



Testimony of Shawn M. Lang
Insurance and Real Estate Committee

5 February 2015

SB 21 and 24

Senator Crisco, Senator, Senator Hartley, Representative Megna, Representative Zoni, and members of the committee, my name is Shawn Lang, and I'm the Deputy Director with AIDS CT, CT's only statewide organization whose sole focus is HIV/AIDS. I also convened and chair the CT Opioid Overdose Prevention Workgroup, which has been meeting for over two years to increase awareness about, and expand access to Naloxone, and opioid antagonist which reverses opiate overdoses.

I'm here to testify in support of SB 21, An Act Concerning Health Insurance Coverage of Abuse-Deterrent Opioid Analgesics and SB 24, An Act Concerning establishing Standards and requirements for Insurers' Drug Formularies.

Regarding SB 21, while we are supporting the bill, I do have some concerns.

We have been working with Yale's Center for Interdisciplinary Research on AIDS, and the CT Office of the Chief Medical Examiner to clean and analyze accidental and undetermined opiate overdose deaths in CT. While this project is close to completion, we can tell you that between 2009 -2013, there were 1,540 accidental and unintentional opioid involved deaths, in 143 of our 169 cities and towns. We know, through national data, that some of these overdose deaths are related to prescription opiates, and, for some people, that leads them to using Heroin which is much less expensive and widely available.

The idea of supporting insurance coverage for Abuse Deterrent Formulations is a good one, but only if it is seen as one more tool in our toolbox to combat opioid abuse and prevention of opioid overdoses, and coupled with the following:

A singular bill that only focuses on ADF, doesn't go far enough in addressing some of the underlying issues, and frankly more critical issues, of opiate misuse and addiction. We know that opioid overdose deaths in our state have garnered a fair amount of attention and concern, and will require a strong, coordinated, multi-pronged approach.

Some critical pieces that need to be addressed, in addition to this proposed legislation include:

1. The lack of prescriber education on prescribing opiates, so that they can knowledgeably educate and discuss overdose risk with patients, and make Naloxone readily available to reverse an overdose;
2. The lack of prescribers registration with, and use of CT's Prescription Drug Medication Program (PDMP) which would actually allow them to submit, and then check to see if patients are "doctor shopping" for opiates. Right now, only 20% of prescribers even register for the PDMP, which is required, and even fewer use it. This would also cut down on cross state drug seeking;
3. The overprescribing of opiates in general. Even if these meds are "abuse deterrent", if someone becomes addicted to them, it might be an even faster route to heroin use;
4. Making Naloxone readily available and accessible for those who have prescription opiates, as well as friends and family members who could easily respond to and prevent and opiate overdose; and
5. The need for a full range of options for addiction treatment for people.

I believe that all together, these measures will help to address the opiate addiction problems we have in this state, and raise the awareness of prescribers and patients alike.

SB 24, An Act Concerning establishing Standards and Requirements for Insurers' Drug Formularies. I have just a few points that I'd like to highlight that are of most concern for people living with HIV/AIDS.

In the mid-1990s, we saw a major shift in treating HIV/AIDS. That's when the combination therapies came out, and were often referred to as causing a Lazarus effect. People literally came back to life from the brink of death. In those early days, groups like ACT UP formed and engaged in direct action to, among other things, bring drug prices down as they were often out of reach for the majority of people with HIV/AIDS.

Today, the ACA has offered people with HIV who, formerly, were uninsured, an opportunity to be better engaged in care, and access life-saving medications. However, the medications are often placed in the highest tier, making them out of reach for some. Instead of moving ahead and making progress, it feels like a giant step back to 1985. There must be provisions to keep the medications affordable for all.

There needs to be language that protects people with HIV/AIDS and other chronic illnesses from any mid-year formulary changes. This could be disastrous for our people. While we have medications that keep people alive, it is a very delicate balance of medications, and any changes could cause havoc. While HIV is viewed as a chronic disease, it is a very smart virus that can mutate requiring a different combinations of medications. Any unexpected formulary changes during the enrollment year needs to be addressed.

There not only needs to be transparency of information for consumers, as to what insurance plan would best meet their needs, but a critical need for well-informed assisters and navigators to help them make those decisions. We had a client who went to an assister and signed up for a Bronze Plan, which was less expensive, but inadequate for a person living with HIV.

Thank you. I'd be happy to answer any questions you might have.

My contact information is: (w) 860.247.2437 X319 (c) 860.543.9113, or slang@aims-ct.org