

February 18, 2015

Testimony on HB 2176

Submitted by Doug Mays on behalf of Aetna, Inc.

Thank you Chairman Schwab and members of the committee for the opportunity to testify in opposition to HB2176.

Prescription drugs are an important part of medical treatment. Under the Affordable Care Act (ACA), every health insurance policy must include a comprehensive “essential health benefits” package covering ten categories of services, including prescription drug coverage. Health plans are committed to ensuring that patients have access to medications that are safe, effective, and affordable.

HB 2176 deals with a process called Prescription Synchronization. While we agree that medication synchronization can be beneficial, we also believe the Synchronization of prescription drugs can create challenges for medical management if not properly applied. In addition to increasing the administrative burden and cost, synchronization could threaten patient safety by increasing the risk for confusion as pharmacies, providers, patients, and health plans attempt to work through the administrative complications of synchronization of multiple medications.

Aetna already has a prescription synchronization program in place for our insureds and believe this legislation is unnecessary and would create some problems. We feel that there should be some restriction to the types of drugs allowed on prescription synchronization plans. These plans are intended only for the treatment of chronic conditions, not medication taken on a “one-time” or limited duration basis. We also feel that to allow for early renewals, prescription synchronization should only apply for medications that will be taken longer than three months. There are also safety concerns with certain types of drugs with addictive qualities and also for “specialty drugs” which require special handling and distribution requirements.

To ensure that patients do not end up with an inappropriate or unsafe amount of a medication, prescription synchronization should occur through a “short fill”. Short fills may allow a pharmacist to supply a limited amount (less than 30 days) of a drug while the patient and their prescribing provider assess the effects of the drug. Short fills also prevent waste of medication

when various medications are being synchronized. We feel that granting pharmacies the ability to override denial codes for early refills would allow pharmacies to dispense “long fills”.

Prescription synchronization plans should promote the use of mail order pharmacies. This is by far the best alternative to promote patient adherence to their medication treatment plan, lower costs to the patient, and to provide the most convenient method of delivering the drugs to the patient.

Aetna holds a firm belief that prescription co-payments should not be pro-rated. Health plans should have the flexibility to administer cost sharing in synchronization situations based on how their cost-sharing methodology is structured. Due to how the claim systems of most health plans are constructed, application of pro-rated co-payments is not possible for health plans to do in many cases.

In closing, Aetna is not opposed to prescription synchronization. In fact, we encourage Prescription synchronization when it is conducted in the right way. However, we do oppose HB 2176 because we feel it does not allow for many of the restrictions necessary to ensure safety, reduce prescription waste, and keep unnecessary costs down.