



Connecticut



UNIVERSAL HEALTH CARE  
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Advocacy and Action  
for Connecticut's  
Mental Health



CONNECTICUT  
LEGAL  
RIGHTS  
PROJECT, INC.



May 20, 2019

Dear Representatives Aresimowicz, Ritter, and Klarides,

We, the below signed, **urge** you to bring HB 6096 to the floor for a vote before the end of the 2019 session.

HB 6096 prohibits non-medical switching, often referred to as mid-year formulary changes, which occurs when an insurer removes a drug from a covered formulary or moves it to a higher cost-sharing tier mid-policy term for reasons other than medical necessity. HB 6096 would require insurers to honor the agreed contract between an individual and an insurance carrier and cover a medication for the remainder of the policy term. We **oppose** amending this legislation to a notification-focused bill that does not provide continuity of coverage.

Many residents across the state depend on the stability a specific medication affords them. During open enrollment periods, individuals often review insurers' formularies specifically to find the medication they need and choose a plan accordingly. When they sign up for a plan, they are in essence signing a contract for a specific time period. It is inherently unfair that an insurer should be allowed to break the terms of this contract and remove a covered medication during the plan year. It is important to note that, for many chronic and complex diseases, medications and therapies are not interchangeable. When a person living with a chronic or complex illness loses access to the treatment that best controls their disease progression, they may experience loss of function and possible irreversible increase in disability.

Movement from one treatment to another should only occur for medically appropriate reasons. Given the rising price of prescription drugs, when faced with non-medical switching, patients have discontinued treatment due to cost because they are unable to shoulder the burden of out-of-pocket expenses. For those living with chronic illnesses, this option can often lead to disease progression, reduced functional capabilities, increased healthcare costs due to the higher incidence of ER and physician visits, and an overall lower quality of life.

A poll by the Alliance for Patient Access has reported that more than two-thirds of chronic disease patients have been driven to change medications due to reduced insurance coverage and higher out-of-pocket costs. Of these two-thirds, 95% have reported worsening symptoms, 89% reported worse side effects following a switch to a new medication, and 48% were switched to a medication they had previously tried and discontinued due to side effects, ineffectiveness or cost. This research shows that non-medical switching is extremely detrimental to the lives of those living with chronic illnesses in Connecticut.

We urge House leadership to bring this bill to the floor for a vote. It is crucial to the health, safety, financial security, and emotional stability of Connecticut residents.

Sincerely,

National Multiple Sclerosis Society

AARP CT

Aimed Alliance

American Cancer Society Cancer Action Network

Arthritis Foundation

Connecticut Legal Rights Project

Connecticut Orthopaedic Society

Connecticut State Medical Society

CT Cross Disability Lifespan Alliance

Epilepsy Foundation of Connecticut

Keep the Promise Coalition

NAMI CT

Universal Health Care Foundation of Connecticut