

Statement Before

The Insurance and Real Estate Committee
Thursday, February 25, 2010

Re: HB 5212: An Act Concerning Insurance Coverage for the Treatment of Bleeding Disorders

Good afternoon Rep. Fontana, Sen. Crisco and members of the committee. My name is Marghie Giuliano, I am a pharmacist and the Executive Vice President of the Connecticut Pharmacists Association. The Connecticut Pharmacists Association is a professional organization representing 1000 pharmacists in the state of Connecticut. I am here today to speak in opposition to HB 5212: An Act Concerning Insurance Coverage for the Treatment of Bleeding Disorders.

HB 5212 is multifaceted. It is not just about guaranteeing that insurers cover treatment for bleeding disorders. Our members do not oppose that issue, in fact they support and endorse it. This bill, like others we have seen that have come before the Public Health Committee, attempts to "carve out" this therapeutic class of drugs from generic substitution laws.

Section 2(a) and Section 3(a) state that "No vendor, pharmacist or provider shall make any substitution for a blood clotting product without the prior approval of such treating physician." This is unnecessary and burdensome legislation for pharmacists. There currently exists in statute the ability for a prescriber to indicate "no substitution" on a prescription. When the prescriber gives this directive, the pharmacist does NOT substitute. We dispense specifically what the prescriber has prescribed.

Section 4 of this bill is also interesting. It states that it is the pharmacy's responsibility to inform the patient what their co-pay will be, to provide administrative assistance to get payment, etc. Pharmacies do not have the capabilities to act as a benefits coordinator. Insurance companies are paid handsomely for this service. If the insurer or the insured would like us to provide this service reimbursement will be required. We already do considerable work for insurance companies without compensation. It is time they do their job and let us do ours.

Section 5(i) of this bill is central to the core of the matter. This is a "carve out" bill that mandates that a pharmacist cannot substitute a prescription for a "blood clotting product" without obtaining the prior approval of the prescribing practitioner. HB 5307, a bill that will be heard in the Public Health Committee next week, also adds a Section (i) to 20-619 of the general statutes and explains what pharmacists will need to do to dispense antiepileptic drugs. If this legislation passes and a precedent is set, Section (i) will fill up quickly with different therapeutic classes of drugs being carved out for various reasons, e.g. immunosuppressant drugs, fibromyalgia medication, etc. This type of legislation is appearing in other states and, like its companion bill for epilepsy, it is just a way to protect brand name products. This type of legislation will significantly drive up health care costs to all payers including the State of Connecticut. These medications are expensive and we will see in both Medicaid and in the State Employee contract more prescriptions written for brand name only medications. Where is the scientific evidence that would at least explain why this legislation is needed?

Pharmacists are allowed to use their professional judgment when it comes to generic substitution. We are the medication experts. We recognize that some of these products are considered to have a "narrow therapeutic index".

We weigh this when making generic determinations. This system has worked well for many years. Current law does not preclude a prescriber from mandating a brand be dispensed.

In conclusion, I urge the state to analyze the fiscal impact of this bill. This bill is an attempt to increase brand-name sales at the expense of taxpayers, private employers and consumers. We respectfully request that the Insurance Committee reject HB 5212.