



CONNECTICUT
LEGAL
RIGHTS
PROJECT, INC.

TESTIMONY OF KATHLEEN FLAHERTY, ESQ.
EXECUTIVE DIRECTOR, CT LEGAL RIGHTS PROJECT, INC.
AGING COMMITTEE
FEBRUARY 25, 2016

Support: SB 164, HB 5287, HB 5283

Senator Flexer, Representative Serra, and members of the Aging Committee:

Good morning. My name is Kathy Flaherty and I'm the Executive Director of Connecticut Legal Rights Project (CLRP), a statewide non-profit agency that provides legal services to low income adults with serious mental health conditions. I live in Newington. CLRP was established in 1990 pursuant to a Consent Order which mandated that the state provide funding for CLRP to protect the civil rights of DMHAS clients who are hospitalized, as well as those clients who are living in the community. We support initiatives that increase access to medical care of our clients' choice and support their efforts to live in the community.

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CLRP supports SB 164, An Act Concerning Medicaid Coverage of Telemonitoring Services, because it will result in improved provision of health care and save the state money by preventing more costly hospital re-admissions.

CLRP supports HB 5287, An Act Concerning Medicaid Eligibility for Home-Care Services, because it will support people's ability to move out of, or remain out of, more expensive nursing homes.

I will focus my testimony today on HB 5283, An Act Restoring State Assistance for Medicare Part D Beneficiaries. As you are likely aware, prior to July 2015 people who are dually eligible for both Medicaid and Medicare had a \$15 cap on co-pays for necessary prescriptions. This cap was removed effective July 1, 2015. People picking up their prescriptions at the pharmacy are now being told that they are more expensive. These are people who are on fixed incomes. Making prescriptions more expensive means that people will be forced to make the difficult choice of either paying the increased cost in order to maintain their medications, or using their money to pay for other basic needs – food, shelter, utilities. This should not be a choice that people are forced to make. Many of these individuals take multiple prescription medicines, for both mental health and physical health conditions. For many of our clients who live with mental health conditions, the medications they take to address mental health have an adverse effect on their physical health, sometimes requiring the use of additional medication. Abruptly

discontinuing medications taken for psychiatric conditions has its own negative impact – and may result in increased symptoms that require more costly interventions, such as inpatient hospital care.

We appreciate that the state faces difficult fiscal challenges. You may be wondering why we are testifying in favor of anything that may result in an additional cost to the state. I believe that this state cannot afford to look only at short-term savings. We should also be looking at longer-term impact. We should make investments in things that may cost money now, but result in savings long term. We should not risk disrupting the stability that people managing health conditions have established by making it more difficult for them to afford the tools they use to address those conditions.

Thank you for your consideration, and I am happy to answer any questions you may have.