**Testimony presented by Marcia DuFore**
**On behalf of North Central Regional Mental Health Board**
**February 17, 2012**

Distinguished Senators and Representatives,

My name is Marcia DuFore. I am here as Executive Director of the North Central Regional Mental Health Board. I am here to give testimony about the proposal to reduce coverage and access to care for low-income adults in the Medicaid Husky D program.

Our major concern is for the individuals in recovery from serious mental health and substance use disorders who are our constituents. Current statistics indicate that individuals with serious mental illness, on average, have a 25 year lower life expectancy than the general population. The majority of these premature deaths are due to chronic medical conditions such as diabetes and heart disease that are preventable given good health care. Restricting access and reducing coverage for these vulnerable citizens will certainly undermine their health and quality of life. Restricting access and reducing coverage for these vulnerable citizens will also increase the likelihood that they will require more costly interventions, treatments, and hospitalizations as their health declines. This is not a cost savings, but a cost shifting. Ensuring affordable health care to these vulnerable citizens is a good investment - in people and in overall savings for our system.

Some of the ideas for restructuring the Husky D program make sense to us. Re-instituting an asset limit is reasonable. It may also be that young adults who are still dependent on their families and still covered by their family's health insurance do not need this benefit at this time in their lives. It is unclear to us, however, how many young adults would be impacted by this aspect of the restructuring, whether they truly have access to other health care coverage, and whether this aspect of the proposal would really result in substantial savings.

We were proud when Connecticut became the first state to add low-income adults to its Medicaid program under the new Affordable Care Act in 2010. This made a huge difference in about 74,000 lives, who, as a result, had access to the same comprehensive health care available to other Medicaid recipients and with providers who were paid at the same rate as for other Medicaid recipients. We know that the Affordable Care Act faces some challenges at the federal level, but it is our understanding that, if all goes well with health care reform, in 2014 100% of HUSKY D costs will be covered by the federal government. And so, I ask you to reconsider aspects of this restructuring that are premature, will have such an impact on people's lives and are likely to cause an increased administrative and financial burden in already over taxed system.

Thank you for hearing our concerns.