TESTIMONY of Leslie Weinberg for the Human Services Committee Supporting S.B. 147, which would provide needed Consumer Protection

February 5, 2007

Regards to Rep. Villano, Sen. Harris, and other members of the committee. As a ConnPACE participant, the proposed protections would help both others and myself. Preferred Drug Lists ("PDLs") cause problems for some in ConnPACE and other state programs. Providing further information and recourse will simplify access to Rx coverage for many low-income people who are on Medicaid, SAGA, and HUSKY A.

When Medicare Part D began, it confused me greatly. I wanted to find a plan that covers my medications, and did not require prior authorization ("PA"). That companies can change the price and approved drugs is unfortunate. My condition requires certain medications, none of which have generics. My Neurologist tells me to continue brand-name drugs, because switching back and forth contributes to seizures.

Doctors cannot keep track of all the companies providing which medications. When problems occur the time involved to obtain the correct prescription is lengthy. Seniors and others on Medicare have at times not allowed access to numerous drugs because Medicare plans made use of cumbersome PA processes. Currently those on Medicare and Medicaid or ConnPACE may get a temporary supply when a medication is not covered under a person's plan. DSS now collects information daily about when temporary supplies are distributed, so people are not faced with temporary cessation of medications.

Those on Medicaid now enrolled in Anthem and Health Net, two out of four HMO's available in CT do not yet have the same access to their medications.
Not giving a temporary amount for these people, of whom 70% are children, as Medicaid HMO agreements with DSS only requires providing temporary supplies when it is an "urgent or emergent" circumstance. Often busy pharmacists must attempt to rectify the situation by making multiple, numerous complex telephone calls. The approximately 35,000 elderly and disabled fee-for-service Medicaid recipients currently subject to DSS's own PDL find similar difficulties. Not being dually eligible, not on Medicare Part D, access to their proper medications can be difficult to obtain. These people, who currently qualify for State Assistance under various programs now face:

- Doctors now writing prescriptions for non-listed medications without knowing Prior Authorization are needed, because PDLs are different for each plan and often change. Doctors find it difficult to know which medication is on which PDL.

- Often low-income recipients lack the cash on hand to pay for the medication when rejected for lack of PA. Obtaining prescriptions at clinics, they can find reaching the prescriber to inform them of the rejection

- HMO's claim they have temporary supplies available, but in actuality, the procedure to get these supplies is deliberately and unusually complex. The last time data from Health Net was obtained, it showed approximately 2,600 denials at the pharmacy per month because of lack of PA. Temporary supplies were given in only about 3% of cases within 24 hours of rejection. (See Health Net Data provided under oath in Karen L. V. Health Net, CA No. 3:99cv2244 (D.Conn) (June 19, 2003 Responses to Interrogatories, Attathcment A, Pages 1-2)

This confusion results in denial of access to needed medical treatment required by thousands of Medicaid recipients, many of our most vulnerable citizens. Many are being treated for AIDS/HIV, cancer, and forms of mental illness. Without treatment, people then make use of hospital emergency rooms, which can result in inappropriate and needlessly expensive treatements.

Thank you very much. **I strongly urge the Human Services Committee to pass SB 147. The Protections provided under this bill will mean a level playing field for recipients in Medicaid HMO, Medicaid fee for Service, and ConnPACE plans.**

Thank you,

Leslie Weinberg
lawein@optonline.net
203-357-8252
11 Big Oak Circle
Stamford, CT 06903