



**Testimony of Victoria Veltri, Acting State Healthcare Advocate  
Before the Human Resources Committee  
In Support of HB 6360  
March 1, 2011**

Good afternoon Senator Musto, Representative Tercyak, Senator Markley, Representative Gibbons and members of the Human Services Committee. For the record, I am Victoria Veltri, the Acting State Healthcare Advocate. My office, the Office of the Healthcare Advocate (OHA) is an independent state agency with a three-fold mission: assuring managed care consumers have access to medically necessary healthcare; educating consumers about their rights and responsibilities under health insurance plans; and, informing you of problems consumers face in accessing care and proposing solutions to those problems.

I testify today on behalf of OHA in support HB 6360, *An Act Concerning Notice By The Department Of Social Services Of A Decision To Deny Payment For A Prescription Drug Under The Medicaid Program*. This bill offers a long overdue and important solution to a pressing problem in Medicaid program, and I ask for your support.

Medicaid is a program that by law requires due process protections—when a denial of a service or requested treatment is made, it must be accompanied by a written denial explaining the reasons for the denial, that the enrollee has the right to appeal and instructions how to appeal. Despite these requirements, for years, Medicaid recipients who have gone to the pharmacy to get their prescriptions filled, only to be denied the prescription, have not received denial notices advising them of their rights, and in most cases, walk away empty handed, or at best, with a temporary supply.

Three years ago, the Attorney General and the Child Advocate wrote to the Department of Social Services on this very issue. The January 22, 2008 letter stated:

“[I]n the event that an individual is denied access to even a temporary supply, either because he or she has returned a second time with a prescription for the same drug without prior authorization having been obtained, or for any other reason, a written notice to the recipient must be mailed out within 24 hours of an electronic denial at the pharmacy, explaining why the drug was denied and the means to request a hearing to review the denial. See 42 U.S.C. § 1396a(a)(3) and 42 C.F.R. § 431.205(d) and 431.220(a)(1).”

Despite the Attorney General's clear statement on the legal requirements of Medicaid, the Department of Social Services has never implemented a policy to ensure that denial notices were issued to Medicaid recipients denied drugs at the pharmacy. HB 6360 will correct this problem by requiring denial notices to be issued compliance with Medicaid law as described in the Attorney General's letter for any type of denial.

This is not just a legal issue. Medicaid enrollees are affected daily by the lack of a Medicaid complaint policy on this issue. For example, a recent review produced by Hewlett Packard found that, for the HUSKY population, in a 10-month period from 2008 to 2009, 5142 claims for drugs were denied by DSS electronically at the pharmacy because the drug the individual sought was not on the Preferred Drug List (PDL) and required prior authorization (PA), PA had not been obtained, and the person had already obtained a one-time 14-day temporary supply before returning to the pharmacy seeking another supply of the same drug. Six months later, 1350 of these claims still had not resulted in either PA for the drug being obtained or a switch to a different drug not subject to PA. With the exception of mental health-related drugs, DSS does not follow up with providers to advise the prescribers that a drug which they have prescribed was denied at the pharmacy for lack of PA and that PA is needed for the recipient to get a further supply of the drug (or that a different drug should be prescribed.) HB 6360 will finally address this problem by requiring follow-up with prescribers in all cases where drugs are denied, including for lack of PA.

With HB 6360 you have a chance to address a longstanding and very real problem faced by Medicaid enrollees, access to their medically necessary prescription medications. Thank you for allowing me to testify today in support of HB 6360. If you have any questions or concerns about my testimony, please contact me at (860) 297-3982 or [victoria.veltri@ct.gov](mailto:victoria.veltri@ct.gov).