

**Testimony before the Appropriations Committee  
February 11, 2010  
DSS Budget**

Good evening, distinguished Chairs and members of the Appropriations Committee. My name is Barbara Sloan, and I am addressing you as the former manager of several dual diagnosis addictions/mental health programs and a victim of serious mental illness myself. I am also a member of the board of directors of NAMI-CT and a member of the advisory council for PAIMI, Protection and Advocacy for Individuals with Mental Illness.

After many years as a professional counselor and manager in the mental health field, I developed both major depression and post-traumatic stress disorder. In 1993, I was no longer able to work on a regular basis and still cannot.

I have subsisted for these many years almost entirely on my Social Security income. While Medicare and Medicare Part D have been a blessing, I am often unable to easily afford co-pays for my medications, which also include drugs for asthma, osteoarthritis and several other health problems. ConnPACE has helped, but even so, when one takes an average of 10-12 medications each day, it is difficult to afford even the \$16.25 for each prescription. I often forgo foods others take for granted, including meat, poultry, juice, fresh milk and soda so that I can afford my co-pays. This is because I live each month on about ¼ of the monthly income I earned in 1988. (I am not complaining, just explaining.)

Recently, I discovered I am also eligible for the Medicare Low Income Subsidy Extra Help program. What a Godsend! Now my co-pay has been reduced to \$6.30 for brand name drugs and about \$2 for generic drugs. Though I take generics whenever I can, my depression has put me among the 20% or so of patients who are considered "treatment resistant" to medication, meaning that I must frequently try new and more expensive brand name drugs because the older ones do not work for me.

Yet I worry that in today's economy there could be a reversal and the co-pays will go up, rather than remain low and more manageable. If I cannot pay for my medication, I am at risk for a serious relapse, serious enough to put me in the hospital. If a preferred drug list suddenly excludes a medication that provides me some relief, though not total eradication of my symptoms, I am at risk of a full-blown depressive episode. Even the struggle to ask for an exception would be so overwhelming that I am likely to become seriously symptomatic.

I know as both a therapist and a patient that a year's worth of medication, even when high, costs much less than even one day in the hospital can be. On top of this, the human cost of being hospitalized and/or without medication is enormous. I fear losing what I have slowly gained in terms of mental stability and the ability to serve my community through volunteer efforts. It has taken years to reach this point. It would be devastating to have them wiped out in days due to a lack of medication.

There are so many thousands of patients much worse off financially than me in CT. These are people whose Social Security or Supplemental Security income is lower, who do not have a paid-for home, sometimes no home at all. I fear that these people are in great danger of relapse.

It is my understanding that studies show that even small co-pays can prevent people of lower economic status from accessing their medication. It makes no sense. It is both cheaper and more humane to provide easy access to medication and keep people out of the hospital and more importantly, stable in the community.

Furthermore, the prescribing of medication for mental illness is as much art as science, with much trial and error necessary before the right drug or drug combination is found for each patient. A preferred drug list would limit available drugs and decrease treatment efficacy with only minor savings, if any, for the state in the long run.

I urge you to consider these facts and continue to keep the promise to make medication for mental illness accessible to everyone who needs it, rather than putting barriers such as Medicaid co-pays and preferred drug lists in the way of already struggling patients. Please be wise in handling our finances for the long run, rather than saving pennies now only to squander dollars and lives later.

Thank you for considering my comments. I am more than willing to have anyone on the committee contact me at the number below if you wish to discuss my thoughts further.

Sincerely,

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