

State of Connecticut

GENERAL ASSEMBLY

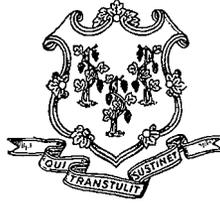
COMMISSION OFFICERS:

Jean L. Rexford
Chairperson

Adrienne Farrar Houël
Vice Chairperson

Carrie Gallagher
Secretary

Sandra Hassan
Treasurer



COMMISSION MEMBERS:

Marcia A. Cavanaugh
Barbara DeBaptiste
Tanya Meck
Cindy R. Slane
Susan O. Storey
Patricia E.M. Whitcombe

LEGISLATIVE MEMBERS:

Senator Andrew J. McDonald
Senator John A. Kissell
Representative Michael P. Lawlor
Representative Robert Farr

HONORARY MEMBERS:

Connie Dice
Patricia Russo

**PERMANENT COMMISSION ON
THE STATUS OF WOMEN**

18-20 TRINITY STREET
HARTFORD, CT 06106-1628
(860) 240-8300
FAX: (860) 240-8314
Email: pcsw@cga.ct.gov
www.cga.ct.gov/PCSW

EXECUTIVE DIRECTOR:

Teresa C. Younger

Written Testimony of
Teresa C. Younger
Executive Director

Permanent Commission on the Status of Women
For the Human Services Committee
Tuesday, February 6, 2007

Re:

**S.B. 147, AAC The Use of Preferred Drug List and Prior Authorization Requirements by the Department of Social Services in the Administration of the Department's Prescription Drug Programs; and
H.B. 6035, AAC The Asset Test Used to Determine Eligibility for the State-Administered General Assistance Program**

The PCSW convenes the Connecticut Women's Health Campaign (CWHC), which is a broad coalition of groups who have been committed to and working for the health and well-being of Connecticut women and girls for over ten years. The PCSW and the CWHC applaud efforts to increase consumer's access to prescription drugs and health care coverage through the State-Administered General Assistance (SAGA) Medical program.

**S.B. 147, AAC The Use of Preferred Drug List and Prior Authorization Requirements
by the Department of Social Services in the Administration of the Department's
Prescription Drug Programs;**

You may wonder why PCSW is attentive to issues such as access to prescription drugs. More elderly women than men rely on life-saving medications, and older women tend to be more burdened by prescription drug costs than men. PCSW commissioned a survey from the University of Connecticut Center for Survey Research and Analysis last year. Over half of Connecticut women -56% v. 35% of men report taking at least one prescription drug daily. One-third of women and 18% of men in Connecticut take between two and five prescriptions daily. Women also report worrying more than men about paying for medications.

Women are overrepresented among those who receive prescription drug coverage through the Department of Social Services.

- HUSKY covers over 80,000 women in our state.
- There are an additional estimated 35,000 elderly and disabled fee-for-service Medicaid participants, the majority of whom are women.
- Let us assume that the proportions of women participating in Medicare and ConnPACE are similar in Connecticut to national figures. That would mean that 55-70% of our ConnPACE participants are women, or 28,000-35,000 low-income elderly women.
- Nationally, women make up 71% of the dually-eligible. In Connecticut, that would mean that 44,000 of the dual-eligible in Connecticut are women.^{1, 2}

Older women are also more likely to suffer from chronic illnesses that are improved by prescription drugs. Nationally, clinical depression affects two to three times as many women as men.³ The Center for Medicare Advocacy estimates that twenty-three of the top 100 drugs used by ConnPACE (or Medicaid) participants in Connecticut are psychiatric drugs. In addition, nearly three quarters of nursing home residents in the US are women, and almost half of these residents had dementia. Another 12% had other psychiatric conditions.⁴

¹ US Census Bureau. Current Population Survey, 2004.

² Kaiser Commission on Medicaid and the Uninsured. Dual Eligible: Medicaid's Role in Filling Medicare's Gaps. March 2004.

³ National Alliance on Mental Illness. "Women and Depression." 2005.

⁴ American Association of Retired Persons. "Nursing Homes." February 2001.

SB 147 would mandate basic consumer protections under drug formularies in Medicaid Managed Care/HUSKY; Medicaid Fee For Service; ConnPACE and SAGA Medical Assistance. Over 400,000 low-income people statewide would benefit from these protections, which include:

- electronic authorization of a temporary supply of a drug rejected at the pharmacy for lack of prior authorization (PA);
- written notice to the prescribing provider explaining that PA for the drug is required, that only a temporary supply was provided, that PA is needed for additional supplies, and that there are other drugs which do not require PA;
- written notice to the recipient explaining the temporary supply and the right to a hearing in the event of an error.

Low-income women often have no cash on hand to obtain a drug when rejected at the pharmacy and may have difficulty reaching their providers to even inform them of the rejection. The result of all of this is the denial of access to essential and effective treatment which often results in inappropriate and expensive treatment in hospital emergency departments, at the state's expense.

H.B. 6035, AAC The Asset Test Used to Determine Eligibility for the State-Administered General Assistance Program

Because of federal categorical rules, childless adults are not eligible for Medicaid unless they are aged, blind or disabled. SAGA medical is a lifeline for almost 30,000 residents and women comprise 40% -- or approximately 12,000 -- of those with SAGA medical coverage. Very low income and asset limits make it difficult to remain eligible for SAGA. This bill would increase the asset limit for the SAGA medical program from \$250 to \$1,000. We applaud your efforts to reduce the asset test for SAGA and *urge you to consider removing an asset test altogether, as we did for family Medicaid coverage.* Allowing low-income people to retain a car or bank account would enable a pathway to self-sufficiency for our residents, and would be a great step forward for the health care safety net in Connecticut. We also support proposals to raise the income guidelines, maximize federal revenue, and raise provider rates to support the SAGA program and strengthen its capacity to serve those who participate.

Last, we urge you to take steps to obtain data about women who benefit from these services and the impact of these policies on women. Gender-specific data is needed in order to develop adequate policy solutions to problems that will disproportionately affect women in our state.

Thank you.