

50
Christine Cappiello
Anthem 

February 18, 2010

Statement
Of
Anthem Blue Cross and Blue Shield
On
SB 50 An Act Concerning Oral Chemotherapy Treatments

Good afternoon Senator Crisco, Representative Fontana and members of the Insurance Committee, my name is Christine Cappiello and I am the Director of Government Relations for Anthem Blue Cross and Blue Shield in Connecticut. I am on testifying on SB 50 An Act Concerning Oral Chemotherapy Treatments

We are concerned about SB 50 because it seeks to impose a new mandate for all individuals and group policies, potentially including the State of Connecticut State Employees Health Insurance Plan. Mandates remove any choice that employers or individuals might have in purchasing health care. Our goal as a managed care organization is to provide a comprehensive meaningful set of benefits to individuals and employers purchasing our product. How we accomplish this goal changes as the needs and desires of the market changes. Mandating benefits take away the flexibility insurers have in developing products in response to the needs of the marketplace. The cost of mandates may cause the purchasers of health care, specifically employers to stop offering health insurance all together.

I would also like to add that the mandating of oral chemotherapy does several issues that we believe would be valuable for the Committee to know. It raises patient safety concerns because the lack of an in-office treatment removes the physician's direct supervision which provides an opportunity for the physician to see the side effects first hand and address them. Another concern is that they have been studies (A study published in the Journal of Clinical Oncology found that Gleevec patients, on average, were taking only 75 percent of their prescribed doses. (*Journal of Clinical Oncology, Vol. 24, No. 18S (June 20 Supplement), 2006: 6038*) and a study of anastrozole (Arimidex) in breast cancer suggests that adherence declines over time. For women with 3 years of continuous eligibility, mean adherence diminished each year, dropping from between 78% and 86% in year 1 to between 62% and 79% by year 3. The study concluded that many women were "suboptimally adherent" to this oral treatment. (*Partridge AH et al., Journal of Clinical Oncology, 2008; 24:556.562*) that show that some patients do not take all of their medicine as directed. Finally, this proposal does not take into consideration the structure of the health plan - which provides coverage for IV drugs as medical benefits and oral prescriptions as a pharmacy benefit - this may increase the member's out of pocket expense than they currently experience and offers no remedy if the member chooses not to have prescription drug coverage.

Thank you for the opportunity to speak on this bill and welcome any questions you may have.