Act Number: 09-136

Bill Number: 6540

Senate Pages: 4659-4661, 4794-4796 — 6

House Pages: 3552-3556 — 5

Committee: Aging: 402-412, 428-431, 437-438, 454-463, 481, 486 — 31

Page Total: 42

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SENATOR DEBICELLA:

Thank you, Mr. President. Very briefly this is a very common sense bill which will streamline the consent for HIV testing. I join Senator Harris in urging its passage.

THE CHAIR:

Thank you, sir.

Will you remark? Will you remark further on House Bill 6391?

Senator Harris.

SENATOR HARRIS:

Thank you, Mr. President. If there is no objection, I move this matter be placed on the Consent Calendar.

THE CHAIR:

The Senator has asked the item to be placed on the Consent Calendar. Without objection, so ordered.

Mr. Clerk.

MR. CLERK:

Calendar Number 650, File Number 569 and 962, Substitute for House Bill 6540, AN ACT CONCERNING PRESCRIPTION EYE DROP REFILLS, as amended by House Amendment Schedule A, favorable report of the Committees on Aging, Public Health, Human Services and

Appropriations.

THE CHAIR:

Senator Prague.

SENATOR PRAGUE:

Thank you, Mr. President. Mr. President, I move the Joint Committee's favorable report and passage of the bill as amended by House Amendment A.

THE CHAIR:

Acting on approval and acceptance of the bill, ma'am, would you like to discuss it further?

SENATOR PRAGUE:

Mr. President, the underlying bill mandates that if a person needs to have the eye drop prescription refilled before the 30 days within which the prescription ran out, as long as a doctor says it's okay, they can refill that prescription with no problem. House Amendment A eliminated the programs at DSS so that there would be no fiscal impact to the state.

Frequently, you know, as people get older their hands are not as steady, and sometimes the drops don't fall in the eye like they should, so consequently they need to have that prescription refilled, and it's a good bill, Mr. President, and doesn't cost us

anything.

THE CHAIR:

Thank you, Senator Prague.

Will you remark? Will you remark further on House Bill 6540 as amended by House A? Will you remark further? Senator Prague.

SENATOR PRAGUE:

If there's no objection, Mr. President, I'd like to place this on the Consent Calendar.

THE CHAIR:

The Senator has requested that this item be placed on Consent. Without objection, so ordered, ma'am. Thank you.

SENATOR PRAGUE:

Thank you.

THE CHAIR:

Mr. Clerk.

THE CLERK:

Calendar page 16, Calendar Number 657, Files Number 231 and 963, House Bill 6541, AN ACT CONCERNING FIREFIGHTER I CERTIFICATION REQUIREMENTS, as amended by House Amendment Schedule A, favorable report of the Committee on Public Safety.

THE CHAIR:

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SENATOR GAFFEY:

Mr. President, if there's no objection I'd ask that the bill be moved to the Consent Calendar.

THE CHAIR:

The Senator has requested that the bill be placed on the Consent Calendar. Seeing no objection, so ordered sir.

Senator Looney.

SENATOR LOONEY:

Thank you, Mr. President. Mr. President we had one item previously placed on the Consent Calendar that I would move now to remove from the Consent Calendar and to mark it pass temporarily. And that was Calendar page 8, Calendar 582, House Bill 5436.

THE CHAIR:

There's a motion on the floor to remove an item from the Consent Calendar and to PT it. Without objection, so ordered.

SENATOR LOONEY:

Yes, thank you Mr. President. Mr. President, if the Clerk might now call the items on the Consent Calendar.

THE CHAIR:

Mr. Clerk please call Consent Calendar Numero

Uno.

THE CLERK:

Immediate roll call has been ordered in the Senate on the Consent Calendar. Will all senators please return to the chamber. Immediate roll call has been ordered in the Senate on the Consent Calendar. Will all Senators please return to the chamber.

Mr. President the first Consent Calendar begins on Calendar page 1, Calendar 681, House Joint Resolution Number 121; Calendar page 4, Calendar Number 401, Substitute for House Bill 5669; Calendar page 5, Calendar 456, Substitute for House Bill 5019; Calendar page 7, Calendar 532, House Bill 6448; Calendar page 8, Calendar 8 -- correction, Calendar 580, Substitute for House Bill 6531; Calendar page 9, Calendar 597, Substitute for House Bill 6114; Calendar Number 600, House Bill 5635; Calendar page 10, Calendar 605, Substitute for House Bill 6200.

Calendar page 14, Calendar Number 644, House Bill 6391; Calendar 650, Substitute for House Bill 6540; Calendar page 16, Calendar 657, House Bill 6541; Calendar page 29, Calendar 330, Substitute for Senate Bill 954; and Calendar page 34, Calendar Number 504, Substitute for Senate Bill 939.

Mr. President that completes those items placed on the first Consent Calendar.

THE CHAIR:

Mr. Clerk, please call the Consent Calendar again, the machine will be open.

THE CLERK:

The Senate is now voting by roll call on the Consent Calendar. Will all senators please return to the chamber. The Senate is now voting by roll call on the Consent Calendar. Will all senators please return to the chamber.

THE CHAIR:

Have all senators voted? If all senators have voted please check your vote. The machine will be closed. The Clerk will call the tally.

THE CLERK:

Motion is on adoption of Consent Calendar Number 1.

Total Number Voting	36
Those voting Yea	36
Those voting Nay	0
Those absent and not voting	0

THE CHAIR:

Consent Calendar 1 passes.

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REP. CLEMONS: (124th)

Thank you. On behalf of the Black and Puerto Rican Caucus we'd like to thank everyone that supported our annual spring fling. It was a success, and thank you to everyone. Thank you.

SPEAKER DONOVAN:

Will the Clerk please call Calendar Number 379.

