



National
Multiple Sclerosis
Society
Connecticut
Chapter

Insurance and Real Estate Committee

Testimony in support of SB 34, An Act Concerning Dispensation and Coverage of a Prescribed Drug for a Chronic Disease During Certain Adverse Determination Reviews, and Decreasing the Time Frames for Urgent Care Adverse Determination Review Requests

Senator Crisco, Representative Megna, Senator Hartley, Representative Zoni, Senator Kelly and Representative Sampson and distinguished members of the Insurance and Real Estate Committee,

The National Multiple Sclerosis Society, Connecticut Chapter is urging the Insurance and Real Estate Committee to pass SB 34, An Act Concerning Dispensation and Coverage of a Prescribed Drug for a Chronic Disease During Certain Adverse Determination Reviews, and Decreasing the Time Frames for Urgent Care Adverse Determination Review Requests.

SB 34 provides protections for individuals living with chronic diseases, such as multiple sclerosis, who need access to medications during an insurer's internal utilization review and grievance processes. The legislation also decreases the time for urgent care expedited reviews from 72 to 48 hours.

Multiple sclerosis (MS) is an unpredictable, often disabling disease of the central nervous system that disrupts the flow of information within the brain, and between the brain and body. Symptoms range from numbness and tingling to blindness and paralysis. The progress, severity and specific symptoms of MS in any one person cannot yet be predicted.

With MS and other chronic illnesses, maintaining access to treatments and prescription drugs is critical for symptom management and to curtail the progression of the disease. Non-adherence and gaps in treatment are associated with increased rate of relapses and progression of disability. Factors affecting choice of treatment at any point in a disease course are complex and most appropriately analyzed and addressed collaboratively by the individual and his or her treating clinician.

We support that the legislation includes the provision that the health carrier must confirm with the provider's concurrence with the dispensing of such temporary

supply of such drug. If such participating provider does not concur, the health carrier shall cancel such authorization.

We recently conducted a survey of local physicians and one provider shared the following perspective: "The letters from the insurance companies are more complex. It is often difficult for me to determine if the letter is a denial or a temporary supply. Also they may decline the med stating the preferred med was not tried, but they NEVER state which is the preferred med." We consistently hear from health professionals about the challenges they face in helping their patients access medications and related services/treatments. This legislation provides a tool to assist consumers and providers; it will save time and some of the administrative burdens which exist in our health care system. This can ultimately save money.

Please pass SB 34, An Act Concerning Dispensation and Coverage of a Prescribed Drug for a Chronic Disease During Certain Adverse Determination Reviews, and Decreasing the Time Frames for Urgent Care Adverse Determination Review Requests.

Thank you.

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