

TO: Members, Appropriations Committee
FROM: Sheila B. Amdur
RE: Department of Social Services Budget
DATE: February 15, 2009

I am sorry that I cannot attend the public hearing on February 16 on the Dept. of Social Services Budget, but wanted to pass on to you my grave concerns about the damaging impact of the DSS budget on people with serious mental illnesses.

My concerns relate first to the elimination of all the protections and wrap-around protection under Medicare Part D that was passed to assure that people with disabilities and the elderly would not lose benefits when Medicare Part D was implemented. The state continue to receive the roughly \$200 million in savings for Medicare picking up prescription drug costs for ConnPace, Medicaid, and paying the state a premium to keep its drug benefit for retirees in place. This savings has not gone away, but now that we are in a budget deficit, are we going to ask the poorest and most vulnerable citizens of our state to pay for it?

Secondly, I am very concerned that this budget proposes to now place mental health related drugs under the Department's Preferred Drug List (PDL) and require prior authorization for drugs DSS chooses not to place on its PDL, as well as for "high priced drugs." Both of these proposals "save" only modest amounts, and will not save the state anything in the long run. Treating mental illness remains an imperfect science, and the basis of prescribing the right medications in the right dose in the right combinations requires tailoring treatment to how the individual's symptoms respond to the medications, and how the person tolerates their use. This is no different than tailoring cancer treatment to the type of malignant tumor; these are also expensive medications. Will they also be subject to prior authorization? Will DSS be implementing "fail first" policies, so that someone with a serious illness will have to "try" a less expensive drug, and if they don't get better and the treatment fails, then the omnipotent bureaucrats at DSS will decide what they will pay for?

What DSS proposes to cut from Medicare Part D will also lead to people not getting their medications, especially when they have to choose between paying the co-pay or paying for food or rent. By restricting Part D recipients also to enrolling in "benchmark" plans may also mean that the high cost drugs they need to maintain their stability will not be available. The state is not the only payer that does not like to pay for expensive medications.

Lastly, it is noxious that each year we must come back to fight to restore the minimum COLA that Aged, Blind, and Disabled recipients receive on their SSI payments. I am willing to pay more taxes; I can afford to pay more taxes. SSI recipients cannot afford to pay anything or lose income without jeopardizing their basic survival.

I realize that you face a daunting task and will have difficult choices to make. Hurting the poorest and sickest among us should not be one of those choices.