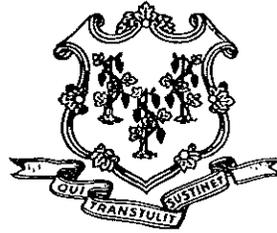


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Good afternoon Senator Crisco, Representative Megna and members of the Insurance and Real Estate Committee. I am here to testify in support of S.B. 186 AN ACT CONCERNING DISPENSATION AND INSURANCE COVERAGE OF A PRESCRIBED DRUG DURING REVIEW OF AN ADVERSE DETERMINATION OR A FINAL ADVERSE DETERMINATION, S.B. 192 AN ACT CONCERNING THE QUALIFICATIONS OF CLINICAL PEERS FOR ADVERSE DETERMINATION REVIEWS, S.B. 197 AN ACT DECREASING THE TIME FRAMES FOR URGENT CARE ADVERSE DETERMINATION REVIEW REQUESTS, and S.B. 201 AN ACT CONCERNING CANCELLATION NOTICES OF INDIVIDUAL LIFE INSURANCE POLICIES

SB 186 would require, in cases where a denial of service is for a prescription drug, that the insurer provide the patient with the prescription drug through the course of the appeal. This protects the patient by giving him or her access to needed medication and encourages the insurer to resolve the case quickly. While it appears this bill would make Connecticut the first state to enact this patient protection, it is a reasonable step forward and consistent with the requirement

under the Affordable Care Act regulations¹ that in the internal appeals process, an insurer must cover, during the course of an appeal, any service that is currently being provided for a patient (not just prescription drugs, but any service). Connecticut's statutes already require this coverage in the case of an expedited internal review.² In addition, under Connecticut's Medicaid Program, when a patient attempts to fill a prescription that requires prior authorization and the pharmacist is unable to acquire the prior authorization, the patient is given a 14 day supply of the drug as well as a notice on how to proceed and acquire the needed authorization for the drug going forward. The change that would be made by SB 186 would offer additional assistance to patients in our state who are navigating the complex puzzle that is our healthcare system..

S.B. No. 192 would enact a more stringent definition of "clinical peer" in the internal appeal process for adverse determinations. This definition would be consistent with the definition of clinical peer (similar health care provider) used in our medical malpractice statutes. Requiring that the clinical peers used to evaluate adverse determination reviews be certified specialists in the same specialty would result in more accurate and appropriate determinations. A similar change in the definition of clinical peer was made for appeals of adverse determination in mental health care in

¹ 45 CFR 147.136(b)(2)(iii) states:

(iii) *Requirement to provide continued coverage pending the outcome of an appeal.* A plan and issuer subject to the requirements of this paragraph (b)(2) are required to provide continued coverage pending the outcome of an appeal. For this purpose, the plan and issuer must comply with the requirements of 29 CFR 2560.503-1(f)(2)(ii), which generally provides that benefits for an ongoing course of treatment cannot be reduced or terminated without providing advance notice and an opportunity for advance review.

² 38a-591e (c)(3): (3) If the review under subdivision (1) of this subsection is an expedited review of a grievance involving an adverse determination of a concurrent review urgent care request, the treatment shall be continued without liability to the covered person until the covered person has been notified of the review decision.

PA 13-3. The changes that would be made by this bill would benefit all parties involved and make our healthcare system more consistent and effective.

S.B. No. 197 would decrease the timeframe for expedited reviews; this time frame was unfortunately lengthened in PA 11-58. Last year, in PA 13-3, this time frame was shortened to 24 hours for mental health claims. However, for all other claims, under the current system, the insurer has 72 hours to respond to an urgent care request; in some cases 72 hours can put a patient in serious danger of a negative outcome.

SB 201 would ensure that an applicant for an individual life insurance policy has the right to designate a third party to receive notice of cancellation of the policy based on nonpayment of premium. This provision would be of particular benefit to frail elderly policy holders who often rely upon their adult children to monitor their obligations and make sure that bills are paid.

One other issue I would like to ask you to address is updating the language in 38a-518b and 38a-492b. These sections address off label use of prescription drugs for patients with cancer or disabling or life-threatening chronic diseases. The names of the compendia in the statutes are out of date as some of them have merged or ceased to exist. I would also support making this

coverage available regardless of disease (as does Medicare B; Medicare D has less desirable language).

I would be glad to discuss possible language options. In addition to Medicare B, both the Veterans' Health Administration and the Indian Health Service require broad coverage of off-label use. There are other states that have statutes on this issue as well. I can provide the language from the VA and IHS. I have included below language that was drafted in collaboration with the Center for Medicare Advocacy which I believe is desirable.

Possible language:

Drugs used for indications other than those in the approved labeling shall be covered if it is determined that the use is medically accepted, taking into consideration the major drug compendia, authoritative medical literatures and/or accepted standards of medical practice. Determinations as to whether medication is reasonable and necessary for an individual patient are made on appeal on the same basis as all other such determinations (i.e., with support from the peer-reviewed literature, with the advice of medical consultants, with reference to accepted standards of medical practice, and in consideration of the medical circumstance of the individual case

Indian Health Service

Definition

For the IHS the term "investigational drug" is defined as either: (a) a new drug or new dosage formulation, i.e., Investigational New Drug (IND), which has not been approved for any medical indication by the Food and Drug Administration (FDA); or (b) an already-FDA-approved and marketed drug which is to be administered to a group of patients for study or research purposes for a non-FDA approved indication.

a. Unapproved Indications

* The above definition does not preclude a physician from legally prescribing a marketed drug for individual patients which are not a part of a study under conditions not approved in the package insert, i.e., a variation in dosage or indication for use. The pharmacy will monitor such uses as required under the IHS Pharmacy Standards of Practice and will report any trends to the Service Unit P&T Committee for review. The patient shall be informed by the prescriber that the drug is being used for an unapproved indication and it must be noted in the patient's health record that the patient has been so informed. Any drug used in this manner does not meet the definition of an "investigational drug."

VA guidance:

<http://www.pbm.va.gov/vacenterformedicationsafety/directive/GuidanceOffLabelPrescribing.pdf>

