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**The Appropriations Committee
Public Hearing - February 18, 2009
Testimony on
Governor Rell's Proposed Budget for the Department of Social Services
and Human Services Programs**

Good afternoon Senator Harp, Representative Geragosian and distinguished members of the Appropriations Committee,

My name is Celeste Proulx and I am from Cromwell, CT. I recently shared my support of Raised Bill 5298, AN ACT INCREASING THE ASSET LIMITATIONS UNDER THE STATE-FUNDED CONNECTICUT HOME CARE PROGRAM FOR THE ELDERLY. I requested support for programs that provide home and community based services for people of all ages who are facing challenges and need long term care.

I would like to take this opportunity to thank Governor Rell for including the Ct Home Care Program for the Disabled (CHCPD) in her budget. I would like to request that the Appropriations Committee include the CHCPD in their budget.

We know that the state funded home care program for elders is saving money and is an option to help keep people out of nursing homes. During recent attendance at legislative hearings I learned the state Medicaid program pays ~\$240. each day for each individual on Title XIX. There could be great savings to Medicaid by providing in-home assistance for individuals living with degenerative neurological disabilities like MS, Parkinson's Disease and early onset Alzheimer's Disease.

The pilot program, the CT Home Care Program for Disabled Adults has been a life saver for the 41 individuals enrolled. It is the only option for these individuals outside of nursing home admittance.

The CT Home Care Program for the Disabled did not exist when my brother's MS became very debilitating, and he does reside in a nursing home at the age of 44.

I also recently testified in front of the Human Services Committee on Proposed H. B. No. 5056 AN ACT CONCERNING ELIGIBILITY FOR THE MEDICARE SAVINGS PROGRAMS at which time I indicated the cost of my co-pays with ConnPACE to be \$292.50 each month for the 18 prescriptions I take.

The total cost of my medications for the year 2008 was \$43,095.41 with the out-of-pocket expenses at \$6,974.00. ConnPACE being my secondary coverage picked up some of the meds for which the co-pays were over \$16.25, so my total out-of-pocket cost was ~\$1,108.58. ConnPACE saved me \$4,865.42 in 2008; and if I had been asked to pay out-of-pocket, I would have gone without some medications because of my limited disability income.

The Governor's proposed budget also requires Medicare Part D recipients to enroll in Benchmark Plans. These benchmark plans are the cheaper ones available under Part D and they generally cover fewer drugs and with more limitations. If I and others who are dually eligible are forced to enroll only in these plans it will restrict access to needed medications and result in non-treatment.

The Governor's proposed plan requires prior authorization for very expensive medications, imposing prior authorization on these drugs whether or not on the Preferred Drug List will make them harder to obtain, and threaten those of us who need these drugs. In the past, DSS on its own successfully asked to have a similar requirement passed by the legislature (prior authorization for all drugs costing more than \$500) repealed as it proved to be more expensive to administer than the money it saved.

The proposed budget cuts will have a devastating impact on Connecticut's most vulnerable residents and in many ways may be "pound foolish".

Thank you.