

PA 14-158

HB5439

House	1027-1031	5
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Human Services	676-677, 678-679, 806, <u>807</u>	6
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**CONNECTICUT
GENERAL ASSEMBLY
HOUSE**

**PROCEEDINGS
2014**

**VOL.57
PART 4
1027 - 1360**

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HOUSE OF REPRESENTATIVES

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April 16, 2014

House Calendar 122, Favorable Report of the Joint
Standing Committee on Human Services. On Page 9,
Substitute House Bill 5439 AN ACT CONCERNING BRAND
NAME DRUG PRESCRIPTIONS FOR STATE MEDICAL ASSISTANCE
RECIPIENTS.

DEPUTY SPEAKER SAYERS:

Representative Morris, you have the floor, sir.

REP. MORRIS (140th):

Good morning, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Good morning.

REP. MORRIS (140th):

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

DEPUTY SPEAKER SAYERS:

The question is on acceptance of the Joint
Committee's Favorable Report and passage of the bill.
Representative Morris, you have the floor, sir.

REP. MORRIS (140th):

This bill permits practitioners, medical
practitioners to transmit Medicaid prescriptions for
medically necessary brand name drugs electronically,
and it eliminates the requirement that they also
provide a written prescription within ten days.

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The electronic system is secure and also saves the practitioner and pharmacy time and money.

Madam Speaker, the Clerk has an amendment, LCO 3555. I would ask the Clerk to please call the amendment and that I be granted leave of the Chamber to summarize.

DEPUTY SPEAKER SAYERS:

Will the Clerk please call LCO Number 3555, which will be designated House Amendment Schedule "A".

THE CLERK:

House Amendment Schedule "A", LCO 3555, introduced by Representative Abercrombie and Representative Wood AN ACT CONCERNING BRAND NAME DRUG PRESCRIPTIONS FOR STATE MEDICAL ASSISTANCE RECIPIENTS.

DEPUTY SPEAKER SAYERS:

The Representative seeks leave of the Chamber to summarize the Amendment. Is there any objection to summarization? Is there any objection? Hearing none, Representative Morris, you may proceed with summarization.

REP. MORRIS (140th):

Thank you, Madam Speaker. This Amendment simply makes a simple change to the underlying bill. It just changes the word prescriber to pharmacy to make it

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more in line with what the intent of the bill is to do.

I move for adoption.

DEPUTY SPEAKER SAYERS:

The question before the Chamber is adoption of House Amendment Schedule "A". Will you remark on the Amendment? Representative Morris? Representative Wood of the 141st.

REP. WOOD (141st):

I support the Amendment and I also support the underlying bill. I might as well kill two birds with one stone. The underlying bill, again, makes sense. It's a technical, I see it as a technical change to the statutes for Medicaid and it just covers physicians being able to use technology.

So I support this bill and I hope everyone else will, too. Thank you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Thank you, Representative. Will you remark further? Will you remark further on the Amendment before us?

If not, I will try your minds. All those in favor please signify by saying aye.

REPRESENTATIVES:

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Aye.

DEPUTY SPEAKER SAYERS:

Those opposed, nay? The ayes have it. The
Amendment is adopted.

Will you remark further on the bill as amended?

Will you remark further on the bill as amended?

Representative Morris of the 140th. No?

If not, will staff and guests please come to the
Well of the House? Will members take your seats? The
machine will be opened.

THE CLERK:

The House of Representatives is voting by Roll.
The House of Representative is voting by Roll. Will
members please return to the Chamber immediately.

DEPUTY SPEAKER SAYERS:

Have all the members voted? Have all the members
voted? Will the members please check the board to
determine if your vote has been properly cast. If all
the members have voted, the machine will be locked and
the Clerk will take a tally.

The Clerk will announce the tally.

THE CLERK:

House Bill 5439, LCO 3555 as amended, House "A".

Total number voting 143

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Necessary for passage	72
Those voting Yea	143
Those voting Nay	0
Those absent and not voting	7

DEPUTY SPEAKER SAYERS:

The bill as amended passes. Will the Clerk
please call Calendar 187.

THE CLERK:

House Calendar 187 on Page 14, Favorable Report
of the Joint Standing Committee on Commerce. House
Bill 5518 AN ACT CONCERNING THE LIABILITIES OF
APPLICANTS FOR STATE FINANCIAL ASSISTANCE.

DEPUTY SPEAKER SAYERS:

Representative Perone.

REP. PERONE (137th):

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

DEPUTY SPEAKER SAYERS:

The question before the Chamber is acceptance of
the Joint Committee's Favorable Report and passage of
the bill. Representative Perone, you have the floor,
sir.

REP. PERONE (137th):

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CONNECTICUT
GENERAL ASSEMBLY
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**VETO
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SENATE

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May 7, 2014

Thank you, Madam President. Calendar, the final item on Calendar Page 10, Calendar 424, House Bill 5439, move to place on the Consent Calendar.