CLERK:

On Page 41, Calendar Number 379, Substitute for House Bill Number 6540 AN ACT CONCERNING PRESCRIPTION EYE DROP REFILLS. Favorable Report of the Committee on Appropriations.

SPEAKER DONOVAN:

It appears as if Representative Serra's having trouble with his microphone, so Representative Serra, why don't you use the microphone of Representative Janowski.

REP. SERRA: (33rd)

Thank you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Serra, you have the floor, Sir.

REP. SERRA: (33rd)

Mr. Speaker, I move for acceptance of the Joint Committee's Favorable Report and passage of the bill.

SPEAKER DONOVAN:

The question is on acceptance of the Joint Committee's Favorable Report and passage of the . Will you remark, Sir?

REP. SERRA: (33rd)

Thank you, Mr. Speaker. This provides coverage under health insurance plans to patients needing refills for prescription eye drops when their prescription runs out less than 30 days, Mr. Speaker.

SPEAKER DONOVAN:

The question is on acceptance of the Joint Committee's Favorable Report and passage of the . Will you remark, Sir?

REP. SERRA: (33rd)

Thank you, Mr. Speaker. Mr. Speaker, the Clerk has an Amendment, LCO Number 6830. Would he please call and I be allowed to summarize.

SPEAKER DONOVAN:

Will the Clerk please call LCO Number 6830, which will be designated House Amendment Schedule "A".

CLERK:

LCO Number 6830, House "A", offered by Representative Serra et al.

SPEAKER DONOVAN:

The Representative seeks leave of the Chamber to summarize the Amendment. Is there objection to summarization? Is there objection to summarization?

Representative Serra, you may proceed with summarization.

REP. SERRA: (33rd)

Thank you, Mr. Speaker. Mr. Speaker, what this finally does is two things. One, the Department of Social Services under the state medical plans that it administers has this policy already. This is going to require the private insurance plans to provide prescription refills where patients have run out of their prescription eye drops in less than 30 days.

Mr. Speaker, I move for adoption of the Amendment.

SPEAKER DONOVAN:

The question before the Chamber is adoption of House Amendment Schedule "A". Will you remark? Will you remark further on the Amendment? Will you remark further?

If not, let me try your minds. All those in favor of the Amendment please signify by saying Aye.

REPRESENTATIVES:

Aye.

SPEAKER DONOVAN:

All those opposed, Nay. The Ayes have it. The Amendment is adopted.

Will you remark further on the as amended? Will you remark further on the as amended?

If not, staff and guests come to the Well of the House. Members take their seats. The machine will be opened.

CLERK:

The House of Representatives is voting by Roll Call. Members to the Chamber.

The House is voting by Roll Call. Members to the Chamber, please.

SPEAKER DONOVAN:

Have all the Members voted? Have all the Members voted? Please check the board to make sure your votes are properly cast.

If all Members have voted, the machine will be locked and the Clerk will please take a tally.

Will the Clerk please announce the tally.

CLERK:

House Bill Number 6540 as amended by House "A".

Total Number Voting	142
Necessary for Passage	72

Those voting Yea 142

Those voting Nay 0

Those absent and not voting 9

SPEAKER DONOVAN:

The as amended is passed.

Are there any announcements or introductions? Representative Perone.

REP. PERONE: (137th)

Thank you, Mr. Speaker. I rise for a point of personal privilege.

It is my great privilege to welcome, all the way from Nuremburg, Germany, Rebecca Wagner, who is with the YMCA in the Nuremburg chapter, and she is doing a fantastic job here with the Norwalk YMCA, and it is our great pleasure to welcome her for her five-month internship, and I would ask at this moment that the Chamber rise and give her our usual warm and generous welcome. Thank you very much.

(APPLAUSE)

SPEAKER DONOVAN:

Thank you, Madam. Welcome to our Chamber.

Will the Clerk please call Calendar Number 524.

CLERK:

JOINT
STANDING
COMMITTEE
HEARINGS

SELECT
COMMITTEE
ON AGING
PART 2
294 - 486

2009

CHAIRMEN: Senator Prague
Representative Serra

VICE CHAIRMAN: Representative Bye

MEMBERS PRESENT:
SENATORS: Kissel

REPRESENTATIVES: Aldarando, Cook, Tallarita

REP. SERRA: Good morning. I'd like to call the Select Committee on Aging to order. This is a public hearing. The first person up as a public officer is Claudette Beaulieu.

A VOICE: She's not here.

REP. SERRA: Not here. Senator Caligiuri is not here.

SENATOR PRAGUE: Nobody else starts on time but us. Go to the public.

REP. SERRA: Go to the public hearing. I'm going to -- Sherry Ostrout. Is she here? If not, we're going to call Doctor Elwin Schwartz, please.

Good morning, Doctor, and if you have anybody else you want to bring up after you testify, it's fine with us.

ELWIN SCHWARTZ: (Inaudible.)

REP. SERRA: Oh, okay. No, that's fine. Please proceed, though.

ELWIN SCHWARTZ: (Inaudible.) It is the only fair and proper thing to do. I thank you for your time and would be happy to answer any

HB6540

questions.

REP. SERRA: Senator Prague.

SENATOR PRAGUE: Doctor Schwartz, thank you for coming in.

I'm looking at your testimony, I don't see Medicare Part D mentioned, and on the other hand I don't know if we have any authority over Medicare Part D except for those --

ELWIN SCHWARTZ: Well, we do because Medicare Part D is usually paid for by a private insurance company that is contracted such as Blue -- Blue Care -- Blue Cross/Blue Shield, AARP, for example.

SENATOR PRAGUE: There are a lot of them, like --

ELWIN SCHWARTZ: Right.

SENATOR PRAGUE: -- 50 I think.

