

# PRESERVE THE PROTECTION FOR MENTAL HEALTH MEDICATIONS

## ENSURING THIS PROTECTION IS BOTH HUMANE AND FISCALLY RESPONSIBLE

### Access to mental health medications is vital to thousands of Connecticut residents.

- These treatments address current symptoms and help to prevent illnesses from becoming worse.
- Without these medications, patients are at higher risk for increasingly severe psychotic, manic, or depressive episodes, and are more likely to require hospitalization.

### Other states have eliminated these protections, resulting in negative consequences.

- In 2003, Maine instituted a prior authorization policy for various mental health medications.<sup>1</sup>
  - People affected by this policy were 29% less likely to receive appropriate treatment.
  - Maine ended this policy in 2004 due to these results.

### Failure to protect these treatments will result in significant health and monetary costs.

- A study in the *New England Journal of Medicine* noted that limiting the use of psychotropic medication for those with schizophrenia increased costs 17-fold because of hospital costs incurred.<sup>2</sup>
- People with serious mental illness die an average of 25 years earlier than other Americans, largely of treatable health conditions.<sup>3</sup>

## REJECT THE GOVERNOR'S PROPOSAL TO "EXPAND THE DSS PREFERRED DRUG LIST TO INCLUDE ALL MENTAL HEALTH DRUGS."

THIS CUT WOULD SAVE ONLY \$1 MILLION IN FY '11, AND WOULD INCREASE  
COSTS BY MUCH MORE IN FUTURE YEARS.

### THANK YOU FOR YOUR SUPPORT OF PEOPLE WITH MENTAL ILLNESSES.

For more information, contact Alicia Woodsby, Public Policy Director, NAMI-CT  
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<sup>1</sup> Soumerai, Stephen B., et al. Use Of Atypical Antipsychotic Drugs For Schizophrenia In Maine Medicaid Following A Policy Change. *Health Affairs*. 2008;(April):W185-W195.

<sup>2</sup> Soumerai, S.B. et al, "Effects of Limiting Medicaid Drug-Reimbursement Benefits on the Use of Psychotropic Agents and Acute Mental Health Services by Patients with Schizophrenia." *New England Journal of Medicine*, 331:650-655; 1994.

<sup>3</sup> Parks, Joe, MD, et al., National Association of State Mental Health Program Directors (NASMHPD) Medical Directors Council. Morbidity and Mortality in People with Serious Mental Illness. October 2006.