March 14, 2007
Testimony of AARP Connecticut
on
S.B. 1189, S.B. 1144, S.B. 1226
Public Health Committee

Chairwoman Handley, Chairwoman Sayers and members of the Public Health committee, AARP Connecticut supports:

- S.B. 1189: "An Act Requiring Pharmaceutical Manufacturing Companies to Disclose Incentives Provided to Health Care Providers."
- S.B. 1144: "An Act Establishing a Central Index for Advance Health Care Directives."
- S.B. 1226: "An Act Establishing a Fall Prevention Program."

AARP is a nonprofit, nonpartisan membership organization representing the interests of those age 50 and above. Connecticut's 618,000 AARP members comprise about 40 percent of people who vote in every election.

S.B. 1189

Today, the pharmaceutical industry spends over $2 billion to influence doctors' prescribing practices. Doctors are bombarded daily by sales representatives for the pharmaceutical companies, who promote specific medications and push their employer's brand. There is one detailer sales representative for every eight doctors in the country.

In an effort to curb the influence of these sales representatives, the AMA adopted changes in 2003 to their voluntary code that restricted doctors from accepting lavish gifts. But S.B. 1189 takes a different approach. Rather than relying on a voluntary ethics code by the doctors receiving the gifts, S.B. 1189 would require the pharmaceutical companies

to report the gifts they make to doctors and other health care providers. This provides no burden to physicians. Instead the drug companies would be asked to strictly report their gifts.

Similar legislation has already been passed in Maine and Vermont; and three other Northeastern states—New York, New Hampshire, and Massachusetts—are considering bans this year. The recent growth of the marketing industry must be met with increased oversight to protect consumers. S.B. 1189 is an important part of that oversight.

AARP has long advocated that life-saving health care is a right, not a privilege. We believe that S.B. 1189 is an important piece of legislation that will shed light on the practices of pharmaceutical marketing and ensure consumer safety. AARP urges the committee to support S.B. 1189.

S.B. 1144

AARP applauds the Public Health Committee and Secretary Bysiewicz for their leadership on the advance directives issue. Specifically, S.B. 1144 would create a vehicle to enhance the likelihood that advance directives are honored in Connecticut without unnecessary invasion of privacy.

The personal nature of medical decision and the importance of autonomy in the health care arena are central to recent debates over healthcare. Respect for autonomy and self-determination is as critical for the dying individual as for the patient who is expected to recover. AARP believes that patients should live in accordance with their own religious, philosophical and person values even when these values and choices differ from the values of others. To this end, we support the use of advance directives that clearly lay out a patient's wishes.

Unfortunately, it is not enough to have an advance directive. Legislation is also needed to make sure that the advance directives are stored in a central place, accessible to people

who need to know that information. S.B. 1144 would increase the likelihood that someone who needs to know about an advanced directive will actually know about it and the patient's wishes. Recently, there is increasing evidence that health care provides and institutions fail to respect or implement the decisions of competent patients.

S.B. 1144 would help ensure that patients' wishes are followed, by creating a central index for advance health care directives housed with the Secretary of State. AARP supports this approach and hopes that the Public Health Committee will act favorably on S.B. 1144.

S.B. 1226

AARP also supports S.B. 1226, which will create a Fall Prevention program through the Department of Public Health to help mitigate the economic and social costs that falls cause our older residents each year. An estimated 1.8 million falls led to an emergency room visit among Americans age 65 and older in the year 2000, according to a comprehensive study on fall prevention conducted by AARP in 2002. That study also revealed that the estimated 1.8 million falls leading to emergency room visits cost **$16.4 billion in direct medical and long term care costs.** The average cost per fall was estimated at 9,400. And, 11% of that cost was paid for through state Medicaid funds.

In addition to the savings on direct health and long term care expenditures, a reduction in fall injuries can provide significant social benefits. Improved quality of life and peace of mind for older persons might not be quantifiable, but are clear benefits to fall prevention. Also important are the savings to caregivers including personal funds, lost time from work, and emotional stress. In addition, AARP believes that fall prevention will allow for the sustained productivity of older Americans in either formal employment or volunteerism.

AARP is not just an advocate for public policy such as S.B. 1226; we are also on the ground doing our part to help ensure a livable community in the Asylum Hill section of

Hartford. AARP in partnership with Rebuilding Together, Northside Institution Neighborhood Alliance and The Hartford, has remodeled 10 homes—adding grab bars, installing hand rails, improving lighting and adding basic safety features to help prevent falls and create a livable community, so older residents can age independently in their own homes.

Each year falls cost our older residents the freedom to live independently, today with this legislation the General Assembly can begin implementing a plan to prevent the devastating but preventable impact of falls.