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Bridges: A Community Support System  
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We are asking for legislation that would address a relatively new but critical health problem faced by increasingly large segments of senior citizen, low-income, disabled, and minority patient populations. Many insurance companies across the United States are taking steps to encourage physicians and patients to switch medicines based on cost considerations, and perhaps without appropriate regard for the best treatment option for the individual patient.

Paying physicians and encouraging pharmacists to switch medications without patient knowledge and consent has dire implications as well as dangerous consequences for thousands of patients who are becoming unwitting victims of this practice.

The determination of appropriate medical treatment is best accomplished by open and transparent communication between the health care provider and patient. Such treatment determinants should be primarily motivated by the individual patient needs; not economic considerations. Cost-driven switching hurts patients by undermining the physician-patient relationship, prioritizing profits over patient health, ignoring important differences between medicines, reducing adherence to treatment, and creating confusion around dosing.

Generic drugs can be effective and less costly alternatives to brand name medications. Savings offered by generics are particularly important to low and middle-income persons struggling to preserve their access to quality health care. However, generics are not always an appropriate substitute for brand name medications or the most efficacious treatment for a particular patient. A generic equivalent may not yet be available for newer drugs.

Physicians should be supported in their efforts to prescribe treatments based on what is in the best medical interest of the patient, even if it is more expensive. Forcing doctors to prescribe cheaper medications is penny wise and pound-foolish and has the potential to do great harm.

The practice of drug switching disproportionately targets low-income consumers who might not be able to afford more expensive health plans; including members of under-insured, minority, disabled, and senior citizen communities. Cost-driven switching is a dangerous practice that puts patient safety at risk and erodes the doctor-patient relationship. It is imperative that we protect patients and preserve physicians' rights to make treatment decisions in the best interest of their patients.

Insurer/provider contracts that place undue pressure on health care providers to prescribe generics or interchange medications for a direct financial reward should be prohibited. The proposed legislation would directly address this issue and improve our health care system.

The practice of switching medications to a less expensive or generic brand could have dire consequences for a patient that is stabilized. Implementing legislation that prohibits financial incentives based on prescribing decisions will help to ensure that healthcare decisions continue to be made in the best interests of the patient, and without regard for financial gain.