



National  
Multiple Sclerosis  
Society

National Multiple Sclerosis Society  
Connecticut Chapter  
659 Tower Avenue, First Floor  
Hartford, CT 06112-1269  
tel +1.860.913.2550  
fax +1.860.761.2466  
www.ctfightsMS.org

## **Appropriations Committee Public Hearing - February 17, 2012**

### **Testimony in Support of Home and Community Based Services And Comprehensive Benefits for Medicaid Low Income Adult Beneficiaries**

Good evening Senator Harp, Representative Walker, Senator Duff, Representative Hurlburt, Senator Markley, Rep. Miner and Distinguished Members of the Appropriations Committee,

My name is Susan Raimondo and I am the Senior Director of Advocacy and Programs for the National Multiple Sclerosis Society, Connecticut Chapter. The National MS Society has offices in Hartford and Norwalk. We serve over 6,000 individuals living with multiple sclerosis and their families in Connecticut.

First we want to thank the General Assembly and the Administration for their ongoing support of the Connecticut Home Care Program for the Disabled as well as other programs that assist individuals with disabilities including those with multiple sclerosis.

Tonight we are here to ask for your support of maintaining access to comprehensive medical services for individuals with low incomes, especially those living with multiple sclerosis and other chronic medical conditions. We are very concerned about the proposed cuts in the LIA Medicaid benefit package.

Our members who use the LIA program often are the poorest and most medically fragile. Individuals with MS experience a variety of complex medical symptoms and problems that can lead to significant disabilities.

Multiple sclerosis (MS) is a chronic, often disabling disease that attacks the central nervous system, including the brain, spinal cord, and optic nerves. Symptoms may be mild, such as numbness in the limbs, or severe, such as paralysis or loss of vision. The progress, severity, and specific symptoms of MS are unpredictable and vary from one person to another. Although there is still no cure for MS, effective strategies are available to modify the disease course, treat exacerbations (also called attacks, relapses, or flare-ups), manage symptoms, improve function and safety, and provide emotional support. In combination, these treatments enhance the quality of life for people living with MS.

Individuals with MS need access to Chronic Disease Management, Habilitative and Rehabilitative Services and Devices, Mental Health and Prescription Drugs.

See other side...

- **Chronic Disease Management:** We believe that “enhancements to the coordination of care, particularly for those with complex chronic conditions, can produce improvement in quality care and increased efficiencies.” To achieve these goals, improve patients’ safety and help prevent secondary conditions in people with MS, chronic disease management programs must be truly inter-disciplinary and patient-centered (i.e., reflective of informed consumer choice of provider, treatment options, anticipated results and side effects). The assurance of unfettered access to coordinated primary and specialty care in the least restrictive setting possible is essential to the successful application of chronic disease management concepts to the ongoing care of persons with MS.
- **Rehabilitative Services and Devices:** The National Association of Insurance Commissioners defines rehabilitation services as “health services that help a person keep, get back or improve skills and functioning for daily living that have been lost or impaired because a person was sick, hurt or disabled”

For persons with MS, rehabilitation to keep, get back or improve function includes physical, occupation and speech/language therapy services, or combination of these services. These interventions may be required from health professionals with expertise in any one or these areas. Evaluation of function or impairment through the use of standardized tools can require a different skill set than the interpretation of test results and their application to treatment plans. Durable medical equipment, which for people with MS can vary from a simple cane to highly customized power wheelchair, is also presumed to be included in this category and critical to the provision of quality MS care.

- **Mental/Behavioral Health:** Because people with MS experience higher rates of depression than the general population, various interventions may be required.
- **Prescription Drugs:** People with MS need and deserve access to the therapeutic agent(s) offering the greatest possible benefit with the fewest side effects, and there is no single agent, category of agents or mechanism of action best suited to them all.

You have also heard from our volunteers who have stressed the importance of access to home care. We urge the Appropriations Committee and the General Assembly to continue to support these critical programs. We must offer programs and services that prevent the need for premature nursing home placement.

In summary, the National Multiple Sclerosis Society is asking the General Assembly to preserve access to the original service package for the Medicaid Low Income Adult population and to insure that individuals with MS and other complex medical conditions have the necessary home and community based services to remain in their homes.

Thank you.

National MS Society, Connecticut Chapter Appropriations Committee Testimony  
February 17, 2012 - Department of Social Services Budget