NAMI Connecticut
National Alliance on Mental Illness

Testimony before the Appropriations Committee
February 22, 2013
DSS and DCF Budget

Good afternoon, Senator Harp, Representative Walker, and members of the Appropriations Committee. My name is Daniela Giordano, and I am the Public Policy Director for Adult, State, and National matters for the National Alliance on Mental Illness (NAMI) Connecticut. I am here today on behalf of NAMI Connecticut to support proposals to expand and increase access to services while opposing proposals that would potentially restrict access to services or decrease funding for vital programs and services.

We oppose the proposed elimination of coverage for parents on HUSKY with incomes between 133 and 185 percent of the federal poverty level starting in 2014. The assumption is that these low-income families will get coverage through the Health Insurance Exchange. However, research done on behalf of the Health Insurance Exchange Board by *Mercer Health and Benefits* estimates that only fifty percent of individuals at this income level will enter the exchange. This means that 50%, or at least 15,000, low-income parents who are currently insured in HUSKY will become uninsured, doing the exact opposite of what the Affordable Care Act and the Exchange are supposed to do, which is to expand health care coverage.

We oppose the proposal to implement step therapy under the pharmacy program. If this proposal was implemented, the prescriber would need to provide documentation that the patient has tried a preferred medication in order for a patient to receive a non-preferred medication. This fail-first approach creates unnecessary barriers for the doctor-patient dyad to have the freedom and discretion to choose medications that work for the individual, regardless of which list the medication has been put on. Even though the proposal excludes mental health drugs, this term doesn't always include all medications used to treat psychiatric disorders. Step therapy does not work well for treatment of psychiatric conditions.

We oppose the elimination of the Cost of Living Adjustment (COLA) for the Aged, Blind and Disabled. Currently individuals receiving social security benefits based on being part of the eligibility group of the aged, blind or disabled are allowed to keep the federal increases in Cost of Living Adjustments (COLA) in their disability benefits without having their state supplemental benefits decreased by an equal amount. Under this proposal, the state keeps the increases awarded by the federal government and the individual receives nothing. This means that the individual's financial situation would worsen because their income would remain stagnant as the cost of living would increase because of inflation. This would be felt even more strongly in high-cost living states such as Connecticut.

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We oppose the proposal to annualize the rescissions and deficit mitigation cuts as this will potentially have great detrimental impacts on services including providers not being able to fill vacant positions and increased waitlists.

We oppose the proposal to eliminate the Behavioral Health Partnership Oversight Council. The work of the council is unique in its high level of transparency and accountability in a very complex system of coordinating, planning and reviewing publicly funded behavioral health programs for both children and adults. This trusted forum where all stakeholders are represented and can influence policy and systems change to enhance access, quality and cost-effectiveness would be significantly and negatively impacted. The interruption of this well-working and effective structure would be felt more strongly yet as with the upcoming changes of the implementation of health care reform and expansion of Medicaid.

If the proposed cuts in the Department of Children and Families for expensive congregate care settings is due to the effort of the department to serve youth in their homes and communities, then this is a commendable move. It is, however, crucial to reinvest a substantial portion of these savings into community and home-based services to help prevent children from entering the foster care system and keeping case loads low. The recommended increase in Community Based Behavioral Health Services ($1.1 million, or a 1.3 percent increase) is only a fraction of the recommended $8.9 million cut to Out of Home Behavioral Health Services.

We agree with and support the governor's proposal to expand Medicaid eligibility for Low-Income Adults (LIA) to 133 percent of the federal poverty level. This will add $41.3 million in FY 2014 and 240.8 million in FY 2015. This expansion is reimbursed 100 percent by the federal government. The net impact on the state budget is the saving of hundreds of millions of state dollars currently spent on LIA. This increased access to services would afford people quality care which would benefit their health status as well as the communities people live in by saving on higher-cost alternatives and supporting people to become active participants in their communities. We must carefully monitor the implementation of this proposal as the bill implementing this expansion retains a provision allowing for the establishment of an alternative benefit package in LIA, which could be less comprehensive and provide fewer needed services compared to other Medicaid programs. Separate tiers and eligibility pools most likely would also exacerbate the current backlog of processing applications in the Department of Social Services.

We support the increase in primary care provider reimbursements as required by the Affordable Care Act (ACA). This adds $103.9 million in FY 2014 and 46.6 million in FY2015. These increases are reimbursed 100 percent by the feeder government.

Thank you for your time. I am happy to answer any questions you may have.
Respectfully yours, Daniela Giordano

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