it should be provided
- A service you get is ending too soon
- You question the amount that Medicare paid for a service or item you got

If you decide to file an appeal, ask your doctor, health care provider, or supplier for any information that may help your case.



## Mental Illness: Facts and Numbers

**M**illions of Americans are affected by mental illness, yet remain untreated or under-treated for their conditions. Learn the facts about mental illness.

- One in four adults—approximately 57.7 million Americans—experience a mental health disorder in a given year. One in seventeen lives with a serious mental illness, such as schizophrenia, major depression or bipolar disorder<sup>1</sup>, and about one in ten children have a serious mental or emotional disorder.<sup>2</sup>
- About 2.4 million Americans, or 1.1 percent of the adult population, lives with schizophrenia.<sup>1</sup>
- Bipolar disorder affects 5.7 million American adults, approximately 2.6 percent of the adult population per year.<sup>1</sup>
- Major depressive disorder affects 6.7 percent of adults, or about 14.8 million American adults.<sup>1</sup> According to the 2004 World Health Report, this is the leading cause of disability in the U.S. and Canada in ages between 15 to 44.<sup>3</sup>
- Anxiety disorders, which include panic disorder, obsessive-compulsive disorder (OCD), post-traumatic stress disorder (PTSD), generalized anxiety disorder, and phobias, affect about 18.1 percent of adults, an estimated 40 million individuals. Anxiety disorders frequently co-occur with depression or addiction disorders.<sup>1</sup>
- An estimated 5.2 million adults have co-occurring mental health and addiction disorders.<sup>4</sup> Of adults using homeless services, thirty-one percent reported having a combination of these conditions.<sup>5</sup>
- Half of all lifetime cases of mental illness begin by age 14, three-quarters by age 24.<sup>6</sup> Despite effective treatments, there are long delays—sometimes decades—between first onset of symptoms and when people seek and receive treatment.<sup>7</sup>
- Fewer than one-third of adults and half of children with a diagnosable mental disorder receive any mental health services in a given year.<sup>2</sup>
- Racial and ethnic minorities are less likely to have access to mental health services and often receive a poorer quality of care.<sup>8</sup>
- In the U.S., the annual economic, indirect cost of mental illnesses is estimated to be \$79 billion. Most of that amount—approximately \$63 billion—reflects the loss of productivity as a result of illnesses.<sup>2</sup>
- Individuals with serious mental illness face an increased risk of having chronic medical conditions.<sup>9</sup> Adults with serious mental illness die 25 years younger than other Americans, largely due to treatable medical conditions.<sup>10</sup>
- Suicide is the eleventh leading cause of death in the U.S., and the third leading cause of death for ages 10 to 24 years. More than 90 percent of those who die by suicide have a diagnosable mental disorder.<sup>11</sup>

*"Simply put, treatment works, if you can get it. But in America today, it is clear that many people living with the most serious and persistent mental illnesses are not provided with the essential treatment they need."*

*Michael J. Fitzpatrick, Executive Director of NAMI National, Grading the States, 2006<sup>12</sup>*

- In July 2007, a nationwide report indicated that male veterans are twice as likely to die by suicide as compared with their civilian peers in the general US population.<sup>13</sup>
- Twenty-four percent of state prisoners and 21 percent of local jail prisoners have a recent history of a mental health disorder.<sup>14</sup> Seventy percent of youth in juvenile justice systems have at least one mental disorder with at least 20 percent experiencing significant functional impairment from a serious mental illness.<sup>15</sup>
- Over 50 percent of students with a mental disorder age 14 and older drop out of high school—the highest dropout rate of any disability group.<sup>16</sup>

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## Introduction

On 10 December 1948, the General Assembly of the United Nations adopted and proclaimed the Universal Declaration of Human Rights, the full text of which appears in the following pages. Following this historic act, the Assembly called upon all Member countries to publicize the text of the Declaration and "to cause it to be disseminated, displayed, read and expounded principally in schools and other educational institutions, without distinction based on the political status of countries or territories".



Kofi Annan  
SECRETARY-GENERAL

# Universal Declaration of Human Rights



(3) The will of the people shall be the basis of the authority of government; this will shall be expressed in periodic and genuine elections which shall be by universal and equal suffrage and shall be held by secret vote or by equivalent free voting procedures.

### Article 22

Everyone, as a member of society, has the right to social security and is entitled to realization, through national effort and international co-operation and in accordance with the organization and resources of each State, of the economic, social and cultural rights indispensable for his dignity and the free development of his personality.

### Article 23

(1) Everyone has the right to work, to free choice of employment, to just and favourable conditions of work and to protection against unemployment.

(2) Everyone, without any discrimination, has the right to equal pay for equal work.

(3) Everyone who works has the right to just and favourable remuneration ensuring for himself and his family an existence worthy of human dignity, and supplemented, if necessary, by other means of social protection.

(4) Everyone has the right to form and to join trade unions for the protection of his interests.

### Article 24

Everyone has the right to rest and leisure, including reasonable limitation of working hours and periodic holidays with pay.

### Article 25

(1) Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.

(2) Motherhood and childhood are entitled to special care and assistance. All children, whether born in or out of wedlock, shall enjoy the same social protection.

### Article 26

(1) Everyone has the right to education. Education shall be free, at least in the elementary and fundamental stages. Elementary education shall be compulsory. Technical and professional education shall be generally available and higher education shall be equally accessible to all on the basis of merit.

(2) Education shall be directed to the full development of the human personality and to the strengthening of respect for human rights and fundamental