

**Testimony before the Human Services Committee**  
**February 23, 2010**  
**Opposition to SB 32**

Senator Doyle, Representative Walker and members of the Human Services Committee:

Thank you for allowing me to speak today. My name is Barbara Sloan and I live in Wallingford.

I am testifying today in opposition to SB 32, An Act Implementing the Governor's Budget Recommendations Concerning Social Services. I strongly believe that limiting access to medications to treat mental illness and other serious health issues is a huge mistake, costing more both in dollars and in human suffering.

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. Most of my comments will address my personal experience with state programs and their connection with Medicare and Medicaid.

First, let us be clear. The disorders we label mental illnesses are actually physical illnesses of the brain. When the pancreas does not function properly we contract diabetes. When a neurotransmitter is lacking or not functioning properly, we become mentally ill. It is a similar process in a different part of the body. Can we as a society provide treatment for one and not the other?

We already have a law in this state that requires that insurance pay the same for mental illness treatment as for physical illness treatment. It simply does not make sense to implement the Governor's proposal to expand the DSS Preferred Drug List to include all mental health drugs.

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 also have a number of other disorders, including asthma. I have subsisted for seventeen years almost entirely on my Social Security income. I live each month on about ¼ of the monthly income I earned in 1988. (I am not complaining, just explaining.)

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, snacks and soda so that I can afford my copays.

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 puts 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.

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 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.

In addition, right now I am unable to get the asthma medication that works best for me because Medicare pays so little for it that I cannot find a provider who will bill them for it. When Medicare does not pay, neither does the state. Several pharmacists have told me they are losing money on each prescription. I cannot take the alternative generic medication because it causes me to shake and be extremely agitated for at least 30 to 45 minutes after each dose, exacerbating the symptoms of post traumatic stress disorder. I would need four to six doses a day.

This is why we have more than one medication to treat various illnesses. They are not one-size-fits-all. Not being able to use the medication that works without these onerous side effects is very worrisome and uncomfortable since I have more symptoms for a longer period of time. It is the same with medication for mental illness.

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. 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 *that works for me*.

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 copays 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 overall savings, if any, for the state in the long run. When one considers the cost of extra staff time to ask for prior authorization for each prescription and staff to review each request, it becomes obvious that changing the current system may even cost more than it does now.

I urge you to consider these facts and issues and continue to keep the promise to make medication for mental illness accessible to everyone who needs it, rather than erecting 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,

Barbara Sloan, M.Ed.  
575 Pilgrim's Harbor  
Wallingford, CT 06492  
203.284.3596  
[bworks@sbcglobal.net](mailto:bworks@sbcglobal.net)