



**Testimony in Support of House Bill 6622: An Act Concerning Prescription Drug Formularies and Lists of Covered Drugs**

**Universal Health Care Foundation of Connecticut**

**Insurance and Real Estate Committee**

**March 18, 2021**

Thank you for the opportunity to express our support for House Bill 6622, a bill that protects consumers from harmful changes to the availability or affordability of the prescription drugs they rely on.

HB 6622 stops negative changes to a private health insurer's prescription drug formulary during a plan year such as:

- Moving a covered drug to a higher cost-sharing tier;
- Removing a drug entirely from the prescription drug formulary (unless the drug has been found to be unsafe).

And it permits positive changes such as:

- Moving a covered drug to a lower cost-sharing tier;
- Adding a drug to the prescription drug formulary; and
- Removing drugs that have been deemed unsafe.

When individuals as well as employers choose a health plan, they often closely examine the drug formulary to inform that choice. In fact, consumers are constantly encouraged to “shop” for a plan that best meets their needs and those of their family. The prescription drug formulary, particularly for those who rely on medication to maintain their health or stay alive, is often the major decision-making factor. An insurer should not be allowed to make a detrimental formulary change to a health plan after a consumer or employer has chosen to enroll. A change like this is akin to breaking a contract and is inherently unfair.

Negative drug formulary changes put peoples' health and quality of life at risk. A 2019 study conducted by the Alliance for Patient Access<sup>1</sup> of non-medical switching of prescription drugs found:

- Nearly 40 percent of patients said the new medicine was not as effective as their original
- Almost 60 percent experienced a complication from the new medication
- Nearly one in 10 reported being hospitalized for complications after the switch
- Two-thirds of respondents said the switch impacted their ability to be productive at work

- More than 40 percent said they weren't able to care for their children, spouses or other family members as needed

Changes like this also contribute to unaffordable out-of-pocket costs. A study of Connecticut residents found 48 percent are worried they won't be able to afford their medications<sup>ii</sup>. Worse, 19 percent said they either did not fill a prescription, cut pills in half, or skipped a dose due to concerns about cost<sup>iii</sup>.

While HB 6622 is about insurance policy, this legislation is necessary because of the greed of pharmaceutical corporations, who continue to raise prices regularly – often twice a year – because they can, not because there is a clinical or research reason for making the change.<sup>iv</sup> Perhaps passing a bill like this may give insurers more negotiating power to push back against mid-year price increases from drug manufacturers. Maybe insurers will stand up to these price hikes, since they will no longer be able to pass the expense onto their customers in the form of higher out-of-pocket costs for drugs that suddenly change formulary tiers or become off-formulary in the middle of a plan year.

Even if that is a naïve hope, by passing HB 6622, the Connecticut General Assembly can at least put a stop to allowing health insurers to shift these costs to consumers, *after they are locked into a health insurance plan choice*. The legislature can stop what is effectively a “bait and switch” that leaves consumers unprotected financially, since they cannot change their plans until the next open enrollment period.

In 2019, a similar bill to this one, HB 6096, passed the house with significant bipartisan support - 122 representatives voted in favor and only 22 voted against. In 2020, a similar bill, HB 5361, was voted out of committee with 18 yes votes and only 1 no vote; but died because of the legislative recess caused by COVID-19.

Please pass HB 6622 and make 2021 the year this bill, which has such strong bipartisan backing, finally makes it over the finish line.

*Universal Health Care Foundation of Connecticut's mission is to serve as a catalyst that engages residents and communities in shaping a democratic health system that provides universal access to quality, affordable, equitable health care and promotes health in Connecticut. We believe that health care is a fundamental right and that our work is part of a broader movement for social and economic justice.*

---

<sup>i</sup> A Study of the Qualitative Impact of Non-Medical Switching, February 2019, Alliance for Patient Access [https://admin.allianceforpatientaccess.org/wp-content/uploads/2020/01/AfPA\\_Qualitative-Impact-of-Non-Medical-Switching\\_Report\\_Feb-2019.pdf](https://admin.allianceforpatientaccess.org/wp-content/uploads/2020/01/AfPA_Qualitative-Impact-of-Non-Medical-Switching_Report_Feb-2019.pdf)

<sup>ii</sup> Connecticut Residents Struggle to Afford High Healthcare Costs; COVID Fears Add to Support for a Range of Government Solutions Across Party Lines: Data Brief No. 79, September 2020, Altarum Healthcare Value Hub Consumer Health Experience State Survey, <https://universalhealthct.org/application/files/6716/0565/7200/Hub-Altarum-Data-Brief-No.-79-Connecticut-Affordability-Brief.pdf>

<sup>iii</sup> *Ibid.*

<sup>iv</sup> Unsupported Price Increase Report, Institute for Clinical and Economic Review (ICER), January 2021 [https://icer.org/wp-content/uploads/2020/11/ICER\\_UPI\\_2020\\_Report\\_011221.pdf](https://icer.org/wp-content/uploads/2020/11/ICER_UPI_2020_Report_011221.pdf)