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*Testimony of the Connecticut Society of Eye Physicians
On
PB 6 AN ACT CONCERNING PRESCRIPTION DRUG COPAYMENTS.
Given to the Insurance and Real Estate Committee
Presented by David Emmel, M.D.*

February 3, 2009

Good Afternoon Senator Crisco, Representative Fontana and other distinguished members of this Committee. For the record my name is Dr. David Emmel, I president-elect of the Connecticut Society of Eye Physicians, and I am here representing over 300 CT ophthalmologists in support of Proposed Bill 6 An Act Concerning Prescription Drug Copayments.

First, The Connecticut Society of Eye Physicians would like to thank this committee for bringing this important issue to public hearing and second we would like to offer an amendment which would help many seniors in Connecticut struggling with drop application.

Ophthalmologists see thousands of senior patients who are on a multitude of drugs, which are often difficult to manage. Many times these patients forget that their medications (especially drops) are running low and run out long before their RX orders are sent out and received through the mail. These seniors will not go to their local pharmacies to fill their prescriptions because the co-payments associated in doing this are cost prohibitive. In other words, the Managed Care Organization they contract with charges a higher co-pay when they fill their RX locally rather than receiving it by a "contracted " out of state pharmacy in a "mail-order" fashion. This type of imposed cost control can be problematic and ultimately adds to healthcare costs in managing the senior population. Skipping medications, especially for seniors and other high risk patients such as Glaucoma patients, can be life threatening and or blinding.

CSEP strongly supports inclusion of language that would address-

Patients who experience difficulty with administering medications (such as eye drops) due to physical limitations and the ability for these patients to obtain additional medication at the time a prescription is filled, or additional quantities should they need them before the anticipated prescription period ends, without paying additional co-payments if the physician adds "additional quantity needed" to the prescription.

We appreciate your consideration of this important issue and look forward to addressing this issue further in the weeks and months ahead.