THE CHAIR:

So ordered, sir.

SENATOR LOONEY:

Thank you, Madam President. Moving to Calendar Page 11, Calendar 429, House Bill 5581, move to place on the Consent Calendar.

THE CHAIR:

So ordered, sir.

SENATOR LOONEY:

On Calendar Page 12, there are two items. The first, Calendar 445, House Bill 5418, move to place on the Consent Calendar.

THE CHAIR:

So ordered, sir.

SENATOR LOONEY:

Thank you, Madam President. And Calendar 438, House Bill 5336, move to place on the Consent Calendar.

THE CHAIR:

So ordered, sir.

SENATOR LOONEY:

Thank you, Madam President. Moving to Calendar Page 13 where there are four items, the first Calendar 453, House Bill 5133, move to place on the Consent Calendar.

THE CHAIR:

So ordered, sir.

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SENATE

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May 7, 2014

Calendar 334, House Bill 5339.

Calendar 336, House Bill 5056.

On Page 7, Calendar 345, House Bill 5443.

On Page 9, Calendar 417, House Bill 5410.

On Page 10, Calendar 420, House Bill 5258.

Calendar 421, House Bill 5263.

Calendar 424, House Bill 5439.

On Page 11, Calendar 429, House Bill 5581.

On Page 12, Calendar 445, House Bill 5418.

Calendar 438, House Bill 5336.

On Page 13, Calendar 453, House Bill 5133.

Calendar 446, House Bill 5150.

Calendar 452, House Bill 5531.

On Page 14, Calendar 457, House Bill 5516.

Calendar 455, House Bill 5325.

Calendar 456, House Bill 5440.

Calendar 459, House Bill 5321.

Calendar 461, House Bill 5140.

On Page 15, Calendar 468, House Bill 5450.

Calendar 465, House Bill 5341.

On Page 16, Calendar 474, House Bill 5337.

Calendar 469, 5538.

Calendar 473, House Bill 5328.

On Page 17, Calendar 496, House Bill 5115.

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May 7, 2014

SENATOR LOONEY:

If we might pause for just a moment to verify a couple of additional items.

Madam President, to verify an additional item, I believe it was placed on the Consent Calendar and Calendar Page 30, on Calendar Page 30, Calendar 592, Substitute for House Bill 5476.

THE CHAIR:

It is, sir.

SENATOR LOONEY:

It is on? Okay. Thank you. Thank you, Madam President. If the Clerk would now, finally, Agenda Number 4, Madam President, Agenda Number 4 one additional item ask for suspension to place up on Agenda Number 4 and that is, ask for suspension to place on the Consent Calendar an item from Agenda Number 4.

THE CHAIR:

Seeing no objection, so ordered, sir.

SENATOR LOONEY:

Thank you, Madam President, and that item is Substitute House Bill Number 5566 from Senate Agenda Number 4.

Thank you, Madam President. If the Clerk would now, if we might call for a vote on the Consent Calendar.

THE CHAIR:

Mr. Clerk. Will you please call for a Roll Call Vote on the Consent Calendar. The machine will be opened.

THE CLERK:

An immediate Roll Call has been ordered in the Senate.

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SENATE

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May 7, 2014

An immediate Roll Call on Consent Calendar Number 2 has been ordered in the Senate.

THE CHAIR:

If all members have voted, all members have voted, the machine will be closed. Mr. Clerk will you please call the tally.

THE CLERK:

Consent Calendar Number 2.

Total number voting	36
Necessary for adoption	19
Those voting Yea	36
Those voting Nay	0
Those absent and not voting	0

THE CHAIR:

The Consent Calendar passes. Senator Looney.

SENATOR LOONEY:

Thank you, Madam President. Two additional items to take up before the, our final vote on the implementer. If we might stand for just, for just a moment.

The first item to mark Go is, Calendar, to remove from the Consent Calendar, Calendar Page 22, Calendar 536, House Bill 5546. If that item might be marked Go.

And one additional item, Madam President, and that was from Calendar, or rather from Agenda Number 4, ask for suspension to take it up for purposes of marking it Go, that is House Bill, Substitute for House Bill 5417. Thank you, Madam President.

THE CHAIR:

Seeing no objection, so ordered, sir.

SENATOR LOONEY:

**JOINT
STANDING
COMMITTEE
HEARINGS**

**HUMAN
SERVICES
PART 2
505 – 933**

2014

1
jat/mcr HUMAN SERVICES COMMITTEE

March 6, 2014
11:00 A.M.

