



**Testimony before the Appropriations Committee**  
**March 20, 2009**  
**SB 246**

Good afternoon, Senator Harp, Representative Geragosian, and members of the Appropriations Committee. My name is Alicia Woodsby, and I am the Public Policy Director for the National Alliance on Mental Illness, CT (NAMI-CT). NAMI-CT is the largest member organization in the state of people with psychiatric disabilities and their families. I am here today to testify on behalf on NAMI-CT on SB 246, An Act Concerning a Commission on Federal Stimulus Distribution.

SB 246 calls for a Federal Stimulus Distribution Commission to make recommendations to the Legislature and Administration regarding the use of available federal stimulus dollars by the state. The Governor's current budget proposal seeks to take the increased federal match of Medicaid funds, while at the same time avoiding the requirements and intentions of the entire stimulus program. Congress expressly intends for the states to maintain or increase Medicaid spending to "minimize and avoid reductions in essential services", and clearly states that a "state is not eligible for an increase in its FMAP...if procedures under its state plan are more restrictive than the...procedures under such plan as in effect on July 1, 2008."

The Governor has proposed several disturbing cuts that would greatly restrict access to medications and further limit access to health care services for people receiving Medicaid. These cuts include restricting access to psychiatric medications, and eliminating the Medicare Part D state wraparound coverage for co-pays and non-formulary drugs that protects low-income people with disabilities and seniors from the coverage reductions imposed by Part D. Without the Medicare Part D Wraparound, people with serious mental illnesses on Medicare and Medicaid will be responsible for co-pays ranging from \$1 to \$6 dollars, as well as the full cost of medications not on their particular plan's formulary (non-formulary). This will place them at a lower level of prescription coverage than they previously had under Medicaid and with less coverage than their counterparts who receive only Medicaid. For people on ConnPACE, this will make them responsible for full payment of non-formulary drugs, which can be thousands of dollars a month for lower income seniors and people with disabilities.

The state made a promise to hold them harmless from changes in their drug coverage imposed by Part D. The state has and continues to save substantial amounts of money from the cost shifts to Part D (\$188 million/year), and the Governor is now trying to take away what little protection we have to preserve the stability of these vulnerable populations. For most people with Medicaid and ConnPACE, buying a medication outright is simply not an option, so they go without their vital prescriptions.

A recent study found that over half of the dually eligible Medicare Part D recipients with mental illness had problems accessing needed medications. **The results: nearly one in five had an emergency room visit and over one in ten were hospitalized.**<sup>1</sup> Among the most commonly reported problems were *not being able to access medication refills; discontinuing or temporarily stopping medications as a result of prescription drug plan management or coverage issues, or because patients could not afford copayments.*

Access barriers to Medicaid services and psychiatric medications, such as co-pays and prior authorization requirements ultimately increase health care costs as people forgo needed services and medication, and require more acute and expensive treatment. These measures will greatly and disproportionately restrict access to psychiatric medications for low-income people with serious mental illnesses, for whom barriers to medication access most often lead to an interruption in their treatment and can have serious life-threatening consequences.

We are not going to resolve this budget crisis by taking from the most low-income and chronically ill people in our state. The costs of these decisions will spill out in other uncontrollable ways -- **as foreseen by Congress and the federal Administration when crafting the federal stimulus package.** We need a thoughtful, alternative plan for the use of the stimulus dollars that preserves and expands upon critical lifesaving Medicaid services at a time when they are needed most.

Thank you for your time and attention. I would be happy to answer any questions.

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<sup>1</sup> WEST, WILK, MUSZYNSKI, ET AL. Medication Access and Continuity: The Experiences of Dual-Eligible Psychiatric Patients During the First 4 Months of the Medicare Prescription Drug Benefit, *Am J Psychiatry* 164:5, May 2007