ELWIN SCHWARTZ: And I'm glad you brought that up because just recently, and as part of my written testimony there's a short letter from a patient of mine from the shoreline who could not come up, by name of Inez Fanfrlik. She was in her pharmacy just last week as I was writing my testimony, and I got a call from the pharmacist, Mark at Walgreens, who said she needs drops and the HMO won't allow it, and it happened to be AARP. And I said that's fine. Here's my standard line, which I give to all of my pharmacists when I call them, I said please call up the HMO and tell the person at the other end that if this patient loses vision I will not hesitate one second to name them in the malpractice suit, because if I'm on the line, you're on the line. And so he called up AARP and he got somebody on the

phone who said, Oh we'd be happy to approve this early at Tier 5 level.

Now, there's no such thing as a Tier 5 level to my knowledge, and I've been in this business for over 30 years. But this is the kind of shenanigans that go on with the HMOs, and they basically said, No, we're not going to approve it. We don't care what happens. So my next step was, I don't just threaten, I did write the Attorney General to say that, you know, the HMOs are lying to my patients. They're lying to the pharmacists, and this has got to stop. My patients can't afford to be off their medications.

SENATOR PRAGUE: And I really appreciate your advocacy.

ELWIN SCHWARTZ: Thank you.

SENATOR PRAGUE: And without advocacy like yours, patients would really have to go without their drops.

ELWIN SCHWARTZ: Well they are because they're not telling me.

SENATOR PRAGUE: Before you leave here we want to give you the name of our healthcare advocate and how to reach him.

ELWIN SCHWARTZ: Okay. It would be my pleasure.

SENATOR PRAGUE: So if you wanted to end your problems you could call him. He is excellent. By the way, I'll tell you now. His name is Kevin Lembo, L-e-m-b-o. I don't know the number off the top of my head, but we'll get it for you before you leave here.

ELWIN SCHWARTZ: Okay. Great.

SENATOR PRAGUE: He will help you with any kind of healthcare problems.

ELWIN SCHWARTZ: Excellent. Thank you.

SENATOR PRAGUE: And we'll check and see if you can put Medicare Part D plans into this, so that they're not (inaudible). I don't know whether we can or not because you know, their contracted with the feds.

ELWIN SCHWARTZ: With the feds.

SENATOR PRAGUE: We'll check that out and see if we can --

ELWIN SCHWARTZ: Well, certainly you have the support of my national academy as well as the state society. I've been in touch with them as well, but somebody could not come up from Washington to testify, but we're working on that, but they felt if we could get a foothold in the state of Connecticut, it would certainly be a wonderful start.

SENATOR PRAGUE: Well, it was Representative Serra who brought this issue to this Committee and has been the strongest advocate so --

ELWIN SCHWARTZ: I'll keep working with him.

SENATOR PRAGUE: -- we're on our way.

ELWIN SCHWARTZ: Great.

SENATOR PRAGUE: Thank you very much.

ELWIN SCHWARTZ: Thank you.

REP. SERRA: Doctor, I have two questions.

ELWIN SCHWARTZ: Sure.

REP. SERRA: One is, obviously, I've known you and I believe that this is more of a widespread problem than the average citizen realizes in terms of eye drops. I know I put drops in my eyes. I have allergies, and you're right, some is on my forehead, some is on my cheek. And, you know, and I can see that as a problem. So obviously you believe that this is a more widespread than the average citizen out there realizes. This is one of the little component parts of our medical system that needs some fixing.

ELWIN SCHWARTZ: I think this problem affects every patient I see. I rarely find out about it because patients I think are a little embarrassed that they're not getting them in. They're saying, what's wrong with me, when they might have a little arthritis or some problems, or just they can't do it.

I find out, I would say, probably, in less that 10 percent of my patients and usually only because they start complaining to me about the cost. The fact that they just can't do it anymore, and they stop taking their eye drops. And I -- I think it's happening to just about every patient who has to take eye drop therapy for more than a month.

REP. SERRA: Thank you. Well, this is a beginning. Maybe Connecticut will be a leader.

ELWIN SCHWARTZ: I hope so.

REP. SERRA: And it'll pick and go national.

Any other questions from the committee?

Thank you, Doctor.

ELWIN SCHWARTZ: Thank you very much.

REP. SERRA: Sandra Lynch. Is Bill Rumley here? Good morning.

BILL RUMLEY: Good morning. If I look nervous, it's because I am.

REP. SERRA: No. Relax.

BILL RUMLEY: This is the first time around for me.

REP. SERRA: That's -- that's okay.

BILL RUMLEY: I felt strongly enough about it to come here. I kept unloading on Doctor Emmel, and he let me spout off this past Friday, and he said, Bill, he said, blah, blah, he says do you want to go to, and I said, yes. So here I am.

Good afternoon Senator Prague, Representative Serra and other distinguished members of the committee. My name is William Rumley. I am here today representing people such as myself who have to use prescription eyedrops to control an eye disease to prevent blindness, and to let you know that RB 6540, An Act Concerning Prescription Eye Drop Refills will go a long way toward helping patients such as myself do this.

For the record, I should tell you that I am a veteran, that I receive my medications from the Veterans Administration Hospital in Newington. Usually, but not always in a three-month supply by mail. I agreed to talk to you about this after my ophthalmologist, Doctor David Emmel, listened to my complaints about how hard it is to get every drop to hit your eye and how anxiety provoking it is when you suddenly discover you are almost out of

medicine and may not be able to get your eye drops in time.

These eye drop bottles are very small, and a lot of the bottle is covered with a label. The on I use, Travatan-Z, comes in a white plastic bottle and if you shake it you can sort of tell if it is mostly full or almost empty, but it is hard to be sure this way. If you hold the bottle up to the light at an angle and look very carefully you can see a faint gray line. This is how I detect when it's getting low, how much I have. But sometimes when it appears that there is still medicine in the bottle, and I turn the bottle upside down nothing comes out or maybe just a bubble comes out. Other times, when the bottle is full, and I turn it upside down two drops come out instead of just one. Those are brand new bottles. As soon as you -- for some reason, not all the time, you try to correct that by a little squeeze or whatever, you can feel the two drops hit, and of course you close your eyelid and it's down your cheek. Sometimes I squeeze out a drop and it misses my eye and then I have to repeat the whole process to be sure my eye is properly treated.

