Testimony before the Public Health Committee March 21, 2012
SB 425, An Act Concerning a Basic Health Plan
Submitted by: Marcia DuFore, Executive Director, North Central Regional Mental Health Board

To Senator Gerratana, Representative Ritter, and members of the Public Health Committee

Thank you for the opportunity to testify in support of SB 425 establishing a State Basic Health Program (SBHP).

My name is Marcia DuFore. I am testifying as Executive Director of the North Central Regional Mental Health Board (NCRMHB). Our Board, as mandated by Connecticut Statute, conducts independent public evaluations of mental health services funded by the Department of Mental Health and Addiction Services (DMHAS). Our volunteer evaluators include people who use services, their families, and concerned citizens in the towns and cities where services are delivered. One of our most important responsibilities is to study the mental health needs of people in the Connecticut North Central Region and to endeavor to stimulate improved and expanded services to meet those needs. In order to carry out that responsibility, we do a lot of listening. We hear and endeavor to give voice to the stories of people in our region.

There are over 25,000 DMHAS service recipients, adults with mental health and/or substance use disorders in our region, who are our constituents. By definition these individuals live with disabilities that are severe and persistent. Most live on incomes below or just above the federal poverty level. They rely on public assistance - Social Security, food stamps, rental assistance, Medicare and/or Medicaid benefits for their sustenance and health care. They need access to good health care. If you ask them what their most difficult challenges in life are, they will tell you that, on top of their illness, it is surviving on a limited income and, as a result, being able to find adequate housing, negotiate the benefit system, and cover basic needs like food, healthcare, and prescribed medications.

The SBHP is a state option under federal health reform in 2014. It provides an opportunity for people just above the federal poverty level to secure comprehensive and affordable health care coverage – people who are currently moving in an out of Medicaid eligibility and struggling to meet their spend down in order to obtain health care and afford their prescribed medications. The SBHP can be established in a way that mirrors Medicaid with same administrative service organizations, provider networks and benefits, so that people who are currently moving in and out of Medicaid eligibility can maintain the kind of coverage they

need to stay well. Medicaid offers coordinated and comprehensive mental health services via its Behavioral Health Partnership (BHP). The goal of the BHP is to enhance access to comprehensive, coordinated, and effective community-based behavioral health services and support. The coordination of care between the behavioral health delivery system and with the medical community fostered by the BHP provides for the kind of quality care needed by our constituents.

According to a research brief issued by the Legal Assistance Center of Connecticut (LARCC), the SBHP program can be designed such that individuals with low income "can receive better continuity of care, at a lower cost, while providing a financial benefit to the state." The SBHP would certainly be seen as a financial benefit to our constituents. Given the cost of living in Connecticut, our constituents with incomes just above the poverty will have an extremely difficult, if not impossible, time affording the premiums and cost-sharing requirements of the Health Insurance Exchange as an alternative to a Basic Health Plan. Many will go without insurance – or least without insurance that provides adequately for their mental health treatment, co-morbid conditions, and cost of prescribed medications. According to the recent Mercer Study, as many as 50% of people living at 133% to 200% of the poverty level will go without insurance.

Living without health care insurance undermines the health and quality of life of some of our most vulnerable citizens. It also increases the likelihood they will require more costly interventions 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.

And so, we ask you to move forward with the establishment of a State Basic Health Program modeled on Medicaid that would provide affordable, quality behavioral health coverage to low-income individuals.

Thank you for your time, attention, and consideration.