



National Alliance on Mental Illness

**Testimony before the Appropriations Committee
February 18, 2009**

Good evening, 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). I am testifying today as a member of the Behavioral Health Partnership Oversight Council on the impact of the Governor's proposed cuts to children and families receiving services under the Behavioral Health Partnership (BHP). The BHP covers mental health and substance abuse services for HUSKY A and B adults and kids, Charter Oak and kids receiving services from the Department of Children and Families (DCF).

The Governor's proposed budget for the Department of Social Service imposes co-pays on prescription drugs under Medicaid, premium payments for adults on HUSKY A, and cost sharing on allowable medical services. Co-pays have been shown both in CT and nationwide to be largely uncollected and to constitute a barrier to care. Study after study has documented that even small co-payments significantly increase the likelihood that low-income adults will forgo medications and treatment and will require hospitalization as a result. In one example, the RAND study found that cost sharing caused a 41% reduction in medical visits for health care by low-income adults, and concluded that co-payments harmed the health of low-income adults. The state has learned from this past error. Connecticut adopted Medicaid co-pays twice before only to repeal them as policymakers witnessed the negative impacts on low-income people and higher cost in other areas of the budget.

The Governor is also proposing to subject mental health related medications to the state's Preferred Drug List (PDL). This will subject these medications to prior authorization, thus making them much more difficult to obtain. People that avoid getting their mental health related medications filled or therapy provided will experience medical and psychiatric emergencies resulting in greater costs to the very systems the governor's budget is trying to save money on. The Governor's proposals to further restrict high cost drugs and off label anti-psychotic drugs for children will impose prior authorization restrictions for many drugs utilized by children and youth under the BHP. Since there is no way for the pharmacy system to distinguish off label use, the state will have to include prior authorization for all drugs that could potentially be used off label.

In addition, the elimination of the automatic 30-day fill for new prescriptions will ensure that many low-income people on Medicaid routinely go without their needed prescriptions. The limited 5-day supply that will replace the 30-day automatic supply **is not automatic and requires that the prior authorization process already be initiated.**

Now is not the time to restrict basic core services that save people's lives. The BHP is working. Since its inception in 2006, we are beginning to see a decline in hospital length of stay and an increase in less costly and more appropriate community services. The Governor's proposed cost sharing and restrictions to medication access, as they relate to the BHP, will set this effort back and cost more money in both the short and long term.

Thank you for time and attention to these concerns.