At times I think I have enough drops to last me until my next supply arrives. It usually takes ten days from the time I order it, and then I realize I don't have enough medicine in the bottle to carry me all the way and I get anxious and I have to call the VA hospital and to cancel the mail order and then drive down to pick up one bottle when I would really prefer to have the three-month supply.

My point is that it is not easy to be sure that every drop in the bottle actually gets into your eye and it is not easy to be sure you have enough medicine in the bottle to last

the time it is supposed to, and that I spend too much time worrying about my eye drops and going blind. I understand that this bill, RB 6540, would make it easier for people like me to not have to worry too much about his sort of thing.

Thank you for your time. And I would be glad to answer any of your questions. I will add, that years ago when I first started on eye drops, which was about 14-years ago, this medication that I was on, another type of -- I couldn't remember the name now -- it was referred to as liquid gold. Very expensive. And I can only assure every one here that -- I'm speaking for myself, but I'm sure other people are the same way -- no one purposely neglects medicine, wasting it. We know -- if I copay $8 a bottle, the taxpayers are paying the rest, everyone here and myself. You don't neglect this. It's just inbred that you don't waste medicine, waste anything. That being said, I find it frustrating and that's the reason I'm here today. Rather than complaining at Doctor Emmel every six months and laying in bed at night after I missed a drop and what's going to happen, cocking it up at a 45-degree angle. That's how you get -- now you get a little collection of fluid. How many drops do I have? Two or three? It's ridiculous. It's -- that's about it.

I'll answer any questions you might have.

REP. SERRA: Senator -- Senator Prague.

SENATOR PRAGUE: First of all, thank you very much for coming in.

BILL RUMLEY: You're welcome.

SENATOR PRAGUE: It was very nice of you take the

time to come in today.

BILL RUMLEY: I --

SENATOR PRAGUE: Sit down for a second.

BILL RUMLEY: Oh, Okay.

SENATOR PRAGUE: Do you have Medicare?

BILL RUMLEY: Yes.

SENATOR PRAGUE: Do you have Medicare Part D plan for prescriptions?

BILL RUMLEY: Yes, I do.

SENATOR PRAGUE: Okay. Can you remember which plan you have?

BILL RUMLEY: You know, I just changed over. I have MediBlue -- Blue Cross/Blue Shield MediBlue.

SENATOR PRAGUE: Okay.

BILL RUMLEY: I just changed my plan. They have about five plans. And that's a mix up too. They sent me the card and I'm trying to get that straightened out. It's the value pack they have.

SENATOR PRAGUE: Okay.

BILL RUMLEY: I get my medication from the VA, but I also carry this because in the past I have had upper respiratory infections and rather than call the VA, you have to call, you make an appointment, it'll be two days. If you -- if you have a temperature of 99 or a hundred, you want the medication. I go to my doctor, Doctor Rothenberg. He'll write it out, and

I'll stop on the way home, and I start the medication that night. So that's why I carry that in addition to the VA prescription coverage I have.

SENATOR PRAGUE: Okay. And they give you a hard time if you need a refill before the 30-days is up I take it.

BILL RUMLEY: Well, actually now I carry these eye drops through the VA.

SENATOR PRAGUE: Oh, okay.

BILL RUMLEY: They are very courteous when I go out there. The hard part is, this past -- you know, this last medication I got, the three-month supply, I remember the date, February 6th. I called because I'm holding a bottle up saying Bill, you know, you're getting low. It's time to call it in. Called it in, and I was informed, you know, the waiting -- the recording, seven to ten days delivery. Your -- your medication will be shipped out the 16th. And, you know, wow, I thought, boy that's the gap now I've got to work with. From the 6th, that's 10 days, to the 16th, before they mail it out.

I still had, as I recall, about an eighth of an inch on the bottom I could see of the medication, the last bottle. As it went on, I thought I definitely have to call to tell them not to mail it, because I can't -- to make a long story short, I ended up with three drops in the bottle when I got -- I got out there, got on the phone, told them hold it up please don't send it out. Got out there, picked it up, I had it in hand. I have never had an experience where that was close. I've had it where I've run out.

And, you know, you're -- as I say, you -- human error is what it is. You mentioned before you take drops, you can't eliminate it. I've got it -- where I pull down on the thing, and the nozzle of the bottle, which you're not supposed to touch anyway, but I'll hit my eyelash. Now I know I'm in -- in the zone, squeeze it, new bottle watch out, two drops come out. And then the rest is human error. I blink, whatever, I move, I don't know, but I miss.

SENATOR PRAGUE: Well, thank you (inaudible).

BILL RUMLEY: Thank you.

REP. SERRA: I'd just like to thank you too, and this is important because you're a citizen who took the time to come over here to talk to the Legislators about the problem that our -- our seniors, and people who take eye drops are having. Maybe they'll be a change in technology as to how these eye drops are dispensed. Who knows, but at least I think this will be a wake up call to the industry about this problem that we're having. And thank you.

Any other questions from the committee?

Thank you.

BILL RUMLEY: Thank you.

REP. SERRA: Next up, I think is Commissioner Claudette Beaulieu.

Good morning, Commissioner.

CLAUDETTE BEAULIEU: Good morning. Good morning, thank you for taking me somewhat out of turn. What was usually a 25-minute commute was an

SENATOR PRAGUE: Well just to leave you with a last thought. We ought to get something for what we are paying for. We have an RBA system now that we're dealing with results based accountability, and it isn't just giving them money, it's what are we getting for the money that we spend. That's the issue. So I mean I could go on forever about this, but I won't. And, thank you.

