



**PUBLIC HEARING ON THE GOVERNOR'S BUDGET RESCISSION PROPOSALS
Appropriations Committee**

December 9, 2009

The Center for Medicare Advocacy, Inc. (the Center) is a private, non-profit organization headquartered in Mansfield, Connecticut with offices in Washington, DC and throughout the country. The Center provides education and legal assistance to advance fair access to Medicare and quality healthcare. We represent Medicare beneficiaries throughout the state, respond to approximately 6,500 calls and emails annually, and host two websites. The Center also provides written and electronic materials, education, and expert support for Connecticut's CHOICES program, and provides a vast array of other services for Medicare beneficiaries throughout Connecticut and the United States.

The Center for Medicare Advocacy is concerned about the Governor's proposals to ask more and provide less to those of us who can least afford it. Today we focus on two particular matters:

- **Any further increase to the newly imposed Part D co-payments or imposition of additional cost utilization management tools, such as prior authorization.**
- **The Governor's renewed effort to eliminate the Commission on Aging,**

1. DUALY ELIGIBLE PEOPLE WILL LOSE ACCESS TO MEDICATIONS IF YET MORE COST-SHARING AND PRIOR APPROVAL REQUIREMENTS ARE IMPOSED

Since 2005, the Center for Medicare Advocacy and numerous other Connecticut consumer rights organizations have worked as a Coalition to ensure that low-income older and disabled people

who are eligible for both Medicare and Medicaid are not harmed by the Medicare Part D prescription drug program. As of January 1, 2006, all dually eligible people were required by federal law to begin getting their prescription drug coverage from Medicare rather than from Medicaid. In many states this was a good thing. But in Connecticut it meant that dually eligible people would receive less coverage and have more cost-sharing responsibility than those who were eligible for Medicaid, but not Medicare.

The Coalition was able to work with the legislature to develop what became known as the Part D “Wrap Around” in order to ensure that what Connecticut has decided is basic, necessary coverage for poor older and disabled people continued to be available when Medicare Part D became effective. We were able to show that the need could be met without extraordinary costs to the state – indeed with some savings, including to ConnPACE. For the last three years, after a rocky start, the Wrap Around worked well. Indeed, the Department of Social Services reported favorably about the Wrap Around’s benefit to dually eligible people and the relative ease of administration.

Nonetheless, this year, when times are more difficult than they’ve been in years, meaning that poor older and disabled people will be poorer, and more people will become eligible for Medicaid, new co-payments, plan choice limitations, and prior authorization requirements were imposed upon dually eligible people in need of prescription medications. Only six months after these new barriers to medications were enacted, the Governor proposes additional limits on access to necessary medicine for the poorest of Connecticut’s older and disabled people. These proposals include:

1. *Additional co-payments for medications.* During the last legislative session a \$15 per month co-payment for covered medicines was imposed on dually eligible people. Now

the Governor proposes additional savings from this new requirement, presumably to increase this payment. This would be unjust and would limit access to necessary drugs. Fortunately, younger participants in Title 19, and those who are not disabled, still have *no such* co-pay requirements. It is unfair to single out those who are eligible for Medicare and Medicaid, the poorest older and disabled people, to shoulder this burden.

Further, the last legislative session also eliminated coverage for drugs that are not on a person's Part D formulary *and* added a new requirement that dually eligible people may only enroll in basic Part D plans, known as "Benchmark" plans. The Center's experience helping individuals enroll in such plans, however, demonstrates that it is extremely difficult to find one that covers all of an individual's prescribed medications. Thus, individuals will have to pay full price for more of their prescribed medicines as a result of the Benchmark plan requirement.

2. *Prior Authorization for People who Need Behavioral Modification Medications.*

Recognizing that people who have stabilized on behavior modification or psychotropic medicines are at particular risk, the budget passed during the last legislative session exempted these drugs from prior authorization requirements. It is our understanding that the Governor now proposes to impose such requirements on these drugs. This would seriously impair access to drugs for some of our most vulnerable people, who often have the least ability to navigate complex access systems. Further, when they are unable to obtain their medicines, some of these individuals behave in ways that are uncomfortable for those around them. This is a seriously misguided proposal.

If accepted, the Governor's proposals would result in older and disabled people going without necessary medications. A recent study by the Kaiser Family Foundation found that when older and disabled Medicare beneficiaries have no drug coverage they took 14% fewer *prescribed* medications. A 2007 study of dually eligible people in three states found that those who live in states with no, or limited Part D Wrap Around coverage, (which now includes Connecticut,) were often unable to access prescribed drugs and/or non-formulary medications. Numerous other studies have shown that when co-payments are required of low-income people they forego necessary care. Connecticut's dually eligible population is only now dealing with this new requirement; they can ill afford to shoulder another limitation on their access to needed medicines.

