



**Testimony in Support of Senate Bill 34 An Act Concerning Dispensation and Coverage Of A Prescribes Drug For a Chronic Disease During Certain Adverse Determination Reviews And Decreasing The Time Frames For Urgent Care Adverse Determination Requests Insurance and Real Estate Committee February 1, 2016**

Senator Crisco, Representative Megna and members of the Insurance and Real Estate Committee, on behalf of the physicians and physician-in-training members of Connecticut State Medical Society (CSMS) and the organizations listed above, thank you for the opportunity to testify in support of **Senate Bill 34 An Act Concerning Dispensation and Coverage Of A Prescribes Drug For a Chronic Disease During Certain Adverse Determination Reviews And Decreasing The Time Frames For Urgent Care Adverse Determination Requests..** The language in this proposed legislation decreases from seventy two to forty eight hours the utilization review period for urgent care reviews, expedited review requests and expedited external review requests when requested services are denied. Currently three days are afforded to make these critical determinations. This bill would also require medications for chronic diseases to be dispensed during the pendency of an adverse determination review.

Any prudent individual would consider waiting three days for a decision in an urgent situation far too long, regardless of the diagnosis, the condition being treated, or the medical treatment prescribed. Add to that seventy-two hour period another seventy-two hours during the pendency of an expedited review, plus another seventy-two hours should an expedited external appeal be necessary, and a patient could have to wait for up to nine days to receive a coverage decision for medically necessary care. This is not acceptable.

Our organizations have been consistent in our message for well over 20 years now that no one is more qualified to determine appropriate and necessary treatment than the patient-physician team. We fully believe that if a treating physician deems a service medically necessary it should be incumbent upon the insurer, not the physician to prove otherwise. Further, the trend toward tiered and restricted medication formularies, though perhaps well guided from an economic perspective, may deviate, often quite far, from the ideal when it comes to the intended purpose of treating a disease effectively and without unwelcome side effects. Diseases are notably uncooperative when it comes to logic. There are times when every available medication but one fails to produce any relief or where all but one produces significant side effects, such as allergic manifestations that can be deadly. Holding the treatment of the disease in abeyance while the

insurance carrier makes a determination erodes the patient-doctor relationship and leaves the patient subject to progressive injury that may not be reversible. This is also why we have continually opposed the imposition of mandated "step therapy" requirements against a physician's judgment.

In this age of high deductibles and the seemingly uncontrollable inflation of drug prices, having the patient pay out of pocket is simply not realistic, and is patronizingly cruel in its attitude. We are better than that as a state. We need to make sure these life saving, critical and often time sensitive medications are available to the patients of Connecticut.

The proposed legislation before you today could be further strengthened if it was not restricted to specialists treating the specific chronic disease. There is often considerable overlap between specialties and as drafted, the provision leaves interpretation so open that the bill may prove all but meaningless. That said it is at least a step in the right direction, though we believe that more clarity is needed so that there are not misinterpretations of the intent of this legislation moving forward that could leave the patient susceptible to the whim of who is making the determination.

In conclusion, we urge the Committee to take every available step to bring a humane and logical approach to the treatment of disease. We urge the Committee members to support SB 34, and hope that one day it may be strengthened even further.

Thank you for the opportunity to provide this testimony to you today.

Please support Senate Bill 6.