



National Alliance on Mental Illness

NAMI | Connecticut

Testimony before the Human Services Committee

March 2, 2010

SB 281

Good afternoon, Chairs and members of the Human Services 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 here to testify on SB 281 – AAC Public Participation in Meetings of the Pharmaceutical and Therapeutics Committee.

NAMI-CT strongly supports SB 281, which would allow members of the public to participate in meetings of the Pharmaceutical and Therapeutics Committee. The P&T Committee makes decisions that greatly impact the lives of thousands of Connecticut residents, and it is important that members of the committee hear directly from people affected by these decisions.

Many NAMI-CT members and others with mental illnesses from across our state are Medicaid and SAGA beneficiaries and use prescription drugs to treat their conditions. The P&T Committee decides which medications are on the Preferred Drug List, determining which drugs will be reimbursed by Medicaid and SAGA. Through this process, the committee directly affects the ability of these people to take the appropriate medications. Medicaid and SAGA beneficiaries must be able to communicate their concerns regarding the PDL to members of the committee, and SB 281 would enable them to do so. It is important to note that this is the standard in many states that dedicate a portion of their P& T Committee agenda to the public.

The P&T Committee has jurisdiction over numerous medications, and it is very difficult for members of the committee to fully appreciate the impact of their decisions on patients. Although the committee is charged with taking cost into account when deciding whether to include a drug on the PDL, these decisions can sometimes result in the unintended consequence of someone with a serious illness failing to receive the proper medication. Preferred drug lists and prior authorization can have particularly devastating consequences for people with serious mental illnesses. People that are unable to get their mental health related medications filled often experience medical and psychiatric emergencies resulting in greater costs to the system. Every study shows that barriers to medication access for low-income people with behavioral health needs most often lead to an interruption in their treatment and can have serious life-threatening consequences.

NAMI-CT strongly urges you to pass SB 281, so that the public can communicate openly with members of the P&T Committee and provide them with information to make informed decisions regarding drugs on the PDL.

Thank you.

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