Insurance and Real Estate Committee  
JOINT FAVORABLE REPORT  

Bill No.: HB-7261
Title: AN ACT PROHIBITING REQUIREMENTS FOR PRESCRIBING CLINICALLY INAPPROPRIATE QUANTITIES OF OUTPATIENT PSYCHOTROPIC DRUGS.
Vote Date: 3/14/2019
Vote Action: Joint Favorable
PH Date: 3/5/2019
File No.:  

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SPONSORS OF BILL:
Insurance and Real Estate Committee

REASONS FOR BILL:
To prohibit health insurance policies providing coverage for outpatient prescription drugs, and mental health care benefits provided under state law, with state funds or to state employees, from requiring a prescribing health care provider to prescribe an outpatient psychotropic drug in a quantity that such provider deems clinically inappropriate. Under current law, health insurance companies provide prescription drugs benefits in the 30 to 90 day increments. The bill is attempting to prevent waste from accumulating drugs due to patients trying various psychotropic drugs until one of them is correct for the person. The bill is an attempt to prevent the over dispensing of psychotropic drugs when the patient is new to the drug or is trying to find the correct drug.

RESPONSE FROM ADMINISTRATION/AGENCY:

Kevin Lembo, State Comptroller agrees with the intent of the bill. The Office of the Comptroller is currently in contract negotiations for the next pharmacy benefit manager and intend to include language that would require that pharmacies in the patient benefit manager network fill only the number of days prescribed for all psychotropic drugs. This bill will insure that the doctor, not the pharmacy benefit manager determines the appropriate supply amount for the medication.

Ted Doolittle, Health Care Advocate, Office of the Health Care Advocate, supports the intent because there are circumstances when a supply of less than 30 pills may be necessary to determining by a prescribing practitioner and the dispensation of additional medication may put the consumer health risk. Consumers should not have to accept unnecessarily risky quantity of drugs form a pharmacy or have to pay high costs as a result.
of receiving a safer quantity that doesn’t fit within a health plans 30 day benefit structure. This bill seeks to protect consumers. The OHA recommends that the final language of the bill be carefully crafted to supplement the direct consumer benefit with additional tools that will allow insurers to leverage lower overall drug costs as part of their agreements with manufacturers and pharmacy benefit managers.

NATURE AND SOURCES OF SUPPORT:

**Shaukat Khan, Connecticut Psychiatric Society** supports the bill believing it will stop practices that are dangerous for patients. Many times patients on psychotropics drugs need to try different medications until the proper one is found. If each time there is a change, that person is getting a 90 day supply it is dangerous for the patient, and dangerous for the family.

**Joanne DeSanto Iennaco, Yale School of Nursing**, supports the bill because recently insurance companies have actively required the supply of medications prescribed for a patient to be increased from smaller supplies to mandated 30 to 90 day supplies. There is a cost burden on the patient especially if that patient then changes their medication after a few weeks. There is real concern as to an individual's ability to manage multiple days or weeks of medications particularly if there are cognitive problems and social or safety issues especially if there is the presence of impulsivity and suicidal thought or intent. Psychotropic can be lethal sometimes in small amounts.

**Danielle Morgan, CTAPRNS**, supports the bill. Currently there is no oversight body that can regulate the current problems surrounding this issue, so psychiatrist’s providers come to the legislature to seek corrective action. Need to include the language to third party payers who offer pharmacy benefits in CT and not just isolated to Medicaid state employees or just Medicare beneficiaries.

**Tabassum Ali, Psychiatric Nurse Practitioner**, supports banning a 90 day requirement for medication prescriptions due to the risk of harm of having inappropriate quantity of medications on hand. The 3rd leading cause of death from suicide for woman is overdose. Not only is the medication we prescribe harmful if not properly used, many have substantial street value and abuse potential including Ritalin and Suboxone.

**Geraldine Tookey, Pediatric Nurse Practitioner, Institute of Living**, supports the bill and states that Nurses, Physicians and Physician assistants should be able to practice medicine without the undue interference from insurance companies and should be able to prescribe the medication in a safe quantity.

**Margaret Watt, Co-Director of the HUB: Behavioral Health action Organization for Southwestern CT**, supports the language in the bill but adds that a solution could be to adapt prescribing guidelines to help clinicians identify patients at increased risk and trigger the ability to prescribe a smaller amount at lower cost per unit.

NATURE AND SOURCES OF OPPOSITION:
None Expressed.

Reported by:  Terri Reid               Date: 3.26.19