

Human Services Committee JOINT FAVORABLE REPORT

Bill No.: SB-10

AN ACT PROMOTING ACCESS TO AFFORDABLE PRESCRIPTION DRUGS,
HEALTH CARE COVERAGE, TRANSPARENCY IN HEALTH CARE COSTS,
HOME AND COMMUNITY-BASED SUPPORT FOR VULNERABLE PERSONS

Title: AND RIGHTS REGARDING GENDER IDENTITY AND EXPRESSION.

Vote Date: 3/21/2023

Vote Action: Joint Favorable Change of Reference to Appropriations

PH Date: 3/9/2023

File No.:

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SPONSORS OF BILL:

Human Services Committee

CO-SPONSORS OF THE BILL:

Senate Democratic Caucus

Rep. Anthony L. Nolan, 39th Dist.

Rep. Hubert D. Delany, 144th Dist.

Rep. Geraldo C. Reyes, 75th Dist.

REASONS FOR BILL:

Americans pay some of the highest prices in the world for their health care and prescription medications. For older adults and those on fixed incomes, the increasing costs of prescription medication can lead to difficult decisions and may lead to further health conditions. Additionally, community health workers (CHWs) have a deep understanding of various needs within a community and can tailor their services to provide much-needed care for individuals with chronic conditions. Funding for CHWs has been constrained due to time-restrictive grants and CHWs are needed now more than ever. Having Medicaid reimbursement for the services they provide would strengthen the workforce and continue this necessary service.

Lastly, reducing obstacles for people to access medical treatment and obtain legal recognition is essential to safeguarding quality health care and protecting LGBTQ people from discrimination. This bill will promote transparency in health care and prescription drug costs, increase access to affordable prescription drugs, integrate community health workers and social workers into the delivery of health care and home and community-based services,

expand the CoveredCT program, connect uninsured persons with coverage, and protect rights regarding gender identity and expression.

RESPONSE FROM ADMINISTRATION/AGENCY:

Department of Social Services (DSS), Commissioner, Andrea Barton-Reeves:

appreciates the intent of Sections 1-9 which is focused on prescription drug affordability. It is stated that Section 10, which would mandate not less than two licensed clinical social worker visits to each individual enrolled in the CHCPE waiver, would have a fiscal note not included in the Governor's proposed budget. It is suggested that recommendations from the pilot program that is working on identifying ways to integrate community health workers into HUSKY health be provided first before moving forward with Sections 11 and 12. It is stated that DSS has concerns over Sections 13 and 14 regarding expanding the CoveredCT program. It is also suggested that DSS be included in the outreach written in section 15. Lastly, DSS opposes Section 22 stating the proposed changes are not needed.

Office of the Child Advocate (OCA), Child Advocate, Sarah Eagan: supports this bill stating Section 11 provides Medicaid requirements to certified community health workers is a low-cost investment to promote health equity, link underserved children and families to support services, and help engage families in linguistically and culturally competent ways.

Office of Healthcare Advocate (OHA), Healthcare Advocate, Ted Doolittle: supports this bill stating creating a reference pricing program will reduce the out-of-pocket costs that insurers and members pay for prescription drugs which will overall keep premiums low. It is also stated creating a Prescription Drug Payment Evaluation Committee will help the state in establishing upper payment limits on drugs sold in Connecticut. It is stated these provisions will strengthen current strategies to expand the transparency of the prescription drug market.

Office of Health Strategy (OHS), Executive Director, Deidre Gifford: supports the intention of Sections 1-8 which are dedicated to lowering prescription drug costs. It is stated OHS has concerns with Section 7 and suggested collaborating with other states to determine best practices. It is stated while OHS supports community health workers, funding is not included for Medicaid reimbursement of CHWs under the Governor's proposed budget. It is stated that OHS has concerns over Sections 13 and 14 regarding expanding the CoveredCT program. It is stated that OHS supports Section 15 which would allow the sharing of information between the Department of Revenue Services and Access Health CT.

Office of the Probate Court Administrator, Probate Court Administrator, Beverly Streit-Kefalas: takes no position on this bill and suggested changes in Section 16 from "proof of such parent's legal name change" to "a certified copy of an order of a court of competent jurisdiction changing the name". It is stated they oppose Section 21 regarding eliminating the \$240 filing fee with the probate court for a name change.

NATURE AND SOURCES OF SUPPORT:

Senate Democratic Caucus: supports this bill stating this will make healthcare much more accessible and affordable for Connecticut residents through the [various components in this bill](#).

The Arc of Connecticut, Director of Advocacy, Carol Scully; supports this bill stating community health workers provide vital services and supports to individuals with disabilities. It is suggested that DSS adopts a state plan amendment that would pay community health workers a fair wage as described in S.B. 991.

AARP CT, Anna Doroghazi; supports this bill stating these provisions would look at the root causes of high prescription drug prices and lower costs for consumers.

AgingCT; supports this bill stating the Prescription Drug Affordability Board would address drug costs as the cost of medications is a major concern for residents.

