State of Connecticut

GENERAL ASSEMBLY

PERMANENT COMMISSION ON
THE STATUS OF WOMEN

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Testimony of
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Before the
Human Services Committee
Tuesday, March 8, 2005

In Support of:
HB 6542 AA Providing The Commissioner of Social Services With Authority to Seek A Medicaid Waiver For Family Planning Services

SB-1225 AAC Funding Of Smoking Cessation Programs Administered By The Department Of Social Services

SB 607 AAC The Use Of Preferred Drug Lists And Prior Authorization By The Department Of Social Services in the Administration of Programs With Prescription Drug Benefits

SB 1226 AAC Prior Authorization Requirements For Prescription Drugs In Medical Assistance Programs Administered By The Department Of Social Services

SB 1214 AAC The Availability of Rental Assistance Certificates

Good morning Senator Handley, Rep. Villano and members of the Committee. My name is Leslie Gabel-Brett and I am the Executive Director of the Permanent Commission on the Status of Women. Thank you for this opportunity to testify in favor of several bills before you that will provide access to adequate health care and affordable housing for impoverished Connecticut

residents. I am also testifying on behalf of the Connecticut Women's Health Campaign, which we convene and co-chair.

HB 6542 AA Providing The Commissioner of Social Services With Authority to Seek A Medicaid Waiver For Family Planning Services

This proposed bill would authorize the Department of Social Services to seek a federal waiver that would allow Connecticut to provide important health care to more low-income adults *and* save money. It may be the best deal of this legislative session. We urge your support.

A Medicaid family planning waiver would allow the state to provide family planning services to adults in households with income up to 185% of the federal poverty level who are not otherwise eligible for Medicaid coverage. Under this plan, the federal government pays 90% of the costs for services, while the state pays 10%.[1] Moreover, the state saves money because family planning services reduce unwanted pregnancies and therefore reduce the number of pregnant women who become eligible for Medicaid and the costs for pre-natal care and childbirth. In Connecticut, the costs of 28% of all births are paid under Medicaid.[2] In fact, data demonstrate that when we spend a public dollar on family planning services, we save three dollars within a year.[3]

Twenty one states are currently operating statewide family planning waivers.[4] Six were evaluated by the federal Center for Medicaid and Medicare Services in 2003 and all resulted in substantial net savings. In fact, family planning waivers saved between $5 million and $76 million, including both state and federal dollars, among states with such programs.[5]

Under a family planning waiver, poor adults would have coverage for the following services: annual gynecological exams and Pap tests; breast exams; testing and treatment of sexual transmitted diseases; HIV testing and counseling; all FDA approved contraception, including emergency contraception and counseling; counseling on all pregnancy options and referrals for abortion services and pre-natal care. These services would be available to men as well as women. As you know, for many women who are generally healthy during their reproductive years, an annual gynecological exam and family planning care are the key elements of primary care.

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[1] Most family planning waivers are good for a five-year period**.**
[2] Children's Health Council, *Births to Mothers in HUSKY A: 2001*. Dated 2003.
[3] "Medicaid and Reproductive Health Care," fact sheet, The Institute for Reproductive Health Access, www.prochoiceny.org
[4]Alabama, Arizona, Arkansas, California, Delaware, Florida, Maryland, Minnesota, Mississippi, Missouri, New Mexico, New York, Oregon, Rhode Island, and South Carolina, Virginia, Washington and Wisconsin. From *State Polices in Brief: Medicaid Family Planning Waivers*. The Alan Guttmacher Institute. September 1, 2004.
[5] Gold, Rachel Benson. "Doing More for Less: Study Says State Medicaid Family Planning Expansions are Cost-Effective." The Guttmacher Report on Public Policy, March 2004.

A family planning waiver is a good idea for Connecticut because it would improve access to family planning services for poor adults of childbearing age and reduce other state Medicaid spending. We urge passage.

SB-1225 AAC Funding Of Smoking Cessation Programs Administered By The Department Of Social Services

Smoking prevention and cessation are of particular concern to the PCSW because smoking poses specific hazards to women and girls, both in terms of increased risk of life-threatening diseases, and propensity to have difficulty in quitting. Women smokers or those exposed to second-hand smoke experience higher risks for particular diseases. For example, women who smoke have a higher risk of developing lung cancer than men with comparable smoking habits,[6] and an increased risk of developing depression.[7] Perhaps even more troubling is the fact that women have a more difficult time quitting smoking than men, potentially because of biological gender differences that impact nicotine addiction.[8] Girls and women aged 12-24 are more likely to report being unable to cut down on smoking than men and boys in the same age range.[9]

In Connecticut 29% of adult Medicaid recipients are smokers. Sixteen percent (16%) of pregnant women on Medicaid in Connecticut are smokers.[10] Smoking during pregnancy increases the risk of birth defects and illnesses to newborns. The Center for Disease Control and Prevention (CDC) states that "Smoking cessation programs remain a crucial strategy for preventing poor birth outcomes and decreasing the social and financial cost of smoking during pregnancy."

