I am submitting this testimony regarding several proposed budget items within the Department of Social Services.

I DO support utilizing Medicaid dollars to subsidize housing costs for Medicaid recipients that experience high costs of care. Housing costs in CT are already high and those with high cost medical expenses are frequently on the verge of homelessness which will only exacerbate health issues.

I DON'T support implementing "step therapy," otherwise known as fall first, on more classes of drugs. This is problematic for many people but especially so for people living with HIV and/or AIDS. Requiring individuals to try various drugs treatments, that aren't the best treatment according to their physician, only endangers the health of the person. How long does someone have to try a different drug before it's determined that s/he should receive their doctor's recommendation? How sick does the person have to get? The potential savings in this step therapy proposal doesn't outweigh the costs to an individual's health.

I DON'T support imposing prior authorization on more Medicaid services. This is already a problem. This will involve using a contractor who will be paid to identify ways to save money by denying services under prior authorization. Prior authorizations are already applied to many Medicaid services resulting in access and delays to adequate care and needed services. The necessity for medical services must be a decision between patient and physician and not a third party making determinations based on a paper record.

I DON'T support eliminating COLAs for State Supplement, TANF and SAGA. COLAs for these programs have been denied for several years, forcing people who are experiencing poverty into further depths of poverty, as the cost of living has increased.

I DON'T funding the "support costs" for existing PCMH+ program that have been funded under the ending federal SIM grant or the new $750K proposed to support forcing 70,000 vulnerable dually eligible Medicare/Medicaid enrollees into the PCMH+ shared savings experiment. This program has actually proven to be more expensive. Expenses have exceeded savings and since some of the costs for this program have been subsidized under the SIM grant, CT taxpayers will be now be supporting this ineffective program. Additionally, "Despite analysis indicating the CT Medicaid shared savings experiment does not actually save money, and national data indicating shared savings programs result in "cherry picking" whereby medically complex individuals who most need care coordination services are dumped because of the inability to save money on them, the budget proposes to force an even more vulnerable set of Medicaid enrollees- those low-income elderly or disabled individuals also on Medicare- into this experiment." (Quoted from Sheldon Toubman).

Eileen M. Healy
186 Saw Pit Hill Road
Woodbury, CT 06798
203-291-9666