NAMI
National Alliance on Mental Illness

5172

TO: Members of the INSURANCE, PUBLIC HEALTH, HUMAN SERVICES Committees
FROM: Sheila B. Amdur, NAMI-CT
RE: **SB 990:** ***AN ACT CONCERNING EXPANDING THE HUSKY FORMULARY***
HB 5172: ***AN ACT ESTABLISHING THE CONNECTICUT HEALTHY STEPS PROGRAM***

Many bills and proposals are coming before you that presumably would "save money," but which in reality will lead to greater costs and greater misery. Health care is complex, and the approaches to the treatment of chronic illness and particularly to the treatment of serious mental illnesses, for which the etiology and biology and efficacies of treatment are still not well understood, are individualized, and often not standardized.

There are two bills before you today that I would like to comment on.

HB 5172—There are many excellent features of this bill, e.g., related to smoking cessation, and non-risk based care coordination. Also, we strongly support the section of the bill that provides for a "special income disregard applicable only to the Medicaid program that permits individuals who are aged, blind or disabled and who have income that is not greater than one hundred per cent of the federal poverty level to qualify for Medicaid." People who meet the disability and age requirements of Medicaid but whose incomes fall slightly above the draconianly low income levels we now have in place are among those most needing access to health care.

However we are opposed to two areas highlighted in the bill: "voluntary" enrollment of Aged, Blind, and Disabled recipients in HMO's and the waiver of state mandates related to required provisions in health care insurance. We should take no steps about moving the sickest, poorest, and most vulnerable populations covered under Medicaid into traditional risk based managed care. Even on a voluntary basis, people will sign up for plans they do not understand, and that will not provide them with the range of services they need to sustain functional health. Over time, we will see more hospitalizations, emergency room visits, and in all likelihood, higher death rates. We do know that risk based private managed care is a terrible management model for people with serious mental illnesses. We already witnessed the disastrous consequences of this model for children, which shifted the cost of behavioral health treatment to the state, with sky rocketing emergency room, inpatient, and residential treatment costs. We do not need to repeat this scenario for the adult seriously mentally ill population. We oppose removing health care mandates which basically require appropriate medical care. Section 23 of this bill would also impose co-pays for non-emergent use of emergency rooms; emergency

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rooms are sometimes the only place people have to turn. We should be examining reasons related to use of ER's that are not urgent, and address those issues, not punish people who may not believe they have anywhere else to go.

You will hear another bill tomorrow that asks you to mandate HMO enrollment for this same population, and you should reject it. If we want to look at how to better manage the health care costs of people who are aged, blind or disabled, then let's seriously study this issue with a "study group" that predominantly includes consumer, families, and advocates. Although Section 20 of HB 5172 directs DSS to conduct this study, it does not include those people who know from the ground level what approaches are most efficacious with a seriously disabled population. Let's look at primary care case management models. Let's look at models that promote and support healthy life styles—nutrition, exercise, tobacco cessation. Let's look at models that have primary responsibility focused in a treater and not an anonymous voice in a call center in Iowa. Let's look at models that focus on reducing institutional costs, and address the fact that the mortality of people with severe mental illnesses is 25 years below the rest of the population.

We also oppose SB 990, which would remove the current exemption for mental health related drugs from the restrictive state preferred drug formulary. The prescribing of medications to effectively treat serious mental illnesses is a very individualized process. All of the drugs that are available to treat mental illness have side effects, and each person responds to those side effects in different ways. This is not an area in which we have evidence based practice to dictate what each individual should receive based on their symptoms (and we have certainly learned in many forms of treatment for cancer that individualized chemotherapy based on the type of tumor is also necessary). The "savings" DSS projects from changing this exemption are minimal, and the outcomes will be negatively maximal in terms of cost.

We thank you for all of your efforts to protect the needs of our most vulnerable citizens.