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**Testimony in Support Senate Bill 39**  
**An Act Limiting Changes to Prescription Drug Formularies During the Term**  
**of Certain Health Insurance Policies**  
**Insurance and Real Estate Committee**  
**February 7, 2019**

Senator Lesser and Representative Scanlon and members of the Insurance and Real Estate Committee, on behalf of the physicians and physician-in-training members of Connecticut State Medical Society (CSMS), thank you for the opportunity to testify in support of **Senate Bill 39 An Act Limiting Changes to Prescription Drug Formularies During the Term of Certain Health Insurance Policies**. CSMS supports the intent of this legislation and welcomes the opportunity to work with the committee as language is developed. We all know that over the past few years we have seen a tremendous increase in the cost of pharmaceuticals. In many situations, the same long established drug such as antibiotics have seen increases with no rhyme or reason that have had a negative impact on compliance with treatment regimens.

Senate Bill 39, if developed appropriately can protect patients, who have reviewed the coverage provisions of insurance products and purchased those products in good faith, from inappropriate changes to the drug formulary during the contract period. It could prevent insurers from removing medications from the formulary originally purchased by the insured.

Particularly with the advent and proliferation of high deductible plans, many patients are facing higher costs associated with the purchase of prescriptions. In many situations, medications removed from a formulary can mean hundreds, if not thousands of dollars spent out of pocket as a result of rising deductibles, copayments, and coinsurance. This is unacceptable. Patients should not have to constantly review a drug formulary to verify if what they expected to have and what they purchased through their insurance formulary remains available at a reasonable cost. Consumers who buy a health insurance plan based on the drug formulary are often patients with chronic conditions and should not have their costs increase or their access to care jeopardized, simply because the health insurer decides that a particular drug should be on a different tier or not offered to save the insurance plan a few dollars. Health insurance should not be a shell game.