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Good Morning Senator Harris, Representative Villano and Members of the Human Services Committee. I am here in support of SB 147, An Act Concerning the Use of Preferred Drug Lists and Prior Authorization Requirements by the Department of Social Services in the Administration of the Department's Prescription Drug Programs.

Preferred Drug Lists (PDLs) with Prior Authorization (PA) implemented without consumer protections cause significant harm to low-income patients. In Connecticut, PDLs with PA are being used for families enrolled in all four of the participating Medicaid HMOs; this has severe consequences. Data from just one of those HMOs showed that each month about 2600 prescriptions, mostly for low-income children, were rejected at the pharmacy. Only 2 or 3% of the rejections were followed by a temporary supply either at the time or within 24 hours.

This HMO had, at that time, about 34% of the Medicaid managed care enrollees in Connecticut. Patients are turned away at the pharmacy without any drug at all (not even a cheaper drug), as a direct result of the PA requirements for non-listed drugs. There are a number of reasons for this problem. PDLs are different for each HMO and are routinely changed, making it very difficult for prescribers to keep track of which drug is on a specific PDL list, so prescribers routinely write prescriptions for non-listed drugs without realizing they require PA. Unlike patients with higher incomes, having cash on hand, low-income recipients have no means to obtain the drug when rejected at the pharmacy for lack of PA. When patients are turned away without their medications, their care is delayed, resulting in higher cost emergency department visits and in-patient care. These problems were magnified when PDLs were implemented this spring for about 175,000 elderly and disabled ConnPACE, Medicaid and SAGA patients, who rely more extensively than family Medicaid HMO patients on daily medications.

This harm can be avoided by the reasonable consumer protections in this bill. These protections include a simple system for requesting prior authorization by phone or fax, the automatic authorization of a temporary (up to fifteen-day) supply of the original prescribed drug in all cases when the consumer has a prescription but not the necessary PA, written notice to patient and prescriber when a drug cannot be filled as prescribed due to unmet PA requirements, and an expedited appeal procedure with the ability to maintain access to the originally prescribed drug during the appeal. I urge you to support this legislation.