KEEP THE PROMISE COALITION
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Testimony before the Medical Inefficiency Committee
February 8, 2010
Regarding changes to the current Medicaid medical necessity definition

Good afternoon/evening distinguished chairs and members of the Medical Inefficiency Committee. My name is Cheri Bragg, Coordinator of the Keep the Promise, a statewide Coalition dedicated to ensuring that a comprehensive, community mental health system is created and sustained in CT.

I am here today to testify about changes to the current Medicaid medical necessity definition. We have some serious concerns about DSS's proposed changes. Specifically we would not want to see the current wording of "*equivalent*" changed to "*similarly effective*". We believe this would be counterproductive for people living with serious mental illnesses.

Many of our Coalition members have spent years, sometimes even decades, of trail and error in collaboration with their doctor to arrive at a combination that works well for them. Members tell us that this process often resulted in hospitalizations or emergency care along the way and that they would not relish the thought of having to change medications when they are currently working well. They fear the disruption hospitalizations and emergency care would have on their lives. It goes without saying that the fiscal impact of unnecessary hospitalizations and other emergency care would be far costlier than paying for medications that work for people who are currently stable.

For example, there may be several types of medications indicated to treat bipolar disorder. Unfortunately, human beings each have distinctly different genetic make-ups and individualized responses to medication via metabolism which means that what works well for you might not work well at all for me and vice versa. If people are restricted from using the medication that works for them by reason that another medication is deemed "*similarly effective*" rather than "*equally effective*", we place people who are stable in the serious situation of being at risk for costly life disruptions and unnecessary, emergency care. The Coalition would support language such as "*at least as likely to produce equivalent therapeutic or diagnostic results...*" included in the Medical Inefficiency Committee's draft recommendations.

The Coalition is also concerned about any changes to the current definition of "assisting an individual in attaining or maintaining an *optimal level of health*". Requiring anything less than an optimal level of health might open up the door to saying that people with serious mental illnesses, for example, who are simply not psychotic are maintaining a quality of life when in fact there may be

medications or treatments that might help an individual not only remain "not psychotic", but perhaps re-enter their communities and the workforce.

Another example might be only offering medication that helps stabilize a person's mental health and allow them to "function", but not offering individualized therapy or other services that might increase a person's ability to achieve maximum independence in the community which might include re-entry into the world of work and community. Keep the Promise would support language along the lines of that proposed by the Medical Inefficiency Committee which talks about attaining or maintaining "*maximum achievable health, functioning and independence.*" People do not simply wish to "function". People should be given the maximum opportunity for health. Anything less does not make sense for people's health and wellbeing nor for CT's critically important fiscal bottom line.

Thank you.