APPROPRIATIONS COMMITTEE

Public Hearing – House Bill No. 6365
An Act Concerning the State Budget

February 18, 2009

INTRODUCTION

The Center for Medicare Advocacy, Inc. (The Center) is a private, non-profit organization headquartered in Mansfield, Connecticut with offices in Washington, D.C. and throughout the nation. The Center provides education and legal assistance to advance fair access to Medicare and health care. We represent Medicare beneficiaries throughout the state, respond to approximately 7,000 calls and e-mails annually, and host two websites. The Center also provides written and electronic materials, education, and expert support for Connecticut's CHOICES health insurance, counseling, and assistance program, and provides a vast array of other services for Medicare beneficiaries throughout Connecticut and the United States.

ELIMINATION OF COVERAGE OF NON-FORMULARY DRUGS FOR OLDER ADULTS AND DISABLED PERSONS ON MEDICAID AND CONNPACE.

My name is Jocelyne Watrous and I am an advocate with the Center for Medicare Advocacy. I work exclusively on Medicare Part D issues. One of my primary responsibilities is to help beneficiaries obtain medically necessary drugs that their Part D plans will not cover because they are not on their plan's formulary.

The Governor's proposal to eliminate coverage of non-formulary drugs for elderly and disabled dual eligibles and ConnPACE members will not only place these people at risk of medical harm, it will also create unequal treatment between Medicaid beneficiaries who have Medicare and those who do not. Ironically, Medicaid beneficiaries who have

Medicare will have *less comprehensive* prescription drug coverage than other beneficiaries who have Medicaid alone.

A case in point is Mrs. A., a 58 year old client who is dually eligible. Mrs. A has peptic ulcer disease, irritable bowel syndrome, chronic and extremely severe migraine headaches, back problems, depression, anxiety, panic attacks and allergies. She takes 15 different medications to treat these conditions. Her 2009 Part D plan (which is a Benchmark plan) does not cover 9 of her 15 drugs. If she were on Medicaid alone, all of her medications would be covered by the Department of Social Services. But, because she has Medicare, she is limited to the drugs on her plan's formulary.

In my search for a "better fit" for Mrs. M., I discovered that not a single Part D plan in Connecticut covers all of her medications. (As it happens, the best fit was with a non-Benchmark plan that covered all but two of her drugs.) Between 3 to 9 of her drugs are not on any other plan's formularies.

The message here is unavoidable: beneficiaries should be enrolled in whatever plan covers as many of their medications as possible - be it a Benchmark plan or a non-Benchmark plan. Further, if no plan can be found that covers all of a member's medications, Connecticut should continue to cover non-formulary drugs in order to avoid harmful disruption of treatment of this sick and elderly population.

The Governor's budget states that "where a particular non-formulary drug is medically necessary, plans are required to provide coverage." In this regard I would like to bring another case to this committee's attention.

Mrs. B. is a 52 year old dual eligible who has sickle cell anemia. At the time she was referred to the Center by her physician, Mrs. B. had just been discharged to home from a two-month hospitalization, much of it in intensive care, and where she twice needed to be rescued by life support. She had been treated for avascular necrosis of the hip (literally, her hip bone crumbled apart), compression fractures of the spine, a pulmonary embolism, a bleeding ulcer, pneumonia, bronchitis, as well as MRSA and E. Coli infections. In addition, her physician described her pain as "10 out of 10. " Unbelievably, her Part D plan refused to cover a pain medication which her providers deemed so essential that she could die without it, or require placement in a long term care facility for IV treatment.

With few exceptions, Part D plans are *not* required to provide coverage of a drug pending an exception or appeal decision. However, because the plan's denial of coverage was coded as a non-formulary denial, the Department of Social Services stepped in and covered Mrs. B.'s medication under the Part D Wrap-Around non-formulary drug program. We believe this action by DSS was instrumental in saving this woman's life, while the Center for Medicare Advocacy (successfully) appealed the plan's denial of coverage.

Both these cases dramatically illustrate the need for the Department to continue coverage of non-formulary drugs. There are many other cases, perhaps not equally dramatic, but

equally compelling. The Center for Medicare Advocacy urges the Legislature to continue the Medicare Part D Wrap Around in general and, in particular, coverage for medically necessary non-formulary drugs for dually eligible older and disabled people.

Thank you for allowing me to submit these comments. I am happy to provide further information and/or to answer any questions you may have.

Respectfully submitted,

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