REP. SERRA: Commissioner, I have a question. I'm not going to reiterate what Representative Tallarita said because I'm on the same page she is with the grandparents.

But on this prescription eye drop refills, I see that DSS is basically telling us that they have a system in place already to address that issue that's before us today, but then given that, I'm just curious as to why you must oppose the legislation since you already are doing it. I just want to understand that rationale, if you can, let the Committee know that. HB6540

CLAUDETTE BEAULIEU: I think that when we were looking at the bill, I think we understood this as something dealing with Medicaid. Apparently not. A matter of fact when I walked in there was a gentleman testifying before me, and it was obvious that he was not talking about our program.

So now, I'm gathering that your intent with this bill is private insurers, or maybe Medicare, or VA, in other words it's more than Medicaid. If there's already -- our point I think with our testimony was simply that, in Medicaid we already have a process, we don't need legislation. We already have a process to address early refills, and that was, I

think, how we understood -- yes, my medical staff are over there nodding. That was how we understood the bill. If the bill broader than that, then I guess I would say that we don't oppose it. We were opposing it because we were thinking that it was -- it was aimed at us, and it sounds like it's aimed at a broader popu -- a broader source or a broader range of insurers.

REP. SERRA: I think that it's aimed at helping not only seniors, but everybody who has some kind of an eye problem, whether it's an infection, glaucoma, whatever. And I'm, quite frankly, pleased to see that you have a process already that you're utilizing. The question is, what I would like to find out is, how well is it being utilized? But that's, you know --

CLAUDETTE BEAULIEU: I can have Evelyn Dudley of our staff come up and tell you what the process is, if you'd like.

REP. SERRA: Yeah. All right. Quickly, because I know you want to get to another meeting, and then -- unless there's some other members of the committee want to ask the commissioner some questions, you'll have to wait.

A VOICE: (Inaudible.)

REP. SERRA: Oh, okay. All right.

EVELYN DUDLEY: Good morning. Good morning.

REP. SERRA: Please proceed.

EVELYN DUDLEY: Yeah, we do have a prior authorization process in place for a number of drug categories for brand medically necessary for early refills, for drugs that are not on our preferred drug list. So our prior

authorization process, especially for early refills, is initiated by a pharmacist. So if a client walks in and is clearly in need of a refill because they've used it too soon, or you know, dropped a ball off to the side, whatever, the pharmacist can pick up and call our contractor and obtain an approval for a prior authorization and fill that script right while the client is standing there in the store.

So our process, and it's quite successful. I think in the years we've been operating, four or five years or so, maybe even longer as time passes so quickly, I think we've probably denied maybe three early refill requests. And again, could probably be controlled substances, so I can clearly get more information for you but --

REP. SERRA: No. I'm just quite frankly just interested in eye drops.

EVELYN DUDLEY: And we treat eye drops the same way as we do anything, whether it's pills --

REP. SERRA: You know, pills, I mean, you know, you count them, but eye drops you don't get the same amount that comes out every time you put an eye drop, and that's the issue that's causing the problem.

EVELYN DUDLEY: Correct. Correct.

REP. SERRA: And sometimes you miss. It's on your forehead. It's on your cheek. Too much comes out.

EVELYN DUDLEY: Any clearly if a drug is needed for, you know, glaucoma, something along those lines, where someone is going to lose their vision, we're going to make sure that that

PA --

REP. SERRA: Well, I am very pleased that you have this system in place. And, you're right, Commissioner, it is aimed at the industry in general, you know, other insurance plans, too.

CLAUDETTE BEAULIEU: I'm sorry that our testimony says what it does because at the time we didn't -- we didn't understand that, but anyway.

REP. SERRA: Representative Bye.

REP. BYE: Thank you, Mr. Chair.

Good morning still, how are you? Nice to see you in an aging meeting, I usually see you in early childhood meetings.

My question has to do with the Senate Bill 488 in an ancillary way. In our screening meetings, we've been talking about the rebasing and how some programs come in early and say to stay open we need change our base, and I've been to visit two nursing homes in my district in the past week who are both due to be rebased this year in dealing with two years of zero percent increases. Will the rebasing go on this year or -- or not based on the economic climate for those programs who were due to be rebased?

CLAUDETTE BEAULIEU: I'd ask Gary Richter to come up and speak to that. Gary is in charge of our nursing home and rate setting for the department.

GARY RICHTER: Representative, the Governor's budget provides for freezing the rates for next year, so that would mean no rebasing, just continue with the rate that's in effect

CONNECTICUT
COMMISSION ON AGING

Advocating for Older Adults of Today and Tomorrow

Testimony of

Deb Polun, Legislative Director
Connecticut Commission on Aging

Select Committee on Aging

March 3, 2009

Thank you for this opportunity to comment on a number of bills before you today.

As you know, the Connecticut Commission on Aging is the independent state agency solely devoted to enhancing the lives of the present and future generations of our state's older adults. For fifteen years, the Commission has served as an effective leader in statewide efforts to promote choice, independence and dignity for Connecticut's older adults and persons with disabilities. SB 245 HB 5091 HB 6540

In these difficult budget times, research-based initiatives, statewide planning efforts, vision and creative thinking are all needed and provided by the Connecticut Commission on Aging. We pledge to continue to assist our state in finding solutions to our fiscal problems, while keeping its commitment to thoughtful policy and critical programs and services.

Senate Bill 16: An Act Concerning an Income Tax Deduction for Long-Term Care

~CoA Comments
The Connecticut Commission on Aging supports the general concept behind this legislation, which seeks to provide assistance to individuals who pay for their loved ones' care, by providing an income tax deduction for the cost of this care.

However, the Commission has a number of suggestions specific to this bill:

- We believe that this bill should be broadened to include the care of all individuals with long-term care needs (not just those aged seventy and up);
- We believe that the bill should include non-relatives who may also be paying for the care of their friends and neighbors; and,
- Individuals who are paying for their own care should be able to access the same deductions as others. As the current language of this bill is not clear in this intent, the Commission is concerned that family members may attempt to gain control of their relatives' finances, in order to access this tax deduction.

