Bill No.: SB-4  
Title: AN ACT CONCERNING THE ACCESSIBILITY OF PRESCRIPTION DRUGS.  
Vote Date: 3/8/2019  
Vote Action: Joint Favorable  
PH Date: 3/4/2019

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SPONSORS OF BILL:  
The Public Health Committee

REASONS FOR BILL:  
This bill requires the Department of Public Health(DPH) in collaboration with the Department of Consumer Protection (DCP) to study the public health impact resulting from individuals who:
- Do not take prescribed medication
- Do not take the medication as directed
- Do not take medication because they cannot afford to pay for it.

The study recommends strategies to improve patient access to medication prescribed by their health care providers.

The Commissioners from DPH and DCP must report their findings to the Public Health and General Law committees by January 1, 2020.

RESPONSE FROM ADMINISTRATION/AGENCY:

Raul Pino, M.D., M.P.H., Commissioner of the CT Department of Public Health (DPH)  
Michelle Seagull, Commissioner of the CT Department of Consumer Protection (DCP):
The Commissioners submitted joint testimony. DPH and DCP recognize that prescription drug affordability is a significant problem in Connecticut and presents a very serious negative impact to our public health. While DPH and DCP commend the goals of the bill, neither department has access to the critical data necessary to conduct such a study. The departments recognize that medication non-adherence can result in disease and even death and contribute to increased health care costs. However, such studies are usually conducted with epidemiologists, statisticians and other medical professionals with the appropriate expertise. Neither department has staff with the particular skill set required to conduct this
significant study. The Commissioners applaud and encourage research efforts in this area and in their testimony referenced three peer reviewed journal articles that describe a systematic review of the economic impact of medication non-adherence and potential interventions.

The following testimony was submitted by Senate Democrats: The Senate Democratic Caucus supports this concept and urges the committee to move it forward. The cost of prescription drugs has increased significantly over the last two decades making it increasingly difficult, and in some cases prohibitive, for patients to access life-saving medications prescribed by their health care providers. One example cited was the increased cost of a common medication, insulin. In 1996, a 10-ml vial of insulin cost $21. Today, the price for that same vial is $275. As a consequence of this surge in the price, patients are taking steps to acquire the insulin in potentially dangerous ways. These steps range from rationing their medication to more precarious actions such as purchasing through the" black market" or from unapproved pharmacies over the border in Mexico, and creating “Go-Fund-Me pages to pay for their medications. It has been reported that one in four diabetic patients have rationed insulin. This is a dangerous practice that can lead to disabling or deadly complications such as blindness, kidney failure, amputation, heart disease and stroke. The increased cost of insulin is only one example of a situation that includes numerous medications. The testimony cited a Kaiser Family Foundation poll that found among American’s currently taking prescription drugs, 24% of adults and 23% of seniors cited cost as a barrier to taking their medications as prescribed. The study also found that 8% of adults indicated that their conditions worsened as a result of not taking recommended medications. It is very important for Connecticut to initiate steps to understand this new public health crisis and determine what our state can, and must do to combat it.

NATURE AND SOURCES OF SUPPORT:

Nathan Tinker, CEO, Connecticut Pharmacists Association (CPA): The CPA which represents 1,000 pharmacists, technicians and students of pharmacy strongly supports this legislation. In his testimony, Mr.Tinker pointed out that pharmacists are the front-line when dealing with patients, not only to dispense and track their prescriptions, but also listening to their complaints (sometimes quite forcefully) about the high cost of their medications. Pharmacists bear the brunt of overreach and predatory practices of Pharmacy Benefit Managers. Mr.Tinker urged that a pharmacist be included in this important study. A pharmacist would provide important insights to understand how drug costs work, how patients respond, and potential strategies to fix the system.

A Representative From AARP: The AARP is an organization representing 38 million seniors nationwide and 600,000 in Connecticut. The AARP regularly hears from members concerning the life- altering choices and consequences they face in trying to afford their prescribed medications. The average retail price of a prescription drug used to treat a chronic condition has reached $13,000 per year. This is three times more than what it was in 2006 when the Medicare Part D benefit was enacted. AARP strongly supports this legislation as it is an important first step in recognizing the harm that has been inflicted on many patients as a result of the rising cost of many prescription drugs, as well as finding a solution to this issue.
NATURE AND SOURCES OF OPPOSITION:

None submitted.

Reported by:  Kathleen Panazza  Date: March 12, 2019