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February 25, 2016

**TESTIMONY OF SHELDON TOUBMAN BEFORE THE AGING COMMITTEE IN  
SUPPORT OF HOUSE BILL 5283**

Good afternoon, Senator Flexer, Representative Serra and Members of the Aging Committee. My name is Sheldon Toubman and I am an attorney with New Haven Legal Assistance Association. I am here to testify in support of House Bill 5283.

As a staff attorney in the benefits unit of my program, I see first hand how the financial struggles of low income individuals sometimes lead them to forego important medical treatments with potentially severe or even catastrophic consequences. It is this concern which primarily motivated the legislature years ago, when the Medicare Part D drug benefit was first implemented and the responsibility for drug coverage for the subset of Medicaid enrollees also on Medicare was transferred from Medicaid to Part D, to provide protection for those Medicare enrollees who also are poor enough to qualify for Medicaid: it passed a “wraparound” providing coverage for all of those copays with state funds.

Since then, the legislature, at the urging of the executive branch, has whittled away at this key protection, first requiring individuals to shoulder up to \$10 per month of the Part D copays, then increasing it to \$15 per month, and then, last session, eliminating any protection so that these individuals are now fully responsible for covering **all** of their Part D copays, with no limit.

It should be noted that the “Low Income Subsidy” presumed to protect low income Medicare enrollees still requires them to make significant outlays for copays, ranging from \$1.20 to \$7.40 per drug, depending on their income level and the kind of drug; without this subsidy, their copays would be even higher. It should also be noted that individuals who are essentially at the same income level as these dual eligible individuals but have only Medicaid coverage are actually **better** off than these dually eligible individuals, in that they do not have any copay obligations. There is no reason to discriminate against dual eligibles because they have been moved to this alternative source for coverage of needed drugs.

We have been in contact with several dual eligible individuals on seven, eight or more medications per month, for both medical conditions and psychiatric conditions. Some of them pay \$2.95 each just for their generic medications, and over \$7 for name brand drugs. These copays quickly can add to more than \$15 per month, with no cap on how much they must pay out.

The reality of these burdensome copay requirements, which may appear to be modest for middle income individuals, is that elderly and disabled individuals on low incomes of a few hundred dollars a month must often decide between paying a copay to get a prescription filled, or going without it to buy groceries or pay a utility bill instead. For some medical conditions, going without the medication may quickly result in significant symptoms and the patient may therefore be motivated to do whatever they can to pay for that drug. But if they are on multiple medications and one or more of them is for a condition which is largely invisible to the individual, such as high blood pressure, the struggles to make ends meet understandably can cause them to skip these medications, with potentially severe medical consequences.

Finally, while we recognize the state's serious financial situation, the savings projected by DSS from eliminating this protection last year was *de minimus* in the overall budgetary scheme: it estimated a savings of \$80,000 the first fiscal year and \$90,000 the second. And that small amount of savings can easily be exceeded by **additional** medical costs resulting from just two or three hospitalizations for serious conditions which could have been readily avoided if the individuals did not have to pay a copay and so took their medication as prescribed, such as for a stroke caused by the failure to take a high blood pressure medication.

Accordingly, I urge you to restore this important protection, at very modest cost, for our most vulnerable elderly and disabled individuals, likely saving significant outlays for crisis health care treatment which could have been avoided. Please pass favorably on HB 5823.

Thank you for the opportunity to speak with you today.