Additionally, the State of Connecticut's Long-Term Care Plan and the Long-Term Care Needs Assessment recommend tax breaks and incentives for "informal caregivers," including unpaid friends, neighbors and loved ones who take care of individuals with long-term care needs. According to the soon-to-be-released Elder Economic Security Initiative, there are over 380,000 unpaid caregivers in our state. In recognition of these committed individuals, the Commission believes that recognizing the needs of informal, unpaid caregivers should be an initial focus of policymakers.

State Capitol • 210 Capitol Avenue • Hartford, CT 06106
Phone: 860.240.5200 • Website www.cga.ct.gov/coa
LTC website: www.ct.gov/longtermcare

Senate Bill 245: An Act Concerning a Property Tax Credit for Home Improvements that Enable the Elderly or Disabled to Remain in their Homes

~CoA Comments
This bill allows municipalities to waive property taxes for a specific year in which a person makes a home improvement that allows older adults to stay in their homes.

The Connecticut Commission on Aging supports all efforts that allow individuals to receive care at home. After conducting an exhaustive study of local property tax programs, the Commission recommended streamlining existing local and state programs before creating new ones (see "Property Tax Relief for Older Adults: A Profile of Connecticut's Local Programs," CT Commission on Aging, 2008). Residents and town officials strongly supported streamlining programs, to achieve efficiencies and for ease of use by residents.

The Commission respectfully recommends expanding existing state programs that help homeowners with these important modifications. For example, the Connecticut Housing Financing Authority administers a loan program that helps homeowners create accessory apartments or home additions for older adults.

House Bill 5091: An Act Concerning Elderly Victims of Fraud

~CoA Comments
This bill allows Office of Victim Services to order compensation paid to certain older adults who were victims of financial fraud.

This Committee has heard compelling testimony about financial fraud perpetrated on older adults, who can at times be vulnerable to this type of crime. Though the Commission supports this laudable effort as a long-term goal, it is our understanding that the Criminal Injuries Compensation Fund (CICF), administered by the Office of Victim Services, currently does not have the resources to provide for this compensation.

House Bill 6540: An Act Concerning Prescription Eye Drop Refills

~CoA Supports
The Connecticut Commission on Aging supports this commonsense proposal to help individuals of all ages receive needed prescription medication. Eye drops can be difficult to administer and therefore individuals often need refills prior to the date requested by the physician. We ask for your support of this legislation moving forward.

Again, thank you for the opportunity to comment today and for tackling these important issues.

As always, please contact us with any questions about this issue or other aging-related issues. It's our pleasure to serve as an objective, nonpartisan resource to you.

STATE OF CONNECTICUT

INSURANCE DEPARTMENT

Testimony of the Connecticut Insurance Department

Before
The Select Committee on Aging

Tuesday, March 3rd, 2009

Raised Bill 6540--An Act Concerning Prescription Eye Drop Controls

The Connecticut Insurance Department would like to offer the following comments on Raised Bill 6540—An Act Concerning Prescription Eye Drop Controls.

The Insurance Department notes that this proposed bill defines "health insurance policy" to also include public benefit programs which have not historically been subject to Insurance Department oversight, such as Medicaid, HUSKY Plan, Charter Oak Plan, and ConnPACE. These programs are administered by the Department of Social Services, and are not subject to state insurance laws (Title 38a, Connecticut General Statutes). Rather these programs are regulated under Title 17b applicable to the Department of Social Services, and also these programs maybe subject to certain applicable federal laws, to the extent federal funds are received and used to fund these programs.

The Insurance Department regulates commercial insurance products sold in the open marketplace, rather than public or social programs offered through Department of Social Services, normally on a basis that includes state subsidy and sometimes federal subsidy.

The Department respectfully suggests that, if the Committee determines the bill should move forward, the bill be changed so that the definition of "health insurance policy" no longer includes the social programs. If the Committee determines that this mandatory benefit concerning prescription eye drop controls is appropriate for public programs, we strongly urge consultation with Department of Social Services, concerning existing public programs and laws, as well as any possible federal ramifications.

(T1)

Testimony of Dr. Elwin Schwartz
in support of
House Bill No. 6540 – An Act Concerning Eye Drop Refills
Before the Select Committee on Aging
Tuesday March 3, 2009

Senator Prague, Assemblyman Serra, and members and staff of the Select Committee on Aging. Good morning and thank you for the opportunity to testify before you in support of Raised Bill No. 6540 – An Act Concerning Eye Drop Refills. For several years now more and more patients have been coming to my office with stories of how they have been denied a prescription refill by their pharmacist, or been told to pay full retail cost (frequently over $100.00 per bottle) if they have run out of their eye drop medication before the end of the 30 day period allotted by their health care plan or HMO. This is now reaching epidemic proportions. More often than not the patient cannot afford to pay the retail cost and has therefore not utilized their drops until they were "eligible" again to purchase a new bottle. This has caused patients to be off their therapeutic drops for more than a week. Many are on fixed incomes and I have heard the expression numerous times, "Doc, I have to choose whether to buy my heart medicine or eye medicine and I can't afford the extra expense of paying full retail for drops I need, even though I may go blind." This is critical as the great majority of these patients are senior citizens taking chronic drops to prevent blindness from glaucoma, a disease of increased pressure in the eye that is the leading cause of irreversible blindness in the elderly. Their eyes are at great risk while off the medication.

