

I appreciate the opportunity to submit these comments in response to the Health Care Cabinet's draft report.

I submit these comments not only in my professional role as Executive Director of Connecticut Legal Rights Project, which as a member of the Connecticut Legal Aid Network supports the comments submitted by the other legal services programs; I also submit these based on my personal experience as a patient.

I join particularly in the objection by legal services advocates to proposed new restrictions on access to FDA-approved drugs covered for Medicaid enrollees under federal law, especially with regard to prior authorizations.

I am not sure that a work group is needed to establish something that is already known - placing additional barriers in the form of prior authorization will mean less access to necessary drugs. It is absolutely imperative, if such a work group is ultimately convened, that independent consumer advocates, including representatives from legal services, are included.

I, personally, have had the experience of showing up at the pharmacy to pick up what I thought was a routine prescription, only to be told by the pharmacist that it now required prior authorization from my insurance company. Since my clinician had not jumped through that particular hoop, my cost was significantly higher than my expected co-pay. Fortunately, I not only had a credit card, but I also have "Esq." after my name; when I wrote a scathing letter to my insurance company the next morning, their response was to issue a letter that all necessary authorizations were noted on my account, and put a check in the mail to reimburse me for the additional amount I had to pay the pharmacy.

Most CLRP clients are on Medicaid. CLRP does not provide direct representation in matters relating to Medicaid coverage; we refer clients with these issues to our sister legal aid programs. I was able to address my medical needs because I had the resources necessary to do so. The people with whom I work are not always as fortunate in that regard.

I support the proposals of the Health Care Cabinet to provide additional transparency with regard to pharmaceutical prices, and to engage in strategies to reduce costs to individual consumers and to the State. However, cost containment strategies that impose an additional administrative burden on already-burdened clinicians, and an unaffordable cost burden on those least able to afford it, should not be pursued.

Thank you for taking these comments into consideration as you continue your valuable work.

Thanks, Kathy

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