CHAIRMAN: Senator Slossberg
Representative Abercrombie
Senator Coleman
Representative Stallworth

MEMBERS PRESENT:
SENATORS: Markley

REPRESENTATIVES: Ackert, Bowles, Butler,
Case, Cook, McGee, Miller,
Morris, Ritter,
Rutigliano, Santiago,
Wood, Zupkus

REP. ABERCROMBIE: I'd like to combine the Human
Services public hearing for today.

SENATOR SLOSSBERG: Combine.

REP. ABERCROMBIE: Madam Co-Chair any opening --
what did I say?

SENATOR SLOSSBERG: Combine.

REP. ABERCROMBIE: Oh, sorry. Oh, wow, if I'm
starting this way, it's going to be a long
hearing. Sorry about that, guys. Maybe I need
more coffee. No comment? Okay.

So with that we'll move on to the Commissioner
Bremby.

Good morning, sir. Thank you for being here.

COMMISSIONER BREMBY: Morning, Senator Slossberg,
Representative Abercrombie, members of the
Human Services Committee. I'm Rod Bremby. I'm
the Commissioner of Department of Social
Services, and I'm pleased to be back before you
again to testify on bills related to the
Department, raised on behalf of the Department,
and we offer written remarks on several of the

HB 5443 HB 5439
HB 5441 SB 324
SB 252 SB 328
SB 322 SB 323
HB 5444 HB 5440
HB 5446

bills on today's agenda which impact the Department.

In terms of bills raised by the Department or on behalf of the Department, House Bill 5443 is an act concerning Medicaid coverage for certain over-the-counter drugs. This proposal, while adding very modest additional Medicaid over-the-counter drug coverage, is necessary to comply with federal requirements for the Medicaid expansion. This change is necessary to allow cover of over-the-counter drugs that are required to be included in the benefits package for the Medicaid expansion to non-disabled, non-elderly person, adults with dependent children.

At this time, the only additional over-the-counter drugs that would be required to be covered by this change are those listed in the U.S. Preventative Services Task Force A and B recommendations. Specifically, those drugs include only, one, low dose aspirin to prevent cardiovascular disease for men ages 45 to 79 years of age and women ages 55 to 79 years of age where the potential benefit outweighs the potential harm, and, two, folic acid for women who are planning or are capable of becoming pregnant. Folic acid is already covered for women who are already pregnant.

Connecticut's Medicaid program already covers the vast majority of preventative services included in these guidelines. The only items not currently covered are the OTC that are within the USPSTF. So recognizing the benefits of this expansion outweigh the costs as well as the advantages in managing a uniform program from an administrative standpoint. This bill also extends coverage to these drugs to other Medicaid eligible. We ask for your support of this bill.

House Bill 5439, an act concerning Medicaid brand name drug prescriptions. This bill seeks to revise the requirements for practitioners utilizing electronic prescriptions to prescribe a brand name drug product as medically necessary.

Current Section 17b-274(b) currently requires the prescribing practitioner to follow up with written certification that the brand name drug is medically necessary. As a result, the prescribing practitioner is required to send something in writing to the pharmacy, even though the electronic prescription was meant to replace the need for a written prescription and allow for more efficiency and provision of medical care for patients.

The electronic prescription system is a secure system. Each physician has a unique log in and password. Electronic prescriptions allow a prescriber to send an accurate, error-free, and understandable prescription directly to the pharmacy. And during the process of sending the prescription electronically, the prescribing physician can verify eligibility and formulary data for patient and view medication history for the patient.

The electronic prescribing also helps the provider save time and money, requiring follow up written prescriptions or notification within 10 days of sending the electronic prescription defeats the purpose of submitting electronic prescriptions and creates unnecessary paperwork.

Given the current requirements, many providers may opt out to send a written prescription when prescribing brand name medication to avoid a two-step process associated with electronic prescribing. We ask for your support for this

bill.

Senate or House Bill 5441, an act concerning direct payment of residential care facilities. This bill is intended to improve the process by which we make payments to licensed boarding homes. This improvement is accomplished by permitting the Department to make state supplement benefit payments directly to boarding homes instead of through residents. DSS uses a similar model for payments to nursing facilities on behalf of Medicaid recipients.

The current payment process for state supplement benefits that are owed to a boarding home requires that the benefits pass through the resident and then be paid to the boarding home. This adds an unnecessary next step in the payment process and frequently results in difficulties when the boarding home is unable to obtain the old payments from the residents.

Residential care homes have requested this operational change, and the Department believes it will improve payment accuracy and efficiency.

The Department would also like to respectfully ask or request an amendment to this provision and have amended recommended language to add testimony, which I think you have in front of you. The purpose is to reflect a more up-to-date definition of boarding home that captures all of the existing facilities. It is our intention to incorporate this definition into the Department's UPN, and we ask that the bill be amended for consistency as well. So we ask for your support of this bill.