Medicaid recipients who choose to quit smoking are often not able to afford cessation aids that would increase their success and consequently improve their health. Medicaid coverage of smoking cessation would not only save lives it would also reduce the state's healthcare spending.

It is estimated that between 2% to 10% of Medicaid recipients who are smokers will utilize smoking cessation services. ·The cost of smoking cessation services are approximately $200 for 12 weeks of counseling, or $500 for

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[6]M. Larkin. "Sex differences in lung cancer susceptibility explained," *Lancet*, 1/8/00, Volume 355, Issue 9198, p. 121.

[7]E. Goodman and J. Capitman, "Depressive Symptoms and Cigarette Smoking Teens," *Pediatrics 2000*, Volume 106m, pp. 748-755.

[8]Baanowitz and Hatsukami, "Gender Differences in the Pharmacology of Nicotine Addiction," *Addiction Biology*, October 1998, Volume 3, Issue 4, p. 383.

[9] CDC, "Surveillance for Selected Tobacco-Use Behaviors – United States, 1900-1994," *MMWR*, 18 November 1994, Vol. 43, No. SS-03. US Department of Health and Human Services. *Reducing the Health Consequences of Smoking: 25 Years of Progress. A report of the Surgeon General*. Atlanta: US Department of Health and Human Services, Public Health Service, Centers for Disease Control, Office on Smoking and Health DHHS Publication No 89-8911, 1989b.

[10] Match Coaliton Fact Sheet 3/05.

pharmaceuticals (Zyban) for 12 weeks, or $700 for counseling and pharmaceuticals for 12 weeks - according to the American Lung Association. The most effective of these three options is the combination of pharmaceuticals with individual or group counseling. ·The cost of *not* providing smoking cessation services in Connecticut is $396 million, which is the amount of Medicaid dollars spent annually on smoking related illnesses.

The bill before you proposes to allocate $900,000 from the Tobacco Settlement Trust Fund to fund Medicaid coverage for smoking cessation and to fund a smoking cessation hotline. This is exactly the purpose for which this money is intended. As you know, the General Assembly has repeatedly voted in favor of extending Medicaid coverage for smoking cessation, but has not yet designated specific funds for this purpose. Assisting Connecticut residents to quit smoking saves the dollars that would be spent on their children's health care and their health care in the event of future smoking-related illnesses. It is a smart investment in healthier families.

SB 607 AAC The Use Of Preferred Drug Lists And Prior Authorization By The Department Of Social Services in the Administration of Programs With Prescription Drug Benefits

SB 1226 AAC Prior Authorization Requirements For Prescription Drugs In Medical Assistance Programs Administered By The Department Of Social Services

Women are generally more likely than men to use prescription drugs. Some 40 percent of men and 66 percent of women age 18 to 34 use prescription drugs. Use patterns converge, as people get older. Similar proportions of men and women age 65 and older are prescription drug users.[11] One must remember, though, that 58% of the population over the age of 65 are females.[12] When women cannot afford out-of-pocket expenses for prescription drugs, they stop taking their medications, even when they are in poor health or need to take medication on a daily basis. Nationally, 21% of nonelderly women, 38% of women in fair or poor health, and 25% of women who had daily medications did not fill their prescriptions because of the cost.[13]

Mechanisms such as preferred drug lists (PDLs) and prior authorization (PA) requirements make it even more likely that women will not have access to needed daily medications. Under the current system access to needed medications are restricted by requiring prior authorization for all non-listed drugs. Implementing PDLs and PA without consumer protections has caused significant harm to low-income patients in Connecticut. For example, PDLs and

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[11] "Prescription Drugs." Center on an Aging Society. September 2002. On-line available: http://ihcrp.georgetown.edu/agingsociety/rxdrugs/rxdrugs.html.
[12] "Women's Health USA 2002." U.S. Dept. of Health and Human Service. 2002.
[13] "Women's Health in the United States: Health Coverage and Access to Care," The Henry J. Kaiser Family Foundation, May 2002.