The issue here is really quite simple. I fully understand that an HMO or insurance plan would want to restrict a medication in pill form to the prescribed number ordered by the physician. If it states one pill per day, then 30 or 31 pills would suffice for the month. Most patients would have no difficulty with this. However, as I sit here in front of you today, I challenge anyone in this room (myself included) to get a drop in their eye, first time every time without missing and having the drop land on their cheek or forehead a significant amount of the time. I have brought some samples if anyone would wish to try. Compound this by the fact that most patients needing chronic eye drop therapy are senior citizens with some degree of arthritis or motility difficulty and you can see how this problem is compounded. The idea that the HMOs and Insurance companies are "counting" drops that patients can be allotted is absurd. Believe me, patients are not sharing their drops with friends or using them to clean off their glasses.

We are not asking HMOs and Insurance plans to give patients free medication in drop form if they need them, only to allow patients to continue proper therapy on a daily basis by allowing them to purchase their drops at the cost of the appropriate co-pay when needed. I should note that already co pays for many eye drops are Tier 3- the highest level, and are a significant financial burden for many of our citizens. I would not want to see the insurance industry classify drops needed to complete a month's therapy automatically at a high co pay level.

In summary, until someone comes up with a fool proof method of instilling the first drop directly into the eye every time passage of this Act is the only fair and proper thing to do.

I thank you for your time, and would be happy to answer any questions.

Elwin G. Schwartz
egschwartz@middlesexeye.com

February 26, 2009

Attorney General Richard Blumenthal
55 Elm Street
Hartford, CT 06106

Re: I.F.

Dear Attorney General Blumenthal:

I am writing you again about the outrageous practice of HMO's not allowing the citizens of Connecticut to obtain proper eye medication in a timely fashion. I am specifically referring to eye drops that most often are used to treat chronic open angle glaucoma. Without proper therapy, a patient may lose significant vision. The most recent case, which I would ask you to investigate, is that of AARP Pharmacy Solutions as a Part D Supplement to I.F's Medicare. I.F. recently went to her pharmacist, Walgreen's, as she had run out of topical Travatan. Her pharmacist was unable to fulfill the prescription without having to charge her full retail cost as the insurance plan denied payment. I called the pharmacist and spoke with him directly and told him the importance of the medication. He fully understands and he did call AARP Pharmacy Solutions. He was told by them and I quote, "that an override to allow him to prematurely dispense medicines to her would be at level Tier 5. Attorney Blumenthal, I have practiced in Connecticut since 1982 and I have no idea what Tier 5 means. What this statement does mean to me is that the insurance companies continue to try to count eye drops and are denying patients proper medical treatment. As you know, it is virtually impossible to get every drop in the eye on first attempt.

I have been totally frustrated in the past few years dealing with health insurance plans and HMO's and I have been working with the State Legislature to see if we can come up with a Bill to stop this outrageous practice. In the meantime, I would ask that you look into this case with AARP as they do insure many of our senior citizens, the people in this state who need the most protection from the wonton financial and medical practices of health insure

I thank you in advance and I would be happy to answer any questions. Please feel free to contact me at any time.

Sincerely yours,

Elwin G. Schwartz, M.D.

EGS/bjw

Cc: AARP Insurance

At the end of December in 2008, I placed an order over the phone with the Pharmacy for a refill of my prescription for Cosopt (eye drop medication for glaucoma treatment) after noticing I only had enough to last me another day. When I went to the Pharmacy the following day, I was informed that the Insurance Company would not refill the prescription until January 23, 2009. I was quite annoyed and told the pharmacist it did not seem right that the insurance company should have that much control over making such a determination. In my moment of frustration and anger, I asked who would be the responsible party if I had to do without the medication for a month and went blind. I also was not certain at the time as to whether or not I was given the total supply when I had picked up my last refill and I did mention this to the Manager at the Pharmacy. I told him to go ahead and refill the order and I would pay for it. Ultimately, the Manager supplied me with a container of Cosopt at no charge. He did show compassion and understanding.

I believe there are a couple of issues involved here regarding prescriptions. I can understand the insurance company taking a position of not refilling a prescription for pills until the refill date since it is quite clear there is a set amount to be taken. However, in administering eye drops, it cannot be an exact science since it presents a challenge depending upon the dexterity of the user. It took a lot of practice for me to successfully apply the drops without missing most of the time. This is the one area where I believe the insurance company should revise its policy on eye drop refills, allowing the user to refill when the drops have run out. Consideration should be given to the fact that some users may have arthritic problems, shakes, or other difficulties where the amount allotted for the month turns out not to be adequate.

Florence Dickson

My name is Inez Fanfrlik and I have been using Travatan for quite some time. I get frustrated because I can't get the drops into my eyes and I'm alone and do not have anyone that can help me. I am only able to get a certain amount per month and the amount only lasts 2 weeks. I find it very expensive for me and my budget.

Sincerely, Inez Fanfrlik

Inez Fanfrlik

(T2)

Testimony of William W. Rumley
Before the Select Committee on Aging
on
RB 6540 An Act Concerning Prescription Eye Drop Refills
March 3, 2009

Good Afternoon Senator Prague, Representative Serra and other distinguished members of this Committee. My name is William Rumley. I am here today representing people such as myself who have to use prescription eye drops to control an eye disease to prevent blindness, and to let you know that RB 6540, An Act Concerning Prescription Eye Drop Refills, will go a long way toward helping patients such as myself do this.

For the record, I should tell you that I am a veteran and that I receive my medications from the Veterans Administration Hospital in Newington, usually, but not always in a three-month supply by mail. I agreed to talk to you about this after my ophthalmologist, Dr. David Emmel, listened to my complaints about how hard it is to get every drop to hit your eye and how anxiety provoking it is when you suddenly discover you are almost out of medicine and might not be able to get your eye drops in time.

These eye drop bottles are very small, and a lot of the bottle is covered with a label. The one I use, Travatan-Z, comes in a white plastic bottle and if you shake it you can sort of tell if it is mostly full or almost empty, but it is hard to be sure this way. If you hold the bottle up to the light at an angle and look very carefully you can see a faint grey line. But sometimes, when it appears that there is still medicine in the bottle, and I turn the bottle upside down nothing comes out, or maybe just a bubble comes out. Other times, when the bottle is full, and I turn it upside down two drops come out instead of just one. Sometimes I squeeze out a drop and it misses my eye and then I have to repeat the whole process to be sure my eye is properly treated.

