



National Alliance on Mental Illness

**Testimony before the Public Health Committee
February 6, 2009
Support for SB 757**

Good afternoon Senator Harris, Representative Bye and members of the Public Health Committee. My name is Amy O'Connor and I live at 504 Whitney Avenue in New Haven. I am here today to testify on behalf of the National Alliance on Mental Illness of CT (NAMI-CT) in support of SB 757, AN ACT CONCERNING THE FILLING OF PRESCRIPTIONS FOR ANTIEPILEPTIC DRUGS.

SB 757 prohibits pharmacists from substituting prescriptions for anticonvulsant medications with generics or other brand names without contacting the patient's physician for approval. In addition to being approved to treat epilepsy, some anticonvulsants are prescribed for people with mental illnesses, specifically bi-polar disorder. Mental illness is common—one in four adults will experience a mental health disorder, and one in seventeen will have a serious mental illness, like schizophrenia, bi-polar disorder and major depressive disorder. Mental illness is the leading cause of disability in the US and Canada for people aged 15 – 44. But between 70 – 80% percent of people can be effectively treated and return to their normal daily activities and lives, in large part due to new advances in psychiatric medications, including anticonvulsants. Substantial research shows, however, that these medications are not interchangeable, and that substitutions can be both ineffective and dangerous.

According to the National Institute of Mental Health, individuals have unique responses to psychiatric medications. While psychiatric medications in a class may have similar effectiveness overall, they have specific mechanisms of action that affect each person differently. Proper medications and dosages are determined by a variety of factors, including age, gender, past medication history, and overall health status. Limiting access to necessary medications by not taking into account individual patient characteristics can have devastating, even deadly consequences for people with mental illnesses. It is important to maintain physician and patient choice in order to quickly find the best possible clinical outcome and avoid higher health care costs such as emergency visits, hospital stays, and crisis management. In considering SB 757, it is important to understand that this choice is compromised by allowing critical decisions about a patient's medication to be made by pharmacists. Effective treatment can also reduce the costs related to homelessness and criminal justice system involvement, promote employment and reduce reliance on federal and state funded programs.

Speaking from a personal perspective, it weighs heavily on a person when she or he knows that everything depends on finding the right medication. For my bi-polar disorder, I take six psychiatric drugs, for a total of 11 pills taken at five times throughout the day. The thought of not having even one of these medications terrifies me. It has taken me years to find the right combination and I've come a long way from when I started taking them—relying on state health care, deeply depressed, unable to keep a job, isolated, and in poor physical health. The last time I stopped taking my anticonvulsant, Lamictal, I was nearly hospitalized but thanks to my family, my doctor allowed me to be treated on an out-patient basis. Although I only missed a few doses of Lamictal then, I felt the emotional, mental and physical side effects of this mistake for the next six months. I know from experience that biologic differences among patients mean medications that treat these disorders work differently for each person, since I've tried dozens of them. I lost years of my life to an illness that I finally found out is treatable with the right medications, and so I urge you to support HB 757 and keep those who rely on anticonvulsants safe and give us an opportunity to fulfill our potential.

Thank you.

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