



**KEEP THE PROMISE COALITION**  
Community Solutions, Not Institutions!  
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5172

**Testimony before the Insurance & Real Estate, Human Services,  
and Public Health Committees**

**March 2, 2009**

**HB 5172, SB 990, SB 998 & HB 6600**

Good afternoon distinguished chairs and members of the Insurance and Real Estate, Human Services, and Public Health Committees. My name is Cheri Bragg, Coordinator of the statewide Keep the Promise Coalition. Keep the Promise was founded 10 years ago to ensure that the promise to create and maintain a comprehensive community mental health system was kept.

The Coalition is opposed to SB 990 and we have some concerns about HB 5172. HB 5172 would allow people who are elderly, blind or disabled to enroll in managed care health insurance plans. The State of CT has already wisely chosen to carve out behavioral and mental health care from the child and adult HUSKY plans because managed care plans were inadequate in serving these populations. People who are termed "aged, blind or disabled" are currently subjected to severe income limits, 60-80% of the Federal Poverty level as opposed to 185% for parents in the HUSKY program, just to qualify for Medicaid. To add the burden of a managed care plan that is often difficult to navigate combined with restrictive access to care would be disastrous. These plans are paid per member per month, resulting in a direct incentive to deny care. HB 5172 would put an even more vulnerable population with significant mental and physical health care needs in plans that cannot meet their critical service needs. This bill would also exempt the plan from CT's health care mandates, including mental health parity, which is unacceptable, particularly after Federal lawmakers implemented mental health parity.

SB 990, an act concerning the expansion of the HUSKY formulary, would remove the current exemption that mental health related drugs currently have on HUSKY's preferred drug list (PDL). This means that these drugs would be placed on the PDL, making them subject to prior authorization, which would greatly restrict access to critically needed psychiatric medications for children and adults. This could mean the difference between wellness and severe illness for many, a move that is penny-wise and pound foolish as the overflow costs of failing to provide individually responsive psychiatric medications spillover into

emergency rooms and costly institutionalizations. Keep the Promise Coalition strongly opposes SB 990 and urges legislators to do do the same.

SB 998, an act concerning Medicaid funding for SAGA and Charter Oak, would permit CT to utilize the Health Insurance Flexibility and Accountability (HIFA) waiver to get Federal reimbursement for some SAGA and Charter Oak Health Plan services. HIFA allows individual states to expand health insurance coverage, but also to reduce benefits, including mental health benefits, increase cost sharing, and set limits on the number of low income people served. The Coalition would be opposed to this bill as it could significantly harm people with mental illness who are enrolled in either one of those plans by reducing access and excluding some people from enrolling in the plans.

Finally, the Coalition would like to testify in favor of HB 6600, an Act concerning the establishment of the SustiNet Plan. This plan would establish a universal health care plan for CT called SustiNet. This plan includes many positive components for people with mental illness such as mental health parity which was recently supported at the Federal level. Section 6 of this plan outlines excellent chronic disease management which we strongly support.

Keep the Promise Coalition strongly supports section 9 (4) c that states:

(C) Any category of Medicaid eligibility that is based on a disability, as such term is defined for purposes of eligibility under the Supplemental Security Income program, provided exemption from SustiNet Plan enrollment shall not apply to any individual who intermittently qualifies for Medicaid as medically needy based on incurring medical bills for services not involving long-term care.

We support this because HB 6600 would include people who are elderly, blind or disabled and who are technically uninsured while they are going through the burdensome "spend down" process. With the advent of Medicare Part D, many people who could once include the cost of their medications toward their spend down thereby qualifying again for Medicaid insurance, can no longer count the cost of medications toward their spend down, hence permanently losing their Medicaid insurance. This vulnerable population tends to have complex medical needs, both physical and mental health-related, making it all the more pertinent that they retain health insurance. Failure to retain health insurance results in costly spillover costs for emergency care, hospitalizations, etc. Inclusion in the proposed SustiNet plan is crucial for this population's continuity of healthcare and fiscally sensible for CT's bottom line.