At times I think I have enough drops to last me until my next supply arrives; it usually takes ten days from the time I order it, and then I realize I don't have enough medicine in the bottle to carry me all the way and I get anxious and I have to call the VA Hospital and cancel the mail order and then drive down to pick up one bottle when I would really prefer to have the three-month supply.

My point is that it is not easy to be sure that every drop in the bottle actually gets into your eye and it is not easy to be sure you have enough medicine in the bottle to last the time it is supposed to, and that I spend too much time worrying about my eye drops and going blind. I understand that this bill, RB 6540, would make it easier for people like me to not have to worry so much about this sort of thing.

Thank you for your time. I would be glad to answer any of your questions.

Testimony of the Connecticut Society of Eye Physicians
and
The Connecticut State Medical Society
on
RB 6540 An Act Concerning Prescription Eye Drop Refills
Presented to the Select Committee on Aging
On March 3, 2009
by
David K. Emmel, M.D.

Good Afternoon Senator Prague, Representative Serra and other distinguished members of this Committee. For the record my name is Dr. David Emmel, President-Elect of the Connecticut Society of Eye Physicians. I am here today representing the Connecticut Society of Eye Physicians, an organization that includes over 90% of the ophthalmologists practicing in Connecticut, to convey to you the message that the ophthalmologists of Connecticut wholeheartedly support RB 6540. In fact, on February 3rd I testified before the Insurance and Real Estate Committee on this very subject, but as an amendment to another bill, PB 6, An Act Concerning Prescription Drug Co-payments.

This bill seeks one thing, and only one thing, the continuity of therapy required for the preservation of sight. There are a variety of eye diseases that require chronic therapy with medications in eye drop form; glaucoma is the most common of these, it is also one of the leading causes of blindness, an outcome that can be avoided when patients comply with their therapy, and that means using eye drops every single day. The most effective and safest glaucoma medications are very expensive and are not yet available in generic form.

Now, it is not at all unusual for a young and healthy patient to have trouble administering eye drops, getting every drop to hit the eye every time, but it is virtually impossible for the elderly, the infirm,

or those with tremors or arthritis to do this. It seems silly to say that if you drop a pill you can pick it up and try again, we all take that for granted, but you cannot do the same with an eye drop; if you miss the eye the drop is lost forever.

The problem we are encountering, the problem that we are addressing with this bill, is that medication insurance plans typically pay for a one month or a three month supply of medication; not a problem with a pill, just put 30 in a jar if the dose is one pill once a day, but 30 drops in a bottle will invariably mean that the patient falls short before the one month period is up, and for many patients that means they are only treating their glaucoma for 20 days a month, and the other 10 days they are relentlessly on the path toward blindness. This really does happen; patients run out of medications and go to their pharmacy where they are told: "it is too early to refill, come back next week". Many patients cannot tell when their eye drop bottles are almost empty and run out before they have applied for their 3-month supply by mail. They could go to a local pharmacy and pay for a bottle out of pocket, or with a higher co-pay, but typically they choose to "go bare" for a few days and wait for the supply to arrive by mail. Insurance plans will pay for more than one medication if that is what is needed to control a disease; all we are asking is that they also pay for an adequate amount of medicine to treat a disease.

In closing I urge you to support RB 6540 to allow our patients to obtain the amount of medicine they need to control their chronic eye diseases to keep them from going blind.

Thank you for your time. I would be glad to answer any questions you might have concerning this issue.

Connecticut Department of Social Services
Making a Difference

T3

Testimony Before the

Select Committee on Aging

S. B. No. 841 AN ACT CONCERNING THE STATE DEPARTMENT ON AGING.

S. B. No. 993 (RAISED) AN ACT CONCERNING THE FUNCTIONS, POWERS AND DUTIES OF THE DEPARTMENT ON AGING.

S. B. No. 488 (COMM) AN ACT CONCERNING THE METHOD OF STATE REIMBURSEMENT TO NURSING HOMES.

H. B. No. 5678 (COMM) AN ACT PROVIDING FINANCIAL ASSISTANCE TO GRANDPARENT CAREGIVERS.

H. B. No. 6540 (RAISED) AN ACT CONCERNING PRESCRIPTION EYE DROP REFILLS.

Claudette Beaulieu
Deputy Commissioner for Programs
March 3, 2009

Department of Children and Families. It is assumed that the intent of this bill is to only provide the increase to those headed by a non-parent caretaker relative, as the term "caretaker relative" is not defined. Parents are caretaker relatives of their own children as the term is commonly used in the TFA program.

The department must oppose the bill because of the significant costs associated with providing such a benefit increase. The DCF foster care rate ranges from $745 to $823 per child, depending on the child's age. In the TFA program the normal flat grant payment standards are provided for these children, $354 for one child and $470 for two children in such families. There are approximately 5,900 children cared for by about 4,600 non-parent caretaker relatives in the TFA program. Increasing the benefit levels as the bill proposes would result in additional annualized costs of over $25 million.

H. B. No. 6540 (RAISED) AN ACT CONCERNING PRESCRIPTION EYE DROP REFILLS

DSS currently maintains a prior authorization process for the dispensing of early refills of prescription drugs dispensed in a retail pharmacy setting. The changes proposed under the bill seem to fall under the criteria of an early refill. The department's prior authorization process requires that a prior authorization be acted on within 2 hours. Prior authorization for early refills are initiated by a pharmacist and are acted on immediately (other than for controlled drugs which need physician intervention). If a medical necessity, this request would be approved and the client would most likely walk out of the pharmacy with their needed medication.

Given that the department has a proven prior authorization process in place, we must oppose this legislation.