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*Abilify . . . Ambien . . . Anafranil . . . Ativan . . . Buspar . . . Celexa . . . Clonopin . . . Cymbalta . . . Depakote . . .
Dexedrine . . . Effexor . . . Elavil . . . Geodon . . . Imipramine . . . Lamictal . . . Lexapro . . . Lithium . . . Lunesta . . .
Nardil . . . Neurontin . . . Nortriptyline . . . Paxil . . . Provigil . . . Prozac . . . Remeron . . . Risperdal . . . Ritalin . . .
Seroquel . . . Serzone . . . Sonata . . . Topamax . . . Trazodone . . . Wellbutrin . . . Xanax . . . Zoloft . . . Zyprexa . . .*

My diagnosis: bipolar disorder with chronic anxiety. From 1978 to now, I've taken at least 37 medications. I've probably left some out. I can't say which drug or which combination "cocktail" kept me out of hospitals and functional enough to finish college and law school, pass a bar exam, get a PhD, and intermittently, to hold a full-time job. I don't believe that any of the 15 doctors I've seen over the last 30 years, capable and caring as they are, could say for certain either which meds have helped the most.

Here's what I *can* say. Without meds, I definitely would not be standing here today, employed, living independently, happy and self-confident, a person in recovery from chronic and severe psychiatric disability. I can also say that, without the small hope that a new medication might finally help, it's not sure I would have made it. Of course, I don't credit my recovery entirely to meds, but for me, medication is essential.

I am very, very lucky: I never had to accept that there was a medication I couldn't afford to try. Except for a brief time when I went off my meds, lost my job and stopped paying my COBRA premiums, I've always had private insurance. Medications helped me to cope well enough to stay in school, and education helped me to get jobs with benefits. And, after I lost a job or quit in despair, my parents always helped me out with premiums and medications not on a formulary or with a high co-payment.

Doctors admit that medicating people with psychiatric disabilities and co-occurring disorders is an art as much as a science. Pick at the history of many people in recovery, and you'll uncover a list as long as mine of meds tried, endured, and discarded. And people respond differently to medications, alone or in combination. I am a person with bipolar disorder and chronic anxiety, but I now take a fairly new atypical antipsychotic, a new SSRI, and a mood stabilizer that was created for seizure disorders. This combination lifted me out of my last great, four-year depression, out of bed, and back into the world.

I know that sometimes, companies profit from minor variations and from new uses for old drugs. I also know that sometimes, only scanty evidence shows that new medications help substantially more than older ones.

In Connecticut, though, we have a remarkable policy: our government recognizes the paramount need for individualized treatment. Limiting the medication formulary contradicts this policy. Even a medication that works just a little may help to spark and sustain recovery. And, just as importantly, we know that without hope, recovery isn't likely either. To deprive anyone of hope that someday, a new medication might finally unlock the door isn't just bad policy: it's downright cruel.

I understand that the State is in a dire and unprecedented situation and that many, many people need help right now. But ethically, we cannot limit benefits for people with persistent medical conditions for whom new treatments might make a difference.