

**The Potential Harmful Effect of Medicaid Copayments
for Connecticut Medicaid Recipients
Public Hearing Testimony of Kelly Phenix
12/9/2009**

My name is Kelly Phenix, I live in East Hartford, and I would like to thank the Committee for this opportunity to speak today about Governor Rell’s proposal to impose copays on Medicaid Recipients. I have been researching this topic and have yet to find a study that supports this proposal. In fact, every study I have read indicates the opposite.

“Evidence shows that uniform copays – of \$3 per prescription, regardless of the medication’s purpose – results in across the board reductions in all service usage, not just less important services.”¹ “Prescription drug copays, in particular, have an adverse effect on consumer use of medication as prescribed. A Study in Utah, for example, found that newly imposed copays produced statistically significant decreases in utilization of prescription drugs”.² “When Oregon increased copays in a waiver program, one in four adults responding to a survey reported that they did not fill prescriptions because they could not afford to pay.”³ Copayments are particularly challenging for those who have serious or chronic health conditions such as diabetes, cancer, heart conditions, or mental illness. Because people with chronic conditions require more medical care and more medications, they must make more Copayments⁴

How does this affect me? Looks can be deceiving, I am a Medicaid recipient, I struggle with 12 chronic illnesses. I filed for Federal Disability 24 months ago and I am still waiting. I have been on State Assistance since January of 2008, and I am grateful for the services I receive. However, if the State were to impose copays it would have a devastating effect on me. I have 15 prescription medications that I need in order to live, including a prescription for a CPAP breathing machine for sleep apnea. I have on average 8 doctor appointments a month. My only income is the \$212 a month I receive from the State. If copays are imposed, it would amount to more than 30% of my income. I would be unable to afford to all of my prescriptions or attend all doctors’ appointments, how do you propose I choose which medications to fill or doctors appointments to attend?

I am asking this Committee to consider my testimony when deciding whether the health and well-being of over 400,000 of Connecticut’s poorest residents warrants protection. I am hopeful that my words will encourage you to refuse the Governor’s proposal and the devastating consequences copays will have for Medicaid recipients.

Thank you for your time and consideration of this issue.

¹ J. Gruber, “ The Role of Consumer Co-payments for Health Care: Lessons from the RAND Health Insurance Experiment and Beyond,” Kaiser Family Foundation (2006): 4.

² S. Artiga and M. OMalley, “ Increasing Premiums and Cost Sharing in Medicaid and SCHIP: Recent State Experiences, “ Kaiser Commission on Medicaid and the Unisured (2005): 18.

³ Id. At 17.

⁴ Bruce Stuart and Christopher Zacker, “Who Bears the Burden of Medicaid Drug Copayment Policies?” *Health Affairs*, 18(2):201-12, 1999.