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# EPILEPSY FOUNDATION

Connecticut

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Senate Bill 24, AN ACT ESTABLISHING STANDARDS AND REQUIREMENTS FOR INSURERS' DRUG FORMULARIES, REQUIRING DISCLOSURE OF CERTAIN HEALTH INSURANCE PLAN INFORMATION FOR CONSUMER COMPARISON PURPOSES, AND REQUIRING THE CONNECTICUT HEALTH INSURANCE EXCHANGE AND THE INSURANCE DEPARTMENT TO EVALUATE HEALTH INSURERS' COMPLIANCE WITH THE AFFORDABLE CARE ACT.

Senator Crisco, Representative Megna, members of the committee. My name is Linda Wallace and I'm the Executive Director of the Epilepsy Foundation of Connecticut. Though I can't be there in person, I felt it necessary to submit my remarks for the record in support of Proposed Senate Bill 24.

Both on the national and state level, the Epilepsy Foundation has been working to ensure that those suffering with chronic diseases like Epilepsy have the healthcare coverage they need in the new healthcare exchange. This includes not only having their drugs covered on an affordable tier but also providing them with plan information in an easily understandable format. Without clearly defined drug formulary lists and details on the costs associated with the deductibles, copays or coinsurance, it is practically impossible for a person to properly choose a plan.

Epilepsy is a chronic condition that requires the utmost attention to detail and adherence to treatment. Anticonvulsant and anti-epilepsy drugs are particularly unique and do not affect all persons with epilepsy in the same way. What works for one person can send another to the emergency room.

The danger associated with an unexpected drug formulary change made during the plan year is very high for someone with epilepsy. When a physician and their patient decide on a course of treatment and choose their particular medications they should be confident that no substitutions will be made. And most importantly that no substitutions will be made without warning and without their consultation.

The placement of drugs for chronic conditions including mental health drugs on specialty tiers that are out of the reach for patients is essentially discriminating against those living with these conditions. The Affordable Care Act was to ensure that those who were previously unable to obtain coverage would be able to do so. However, we continue to see many patients with chronic disease unable to afford the specialty tiers where these drugs are placed in a great number of plan formularies.

People depend on their medications to maintain their health and function in their daily lives. Everything that can be done to make the process easier to understand and use should be done. I hope you will support the provisions of Proposed Senate Bill 24 and provide people with chronic disease the opportunity to access medications and live healthier lives.

Thank you

Linda Wallace

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