



Jeanne Milstein
Child Advocate

STATE OF CONNECTICUT

OFFICE OF THE CHILD ADVOCATE
18-20 TRINITY STREET, HARTFORD, CONNECTICUT 06106

TESTIMONY OF JEANNE MILSTEIN, CHILD ADVOCATE BEFORE HUMAN SERVICES COMMITTEE

February 6, 2007

Good morning Senator Harris, Representative Villano and members of the Committee. Thank you for the opportunity to speak with you today in support of **S.B. 147, An Act Concerning the Use of Preferred Drug Lists and Prior Authorization Requirements by the Department of Social Services and HB 5483, An Act Concerning a Lifespan Respite Coalition.**

I support SB 147, An Act Concerning the Use of Preferred Drug Lists and Prior Authorization Requirements by the Department of Social Services. As with any treatment of children, it is critical that all interventions are clinically driven and determined by an informed professional. While I certainly appreciate the concepts of managed care and fiscal responsibility, ultimately, physicians treating children know their clients, know their needs and should prescribe medications accordingly. These decisions should be mindful of preferred drug lists but still driven by the clinical need of the client. As important as the availability of the right medications for children is the **timeliness** of that availability. Cumbersome procedures for advance authorization may severely impact a child's well-being.

There are countless examples of children in very challenging situations for whom timeliness of medication treatment is critical. Children in foster care who are moved frequently may not have the benefit of vigilant parental oversight and follow-up with physicians when awaiting the approval of medications. Children who have been on certain psychotropic medications, have moved from treatment, and are awaiting a renewed prescription to be filled may subsequently lapse in their pharmacotherapy and suffer serious consequences. Most treatment facilities will only provide a few days' supply of medications for a child at discharge. A lapse in taking the medications could negate months of inpatient treatment.

We know so little about medications and children. It is not acceptable to let anyone but a child's physician determine what is best for that child. Physicians must have the latitude to make clinical judgments, with reasonable appreciation for cost.

The legislature acted wisely to remove behavioral health treatment from the capitated HMOs last year. I believe that the new Behavioral Health Partnership needs close monitoring, but at least it holds out a realistic chance of significantly increasing access to this type of treatment. Unfortunately, however, the responsibility for the provision of psychiatric medications was **not** taken away from the HMOs, such that they still save money every time they deny a requested medication—and, now, if a child decompensates

Phone: (860) 566-2106, (800) 994-0939 Fax: (860) 566-2251

www.oca.state.ct.us • jeanne.milstein@po.state.ct.us

An Affirmative Action/Equal Opportunity Employer

and requires hospitalization due to lack of access to their needed medication, there is no cost to the HMO; the full cost of this treatment now falls on the taxpayers directly.

SB 147 addresses the problem of dangerous prior authorization procedures by establishing basic consumer protections that will greatly lower the risk that patients will be deprived of medically necessary prescription drugs. For example, the bill would mandate a temporary supply, up to 15 days, of the originally prescribed drug when the consumer arrives at the pharmacy with a prescription but without the required prior authorization. In cases where coverage for a drug has been denied because of the lack of prior authorization, the HMO or the state's pharmacy benefit manager would be required to send the prescriber a fax explaining the need for PA and how to request it, as well as identifying any potential alternative drugs that do not require PA. Lastly, the patient, or his or her parent or DCF, would be sent a written notice explaining what has occurred, so that appropriate action can be taken and the prescribing physician consulted.

The prior authorization programs in effect now are plagued by confusion and error. Consumers and prescribers don't know which drugs require PA, and their ignorance is not surprising since the content of the preferred drug lists often changes, each list is very long, and each list varies from that of the other plans. Written notice to consumers is usually inadequate, and appeal rights are poorly understood. Most seriously, children or individuals acting on their behalf routinely present prescriptions for drugs requiring PA, without the physician first having requested PA, with the nearly inevitable result that access to the drug is blocked at the pharmacy.

SB 147 will go far to ensure that consumers are treated fairly and that they receive prescription drugs that are medically necessary, and cost-effective. The provisions of SB 147 will greatly benefit the fiscal welfare of our state, and the health of its citizens. Indeed, the most important provisions are already in place under the preferred drug list program run by the one non-profit Medicaid HMO, Community Health Network of CT. I urge you to support this important legislation.

I also support HB 5483, An Act Concerning a Lifespan Respite Coalition. Respite is an essential ingredient for the success of families across the life span. For families who have children with disabilities and families struggling with children who have challenging behavioral issues, respite is a vital resource. Not only does it allow families to do simple things like go grocery shopping or go to the dentist, it more importantly prevents the exhaustion that comes along with providing loving and constant care. It is this exhaustion that often leads families no choice but to institutionalize their children, quit work, or get divorced. By providing respite services, along with other health care services, we can keep families together and provide care to children with special health care needs in their homes and communities. It is not only the right thing to do for families and children; it is also cost effective. A comprehensive respite plan makes sense for Connecticut.

Thank you for the opportunity to speak.