



KEEP THE PROMISE COALITION
Community Solutions, Not Institutions!
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Testimony before the Appropriations Committee
February 11, 2010
Re: Proposed DSS & DCF Budget Cuts

Good evening distinguished members of the Appropriations committee. My name is Cheri Bragg, Coordinator of Keep the Promise, a statewide Coalition dedicated to ensuring that a comprehensive, community mental health system is created and sustained for children, adults and families in CT.

The importance of access to medications in regards to recovery and stability for a person with mental illness cannot be stressed strongly enough. The Coalition would like to ask that you reject the following proposals that restrict access to medications:

- **Removing the protection for people with mental illnesses on Medicaid/SAGA who are stable on psychiatric medications (the protection was recently put into place to prevent access barriers at the pharmacy).**
- **Imposing co-pays of \$3.00 on certain medical services and prescription co-pays of up to \$20.00 on certain individuals enrolled in Medicaid.**
- **Increasing the newly imposed co-pays on prescriptions for people enrolled in Medicaid and Medicare Part D from \$15 to up to \$20 per month.**
- **Increasing premiums for certain children in HUSKY B and increasing co-payments.**

Many studies have shown that attempts to cut costs will adversely affect health and cause shifts to more costly types of care such as emergency room visits and hospitalizations. In a 2007 study of Medicare Part D recipients with mental illness, the consequences of restricting access to medications resulted in increased emergency care as well as increases in homelessness and suicidal thoughts or behaviors. Other practices shown to decrease use of needed medications and shift costs include the practice of implementing or increasing co-payments and use of prior authorization (please see see attached fact sheet).

We have been receiving calls from Coalition members who are feeling the impact of some of the changes recently implemented in CT. One gentleman, who lives in a group setting, had the experience of having to choose, with assistance from staff members, between two prescribed

medications because **each had \$1.20 co-pay and he could only afford one of them. The other prescription was taken back to the pharmacy.** Another gentleman told us that his doctor recently stopped taking in Medicaid patients to his practice because of the burdensome process of constant prior authorizations. Another Coalition member told us that she was charged more than the \$15 cap for prescription co-pays last month. She did not realize there was a cap of \$15 which is now proposed to be raised to \$20 for people who have the lowest incomes and often the most complex health needs.

The resounding message we receive from Coalition members is that they do not want to be forced to make changes in their medication which, **in some instances, took years or even decades to find a combination that works well.** Many people talk about horrible side effects from medications that didn't work well for them. Most people talk about having to make one or more emergency room visits or having to be hospitalized when they were not able to access the medication they needed. People often travel a long road filled with life disruptions before they are able to find the best combination of medication. Who could blame anyone for not wanting to stick with what works?

It is no small surprise that what works for people, also works well for CT taxpayers. We cannot afford to keep chipping away at basic needs only to shift the burden of more costly emergency care somewhere else. **Access to life-altering medications is crucial and cost-effective.** It is critical, during this time of increased economic burden and community need, that we stop investing in costly, crisis-oriented responses and instead commit to investing in cost-effective, community care that works best for the people of CT.

Thank you.