**Testimony of Victoria Veltri**
**State Healthcare Advocate**
**Before the Public Health Committee**
**Re HB 5626**
**March 4, 2015**

Good afternoon, Representative Ritter, Senator Gerratana, Senator Markley, Representative Srinivasan, and members of the Public Health Committee. For the record, I am Vicki Veltri, State Healthcare Advocate with the Office Healthcare Advocate ("OHA"). OHA is an independent state agency with a three-fold mission: assuring managed care consumers have access to medically necessary healthcare; educating consumers about their rights and responsibilities under health insurance plans; and, informing you of problems consumers are facing in accessing care and proposing solutions to those problems.

I appreciate this opportunity to comment on House Bill 5626, An Act Concerning Prescription Drugs for Psychiatric Patients. While the spirit behind the bill addresses some important issues in the development of a patient's treatment plan, barring providers from writing prescriptions for longer than one month for the treatment of a psychiatric condition, as written, HB 5626 would limit providers' ability to develop and manage their patient's clinical needs in the most appropriate manner.

It is important that providers have the ability to prescribe medications for their patients in a manner most consistent with that patient's individual needs and interests. Sometimes, that will be a simple matter of identifying the most affordable course of treatment for that

individual and accounting for their specific clinical history. For example, routine, maintenance medications with minimal risk for abuse, 90 day prescriptions frequently offer significant cost savings to consumers, and HB 5626 would remove this option for those patients. This could have significant, unintended consequences of making compliance with the medication regimen unaffordable for patients, leaving them without the necessary medication for their condition.

There are circumstances where limiting the quantity of medication dispensed would be appropriate, including trial medications or those that pose a risk for abuse, either by the patient or a family member. However, this should be at the provider's discretion, and I would advocate for allowing providers to specify when their patients need to receive 30 day prescriptions, in appropriate circumstances, without additional cost sharing burdens that may be imposed by some plans. This mitigates the risk of rendering treatment unaffordable, while enabling the provider and patient to effectively develop and adhere to a treatment plan based on the patient's clinical needs, and not cost.

HB 5626 seeks to promote patient safety by minimizing the occurrences where large quantities of psychiatric medications are available to patients, and the inherent risk of abuse and overdose, but unintentionally jeopardizes those same patients' ability to afford and comply with their individual treatment plan.

Thank you for providing me the opportunity to deliver OHA's testimony today. We look forward to continuing to collaborate and advocate for the consumers of Connecticut in this important matter.
If you have any questions concerning my testimony, please feel free to contact me at victoria.veltri@ct.gov.