PA are already being used for families enrolled in three of the four participating Medicaid HMO's, and has resulted in 2,600 prescriptions being rejected monthly, with only 2 or 3% of such rejections being followed by a temporary supply within 24 hours.

We urge you to support SB 607 which would ensure basic consumer protections, such as simple phone or fax system to request prior authorization; a filling of a temporary 15 day supply, a short turn-around time of 2 hours to obtain responses to PA requests, an expedited appeal procedure, and a prohibition against requiring PA again, once it has been determined that an individual needs a specific drug. These basic consumer protections would protect approximately 250,000 families and children, and 175,000 elderly and people with disabilities in the state of Connecticut.

We urge you to reject SB 1226, which would endorse the current DSS policy, which requires that "non-maintenance" name brand drugs with generic equivalents go through PA at least every six months. Although these medications have been found to be medically necessary, this provision requires re-approval every six months for the exact same medication. The Attorney General has found this policy to be illegal and we urge you not to approve the continuation of this policy.

SB 1214 AAC The Availability of Rental Assistance Certificates

The PCSW has focused its attention on the need for safe and affordable housing for women and their children because it is a problem that underlies many others: For example, without access to affordable housing, single mothers are unable to obtain economic self-sufficiency -even when they are working-and women who are victims of domestic violence are unable to leave their unsafe homes because there is no place to which they can go. When housing costs are disproportionately high, residents often have to sacrifice other needs to pay their rent.

Thirty-three percent of Connecticut's population rent rather than own, and in the cities the number drastically increase.[14] For example, 75% of Hartford residents, 70% of New Haven residents, 57% of New Britain and Bridgeport residents, and 52% of Waterbury resident are not homeowners.[15]

Connecticut has been ranked the sixth most expensive state for renters in the country.[16] A person needs to earn $18 an hour, more than two and half times the state's minimum wage of $7.10, to afford a modest two-bedroom apartment in Connecticut.[17] This means that, on average, a person earning minimum wage

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[14] Priscilla Canny, Ph.D. and Douglas Hall, Ph.D. *Housing: Home Ownership in Connecticut*, CT Voices for Children Census Connections, Vol. 1, Issue 2, September 2003.
[15] Ibid.
[16] *Out of Reach*, National Low Income Housing Coalition, September 2003 available at www.nlihc.org.
[17] Ibid.

would have to work 104 hours a week – two and a half full-time jobs- to afford a two-bedroom apartment. In cities, the problem is even more severe. For example, in the Stamford-Norwalk area, the third costliest rental market in the entire nation, a person must earn $28.71 an hour to afford a two-bedroom apartment.[18] Fifty percent of the state's renters cannot afford the high rental costs without spending more than 30% of their household income on rent.[19]

High rental costs is one factor contributing to the increase of homelessness, which is fast becoming a women's issue as families – not just individual adults – are now seeking shelter. In FFY 2003, 1,406 families sought shelter.[20] Of those families, single females headed 85.9% and 10.6% were two-parent families.[21] Eleven thousand and sixty-six (11,066) single adults sought shelter.[22] Of that population, 24.3% were women.[23] In the past year, there has been a decline in all categories mentioned above, except single females, which has increased by 5.9%.[24]

Shelter Services	**FFY 2002**	**FFY 2003**	**Numbers (+/-)**	**Percentage (+/-)**
Families	**1,506**	**1,406**	**-100**	**-6.6%**
Single Female	1,259	1,206	-53	-4.2%
Single Male	74	48	-26	-35.1%
Two Parents	168	149	-19	-11.3%
Single Adults	**11,251**	**11,066**	**-185**	**-1.6%**
Female	2,545	2,694	+149	+5.9%
Male	8,705	8,369	-336	-3.9%

In light of our current housing situation, investments in affordable housing must remain a top priority. The proposed bills outline several strategies to support affordable housing for the vast majority of Connecticut residents – often women –by ensuring that housing authorities, municipalities, and the state maintain their commitments to affordable housing.

Thank you for your consideration of these important issues.

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[18] Ibid.
[19] Ibid.
[20] *Homeless Shelter Report Annual Demographic for Federal Fiscal Year 2003*. CT Department of Social Services via CT Coalition to End Homelessness, available at www.cceh.org/facts.htm.
[21] Ibid.
[22] Ibid.
[23] Ibid.
[24] Comparison of reports *Annual Homeless Shelter Demographic Report, FFY 2002 (Oct. 2001-Sept. 2002) Family Composition* versus *Homeless Shelter Report Annual Demographic for Federal Fiscal Year 2003.* CT Department of Social Services via CT Coalition to End Homelessness