Testimony before the Human Services Committee  
March 6, 2018

SB 246 An Act Limiting Auto Refills of Prescription Drugs Covered Under the Medicaid Program.

Good Morning Senator Moore, Senator Markley, Representative Abercrombie, and members of the Committee. My name is Margherita Giuliano. I am a pharmacist and Executive Vice President of the Connecticut Pharmacists Association, a professional organization representing close to 1,000 pharmacists in the state, and I am submitting testimony to support SB 246 An Act Limiting Auto Refills of Prescription Drugs Covered Under the Medicaid Program.

Many prescribers and other healthcare professionals could argue that automatic prescription refills are a useful tool to improve medication adherence. In a perfect world that might be true. However, our pharmacists have documented instances where patients continue to receive automatic refills for a prescription drug that they no longer take because of potential side effects. Some patients do not want to tell their pharmacist or prescriber that they are not taking their medication, so they continue to get the medication through the mail via autofill and “stockpile” it in their homes. This becomes not only a cost burden to the healthcare system, but also a patient safety issue since multiple medications are in the home for anybody to take. The automatic refill process is not easy to “turn off.” More importantly, automatic refills can be harmful if patients assume that they should take all medications that automatically come in the mail. They also can be harmful for the environment. The National Community Pharmacists Association (NCPA) has documented many examples of mail order pharmacy waste that cost anywhere from $2,000 to over $10,000. Please visit https://www.ncpanet.org/pdf/leg/sep11/mail_order_waste.pdf to see these examples.

The CPA does not feel that automatic refills are beneficial under any circumstances and would caution the development of criteria to identify eligible prescriptions for automatic refill under the Medicaid program. However, CPA strongly supports refill reminder programs to improve patient adherence. Refill reminder programs serve the purpose of automatically informing the patient that their prescription is due for a refill, but it does not refill the prescription until the patient gives consent. We recognize the value in programs that continue to keep patients engaged in managing their medication. If a medication has been changed, the patient is more likely to contact his or her pharmacist or prescriber instead of just refilling it.

Although more advanced electronic health communications have emerged, such as the ability for prescribers to electronically cancel prescriptions upon initiating new therapy, they have yet to become implemented as a standard in practice. Associated costs with these technologies have become challenging with declining reimbursements for pharmacies. Until these tools have become a part of everyday practice, pharmacists and prescribers may utilize other tools to improve adherence in the Medicaid program, such as medication synchronization. To briefly explain, medication synchronization programs synchronize patients’ chronic medications’ fill dates so they can pick up all of their medications once a month. In 2013, Public Act No. 13-131 allowed for medication synchronization programs in pharmacies. A study conducted by NCPA in 2013 found that patients who were enrolled in a medication synchronization program from their local pharmacy averaged more than 100 additional days of therapy annually. The study also found that 30% of these patients were more likely to take their medication as prescribed than patients who were not enrolled in a synchronization program. CPA recognizes the effectiveness of these programs, which helps patients better understand the importance of taking their medications while reducing healthcare costs associated with medication abandonment and nonadherence. These programs have not been widely implemented because pharmacists do not receive reimbursement for their expanding role in medication coordination. We support all programs that have a strong impact on medication adherence, which is an important piece of patient-centered care.
In conclusion, we ask you to support this bill. We believe automatic refills should be prohibited in all healthcare plans. As pharmacists play a crucial role in monitoring the appropriate, effective and safe use of medications, programs like medication synchronization is a service that insurers should pay for. Through medication synchronization, pharmacists ensure adherence and reduce overall healthcare costs while providing more interaction with patients about their medications. In the state of Washington, third-party payers are required to pay for services that pharmacists provide beyond dispensing medication. We urge you to consider similar legislation in Connecticut, as the role of pharmacists will only expand moving forward.