Senate Bill 324, an act concerning the Department of Social Services programs. This



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page 1, line 2



Testimony before the Human Services Committee
Roderick L. Bremby, Commissioner
March 6, 2014

HB 5439 HB 5441
SB 324 SB 252
SB 328 SB 322
SB 323 HB 5444

Good morning, Senator Slossberg and Representative Abercrombie and distinguished members of the Human Services Committee. My name is Roderick Bremby and I am the Commissioner of the Department of Social Services. I am pleased to be before you today to testify on several bills raised on behalf of the Department. In addition, I offer written remarks on several other bills on today's agenda that impact the Department.

HB 5440
HB 5446

Bills Raised on Behalf of DSS:

H.B. No. 5443 (RAISED) AN ACT CONCERNING MEDICAID COVERAGE FOR CERTAIN OVER-THE-COUNTER DRUGS.

This proposal, while adding very modest additional Medicaid over-the-counter drug coverage, is necessary to comply with federal requirements for the Medicaid expansion. This change is necessary to allow coverage of over-the-counter drugs that are required to be included in the benefits package for the Medicaid expansion to non-disabled, non-elderly adults without dependent children (Medicaid Coverage for the Lowest Income Populations or HUSKY D) earning up to 138% of the federal poverty level. At this time, the only additional over-the-counter drugs that would be required to be covered by this change are those listed in the U.S. Preventive Services Task Force A and B recommendations. Specifically, those drugs include only: (1) low-dose aspirin to prevent cardiovascular disease for men ages 45 to 79 years of age and women ages 55 to 79 years of age when the potential benefit outweighs the potential harm; and (2) folic acid for women who are planning or are capable of becoming pregnant (folic acid is already covered for women who are pregnant).

The Medicaid expansion is governed by federal law, pursuant to section 2001 of the Affordable Care Act. Beginning January 1, 2014, federal law requires the benefit package provided to individuals in the Medicaid expansion to offer ten Essential Health Benefits. These requirements apply both to newly eligible individuals under the Medicaid expansion and also to individuals previously included in Connecticut's partial expansion of Medicaid to low-income adults beginning in April 2010, pursuant to 42 U.S.C. § 1396a(k)(2).

Connecticut's Medicaid program already covers the vast majority of the preventive services included in those guidelines. The only items not currently covered are the over-the-counter medications recommended for individuals with certain diagnoses in the U.S. Preventive Services Task Force ("USPSTF") recommendations. Those over-the-counter drugs are not currently covered because Conn. Gen. Stat. § 17b-280a, which was adopted in 2010, prohibits such

coverage, except in limited circumstances not applicable to the preventive services requirements. Recognizing that the benefits of this expansion outweigh the costs, as well as the advantages in managing a uniform program from an administrative standpoint, this bill also extends coverage of these drugs to other Medicaid-eligible populations.

We ask for your support of this bill.

H.B. No. 5439 (RAISED) AN ACT CONCERNING MEDICAID BRAND NAME DRUG PRESCRIPTIONS.

This bill seeks to revise the requirements for practitioners utilizing electronic prescriptions to prescribe a brand name drug product as "medically necessary." Section 17b-274 (b) currently requires the prescribing practitioner to follow up with written certification that the brand name drug is medically necessary. As a result, the prescribing practitioner is required to send something in writing to the pharmacy, even though the electronic prescription was meant to replace the need for a written prescription and allow for more efficiency in the provision of medical care to patients.

The electronic prescription system is a secure system, and each physician has a unique log-in and password. Electronic prescriptions allow a provider to send an accurate, error-free, and understandable prescription directly to the pharmacy. During the process of sending a prescription electronically, the prescribing physician can verify eligibility and formulary data for a patient and view medication history for the patient. Electronic prescribing also helps the providers save time and money. Requiring follow-up written notification within 10 days of sending the electronic prescription defeats the purpose of submitting electronic prescriptions and creates unnecessary paperwork. Given the current requirements, many providers may opt to send a written prescription when prescribing brand name medication to avoid the two-step process associated with electronic prescribing.

We ask for your support of this bill.

H.B. No. 5441 (RAISED) AN ACT CONCERNING DIRECT PAYMENT OF RESIDENTIAL CARE FACILITIES.

This bill is intended to improve the process by which DSS makes payments to licensed boarding homes. This improvement is accomplished by permitting the Department to make State Supplement benefit payments directly to boarding homes, instead of through residents. DSS uses a similar model to make payments to nursing facilities on behalf of Medicaid recipients. The current payment process for State Supplement benefits that are owed to a boarding home requires that the benefits pass through the resident and then be paid to the boarding home. This adds an unnecessary extra step in the payment process and frequently results in difficulties when the boarding home is unable to obtain the owed payments from the residents. Residential care homes (RCH) have requested this operational change and the Department believes that it will improve payment accuracy and efficiency.