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**Testimony of Milton Armm, M.D.
On behalf of the
CT Urology Society
CT Dermatology and Dermatologic Surgery Society
CT ENT Society
CT Society of Eye Physicians**

In Support of Proposed Bill No. 39, AN ACT LIMITING CHANGES TO PRESCRIPTION DRUG FORMULARIES DURING THE TERM OF CERTAIN HEALTH INSURANCE POLICIES

Good morning Senators Lesser and Kelly, Representatives Scanlon and Pavalock- DAmato, and other distinguished members of the Insurance and Real Estate Committee. I am Milton Armm, M.D., I am a board certified urologist practicing in Bridgeport, CT, I am a past president of the Connecticut Urology Society and I am here today representing the above-mentioned societies in support of SB 39. We applaud this committee's insight and willingness to raise SB39, a bill that seeks to protect patients, promote transparency to the public and build consumer trust.

SB39 will also provide relief to healthcare providers, like myself, who struggle with ever changing drug formularies, a problem exacerbated by recent shortages of commonly used medications. Last year one of my colleagues Dr. McCullough testified on a similar piece of legislation- SB379 AN ACT LIMITING CHANGES TO HEALTH INSURERS' PRESCRIPTION DRUG FORMULARIES. Today I am here to reemphasize his testimony and the need to address this perpetual problem which physicians struggle with daily while attempting to manage patient's prescriptive needs in a time of skyrocketing pharmaceutical prices and co-pays.

Physicians and patients alike need the confidence and reassurance that the most appropriate medication to treat the patient's ailments are consistently available to them with their chosen insurance coverage. Far too often we discover second-hand from our patients that a therapy which was once covered has now been shifted into an upper tier bracket with at times breath-taking copays which force patients to make painful choices that affect their health and quality of life. Worse yet, medications can be totally removed from the formulary list altogether, with no viable substitution choices.

What is most concerning is the fact that these changes often occur months after a patient has enrolled in a policy, and the patient is committed to stick with this policy until the next enrollment cycle – a classic bait and switch scenario. It comes at a high price to patients who are surprised and disappointed at the unilateral changes, and has even been used in provider contracts. The limited number of insurers makes this tactic particularly hurtful and onerous. If a patient signs up with a stated prescription coverage (and at times, the particular plan was chosen solely because of inclusion of certain coverages), then that patient deserves to have assurance that the coverage will extend throughout the 12 month contract. When renewal times occur, then changes can be noted, planned on, and executed with confidence and clarity.

Like many issues facing this General Assembly, this is a national issue- Connecticut is trying to pass legislation that is fair and protects patients, but also addresses the insurer's arguments that a frozen formulary bill would not allow them to add lower cost drugs as alternative ways to reduce cost. We believe SB39, despite the insurer's opposition, can achieve the security and stability patients need and expect without a significant loss of savings to the healthcare system within a given 12 month enrollment period.

We ask this committee to share our support and vote yes to SB 39