



Good afternoon, Chairman and members of the Human Services Committee. My name is Domenique Thornton, I work for the Mental Health Association of CT, Inc., (MHAC), a private non-profit dedicated to service, education and advocacy for people with mental health disabilities. I would like to thank you for the opportunity to speak out in opposition to certain measures contained in S.B. 843 An Act Implementing the Governor's Budget recommendations Concerning Social Services. The 24-hour Supervised Residential programs that MHAC provides persons with serious and persistent mental illness make it possible for them to have a life in the community and avoid the expensive and restrictive hospital or institutional care formerly provided by the state. Ten years ago, the state closed two of the three psychiatric institutions in Connecticut and promised the money saved would go toward services to provide a community solution not an institution for persons with serious and persistent mental illness. By every indicator, the Department of Mental Health and Addiction Services (DMHAS) has done an outstanding job saving the state money and providing greater value for the healthcare dollar as the average cost per person for care in the community has dropped. The cost of institutional care is significantly much lower than institutional care. Historically, improved psychiatric medications have been the one thing that has made life in the community and cost savings to the state through de-institutionalization possible. The right medications are a critical and necessary piece to stabilization of mental health conditions and overall health. The Governor's budget, changes current law C.G.S. 17b-274d exempting mental-health related classes of drugs from prior authorization. She proposes to make savings in the prescription drug benefit for treatment of psychiatric conditions (see Section 46) and high cost drugs (see Section 18) that are often psychiatric medications subject to prior authorization. That would restrict eligible individuals to use only Preferred

Drugs first and then require them to make a claim of medical necessity if the drugs could not be tolerated. Then, hundreds of persons in communities across the state with serious and persistent mental illness would be required to fail first, ending up in hospitals and re-institutionalized, homeless or worse.

I ask you to consider for a moment the consequences of what failure might be that would grant persons the prior authorization from the preferred drug list. First of all, elderly persons, as well as persons with psychiatric conditions, would have extreme difficulty navigating such a system. Once a person has stabilized on a psychiatric drug, changing medications can lead to dangerous drug interactions, suffering, possible deterioration of conditions and even death according to the Medicare Rights Center in New York, NY. For many, medications are the one and only thing that allows them to function in the community, to maintain the normal activities of daily living and even some to work at least part time. For many of the people that MHAC serves, medications are the only path to becoming a functioning member of society or a member of society at all. Without the proper medications, they would end up back in the hospital or the institution again becoming a financial burden on the state. For many, the road to recovery is long and arduous because psychiatric medications alter brain chemistry and no two people are alike. It frequently takes a long time to discover what works best. No two brains have exactly the same chemistry. One size does not fit all when it comes to psychiatric medications because psychotherapeutic and anticonvulsive medications affect brain chemistry. For those who have not found the proper combination of medications, limiting their ability to make that decision in concert with their medical provider, would rip the rug right out from under them and place those very fragile people in jeopardy. I ask you to consider the impact of these vulnerable people in crisis, being forced to fail, on the communities that you represent, also. Without consistent and appropriate medications, hospitalizations, homelessness or even death could result. According to the National Institute of Mental Health, individuals need more, not fewer choices to medications. Connecticut is currently protecting open access to psychiatric medication by exempting psychiatric drugs from the state's preferred drug list. It would be wise policy to continue to do so. Thank you.