

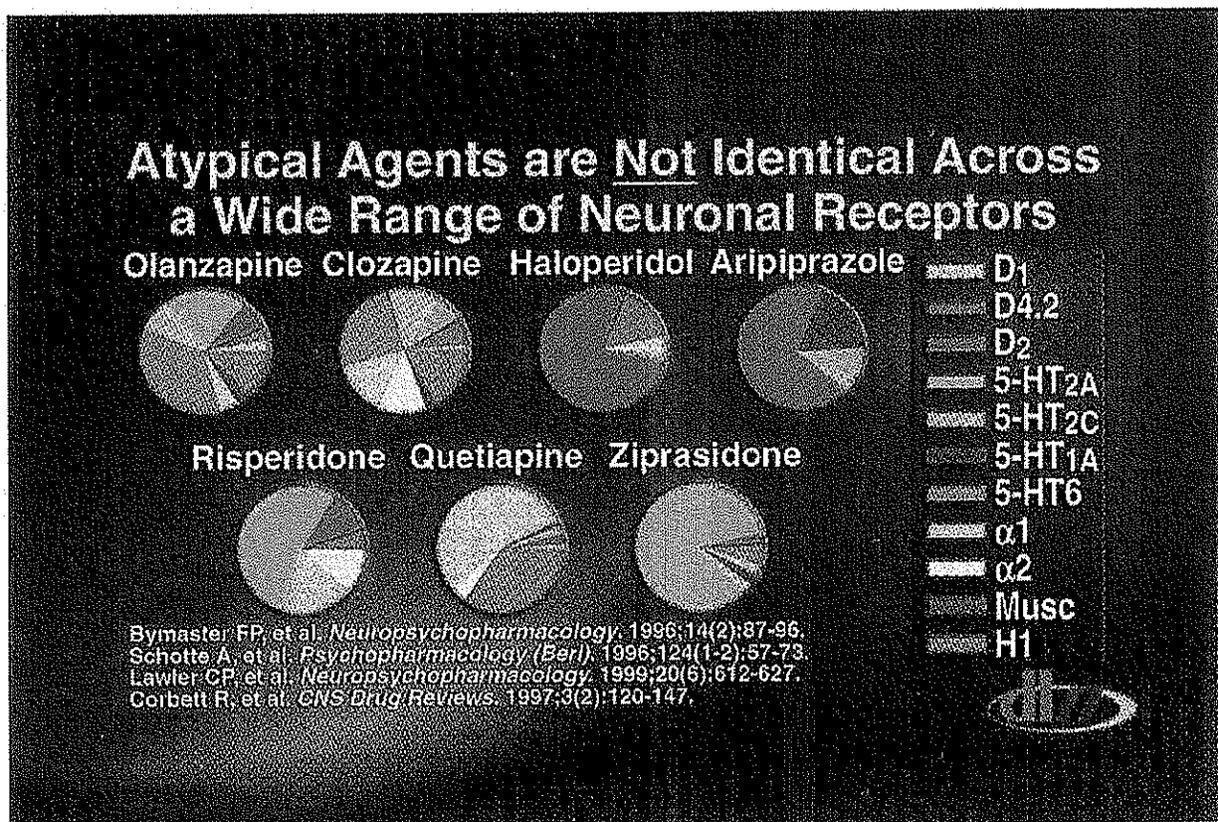
Honorable chairpersons and members of the Appropriations Committee, Agency Heads and members of the public:

My name is Virginia Haas, and I live in the Quaker Hill section of Waterford.

I am testifying in opposition to Governor's Bill # 843, Section 46 Subsection (f) which proposes to subject mental-health-related medications to the State's Preferred Drug List (PDL).

To focus on just one class of currently used psychiatric medicines, Antipsychotic agents, it is clear that even within classes of medicines there are drastic differences: they are NOT identical.

This chart¹ show the wide variation within one class of psychiatric medications, the antipsychotic medicines. Each pie chart represents a different anti-psychotic medicine. The colors show the range of Neuronal Receptors in the brain affected by the particular medication. Simply put, though the medications are in the same class, they are VERY different from each other--antipsychotic drugs target a wide range of neuronal receptors in the brain.



My experience of these medicines comes from years of advocating for and assisting a young man with a mental illness. Over the years he has been prescribed several different antipsychotic medications, one medicine that left him with severe muscle weakness, even affecting his heart. Another left him severely sedated. During an episode of homelessness and joblessness, a third medicine was started. Because Connecticut currently protects open access to psychiatric medication by exempting mental-health-related drugs from the state's Preferred Drug List (PDL) his Medicaid physician was able to prescribe a third drug. It made a positive change in his ability to understand the concept of time: that is, he can now learn from successes and mistakes in the past, and plan for the future, anticipating behavioral consequences. In terms of actual effects on daily life there is no comparison whatsoever between the medicines. He is now employed full time, lives independently, and pays taxes. His recovery will save the state a bundle of money. There are many others like him who depend on having the correct prescription of a mental-health-related drug. The right medicine can enable a person to recover and be employed—without it, the costs to the state and the community at large can be enormous for hospitalization, police and court interventions, etc.

Few people who are in a mental health crisis are in a position to advocate for a “prior authorization” for a non-preferred drug. For most, it is difficult enough for them to recognize the need for help and actually seek it. Formularies may be workable for people with *general* medical illnesses, but for the person in a crisis of psychiatric illness, whose condition has limited his use of his brain, it is difficult, if not impossible, to advocate for what is necessary for recovery.

Please consider removing the provision of this bill that reverts to formulary restrictions for psychiatric drugs. It is critical to continue allowing physicians to select the most appropriate medication to allow those suffering from mental illness to move forward to their highest levels of functioning while reducing non-drug medical expenditures.²

Thank you.

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¹Distance Learning Network *New Treatment Horizons in Schizophrenia: Enhanced Patient Outcomes via Improvements in Cognitive Impairment and Altering the Structural and Functional Course of the Disorder*

²The National Bureau of Economic Research indicates that the utilization of newer and more costly drugs reduces non-drug medical expenditures 7.2 times more than it increases drug expenditures.