We urge the Legislature, therefore, to reject the Governor's additional proposals to further
~~limit access to medications to poor older and disabled people.~~

**2. THE COMMISSION ON AGING IS UNIQUE AND CRITICALLY IMPORTANT TO THE STATE'S
OLDER PEOPLE AND TO THE ORGANIZATIONS THAT SERVE THEM**

The Center for Medicare Advocacy has a longstanding and extremely productive working relationship with the Connecticut Commission on Aging (the Commission). The Commission provides effective education, advocacy and collaborative support on behalf of older people and for organizations that serve older people throughout the state. The services provided by the Commission are not duplicated by any other entity within or without government. When statewide public policy is being made, the Commission provides the voice for older people and the eyes and ears for organizations that provide direct services for elders. Given the limited resources available to these organizations, none of them could be as effective without the Commission. In this respect the Commission is truly indispensable.

We are all keenly aware that the Connecticut population is aging. How many warnings have we heard about the “graying of the Baby Boomers” and the increasing age of people who are living with chronic conditions? As Baby Boomers begin to turn 65, we are experiencing a profound shift in our elderly population in terms of numbers, ethnicity, economic status, needs, and expectations. We must ensure that these demographics are considered when public policy is being developed and when decisions are made about how to effectively meet these emerging social and economic trends.

This is not the time to eliminate the advocacy and education provided by the Commission on Aging. In the coming years the need for an independent Commission on Aging will be more, not less, important to the well-being of Connecticut’s future, its families, and older people. Yet once again the Governor proposes to eliminate the Commission, despite the fact that it suffered a significant cut under the most recently passed budget, the Commission continues to do wonderful work with fewer resources, and the elimination would save precious little money.

One of the most important things the Commission on Aging has done is to help the many individual organizations that serve Connecticut’s older people partner in order to be heard in one cohesive voice on public policy matters affecting Connecticut’s older citizens. For example, the Connecticut Elder Action Network (CEAN) is a coalition of over eighty Connecticut elder advocacy organizations which exists due to the efforts of the Commission on Aging.

The Center’s Executive Director, Judith Stein, serves on CEAN’s Executive Committee. The organizations that belong to CEAN share information, expertise, and resources in order to develop and advance a responsible public policy agenda for all older people throughout Connecticut. The Commission on Aging founded CEAN, administers its efforts, keeps members abreast of statewide issues, leads the disparate member organizations to develop annual

priorities, and guides us in implementing effective education and advocacy for, and on behalf of, older people. With the Commission's expert assistance, CEAN and its member organizations have been able to actively participate in public policy discussions and to educate other organizations and older Connecticut residents about legislative debates and outcomes. None of us could do this on our own. CEAN and the Commission's work with CEAN have also helped member organizations develop important relationships and knowledge of one another's work; this in turn helps all of the organizations serve their clientele more effectively.

The Aging Services Division of the Department of Social Services (ASD), in contrast to the Commission on Aging, administers the State's programs and services that assist older adults, such as ConnPACE, the Elderly Nutrition Program and CHOICES. The Center for Medicare Advocacy serves as the lead training and legal support entity for the CHOICES program. The ASD administers the statewide CHOICES programs carefully and with commitment, as it does the other programs in its purview. That fact does not diminish the need for the Commission on Aging. ASD does not, and is not intended to, serve as an independent watchdog and educator for Connecticut's older people. This is the Commission's mission. ASD and the Commission on Aging have two very distinct, and two equally important, roles. Each one is stronger because of the other's existence and they work closely together to accomplish as much as possible for older people with the resources that are available. Unfortunately, both of these entities have felt the effects of major budget cuts in the past; now is not the time to abolish one of them entirely.

The Commission on Aging also serves as an important analytical resource center. It monitors the status of Connecticut's elder population, assesses the impact of current and proposed initiatives on this population, conducts activities that advance their interests, and reports to the Governor and the Legislature. The Commission and the information that it gleans through its activities have been, and should continue to be, valuable resources to the Legislature and Governor and to the development of sound public policy.

The Connecticut Commission on Aging represents a commitment to the citizens of Connecticut that the well-being of older adults will continue to be a significant concern to the State. The Commission is the only Connecticut entity solely devoted to advancing the needs of older people when state policies and legislation are debated and decided.

Without the Commission, older people could easily be forgotten. Because they are more frequently frail and less able to speak for themselves than their younger counterparts, older people's interests could quickly fade into the background without the Commission on Aging. This is particularly true in financial times such as these, when diminishing resources have to be shared.

CONCLUSION

The Center for Medicare Advocacy urges the Legislature to reject the Governor's latest calls to place a disproportionate share of the state's economic woes on our poorest, most vulnerable citizens and their advocates. In particular, we urge no further cuts to medication coverage for dually eligible people. And we urge you to retain the resourceful and very effective Commission on Aging. We are available to do anything we can to help.

Thank you for the opportunity to testify regarding this important matter.

Respectfully submitted,



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