ACLU Connecticut, Policy Counsel, Jess Zaccagnino; supports this bill stating there are many barriers transgender people face within the healthcare system. It is stated Sections 16 through 22 are vital to protecting LGBTQ+ people and will make healthcare more inclusive for these individuals.

Black and Brown United Action; supports the bill stating that community health workers provide assistance to various communities and help bridge the gap between healthcare professionals and the communities they serve. It is suggested that OHS not be given more authority over decisions that should be made by DSS.

City of New London, Director of Human Services, Jeanne Milstein; supports this bill stating New London was hit hard by the overdose crisis and started an initiative called NL CARES where they hired CHWs who have expertise in substance use disorder to address the overdose crisis. It is stated that community health workers have developed trust with individuals within the community. It is stated that providing reimbursements to CHWs will allow providers to partner with them and determine ways to address inequities and promote health for Medicaid beneficiaries.

Connecticut Citizen Action Group, Executive Director Tom Swan; supports this bill stating transparency efforts to improve access to prescription drugs and ensure coverage to provide the rights regarding gender identity and expression are positive steps forward. It is stated that while they support increasing the use of community health workers, they are concerned this would put existing Medicaid providers at risk. It is [suggested that provisions are made](#) when expanding the CoveredCT program as insurers are being paid more to cover more individuals.

Connecticut Association of Community Action, Executive Director, Deb Polun; supports this bill stating community health workers are frontline agents of change in providing culturally responsive outreach, advocacy, care coordination, and linkages to health and social services. It is stated CHWs are funded through time-limited grants and should be reimbursed for the services they provide to the community.

Connecticut Legal Rights, Executive Director, Kathy Flaherty; supports this bill stating this would address many concerns individuals are facing with the rising price of prescription drugs and define a path for affordable health insurance. It is suggested that Medicaid reimbursements to community health workers would be best accomplished by mandating DSS to adopt a State Plan Amendment, as done in S.B. 991, along with adding consumers and advocates as stakeholders. It is also suggested that Section 12 be removed completely.

Connecticut Oral Health Initiative, Executive Director, TJ Clarke II; supports this bill stating the importance of community health workers and their work within the community to assist with connecting people to health insurance, navigate through the healthcare system and provide social support through the screening, diagnosis, and treatment process.

Fairfield County's Community Foundation, President, Mendi Blue Paca; supports this bill stating community health workers are trusted by their patients. It is stated the Foundation has an initiative called the emme coalition which relies on the assistance and support of community health workers. It is stated community health workers are an effective way to address inequities and promote health, particularly in the low-income households served by Medicaid.

GLBTQ Legal Advocates and Defenders (GLAD), Senior Director, Jennifer Levi; supports this bill stating addressing the discrimination against LGBTQ+ persons will help with the denial of necessary care to transgender patients by regulating insurance coverage. It is stated that removing barriers for transgender patients to receive legal recognition will also help with providing quality health care.

Health Equity Solutions, Interim Executive Director, Ayesha Clarke; supports this bill stating Sections 13, 14, and 15 will increase access to the CoveredCT program and streamline enrollment in Access Health CT plans. It is stated that ensuring fair contracting will address affordability and reinforce the right of all people to have their gender identity respected and receive gender-affirming health care. It is suggested that Medicaid reimbursements to community health workers would be best accomplished by mandating DSS to adopt a State Plan Amendment, as done in S.B. 991.

Keep The Promise Coalition, Community Organizer, Jordan Fairchild; supports this bill stating community health workers provide valuable services to communities. It is suggested that Medicaid reimbursements to community health workers would be best accomplished by mandating DSS to adopt a State Plan Amendment, as done in S.B. 991. It is also suggested that OHS not be given more authority over decisions that should be made by DSS.

Mental Health Connecticut, President, Luis Perez; supports this bill stating this will increase access to care. It is suggested that Medicaid reimbursements to community health workers would be best accomplished by mandating DSS to adopt a State Plan Amendment, as done in S.B. 991. It is also suggested that Section 12 should be entirely removed from this bill.

Connecticut Resident, Waterbury, Fatawu Mahama; supports this bill stating that the reimbursement of community health workers' services provides sustainable funding for the work that is done. It is stated CHWs go beyond healthcare institutions, work within communities to improve health and health outcomes, are effective in achieving better health outcomes, improve the overall patient experience, and reduce cost and health disparities.

Connecticut Resident, Hartford, Jordan Fairchild; supports this bill stating this will make the process of allowing individuals to update their names on official documents easier. It is stated this change would benefit transgender people in multiple ways including respect for the identities of incarcerated trans people and access to care including gender-affirming

procedures. (*Testimony has been submitted by Jordan Fairchild on behalf of Keep the Promise Coalition. However, this is separate testimony submitted by Jordan Fairchild as a private citizen*).

NATURE AND SOURCES OF OPPOSITION:

Bioscience Growth Council, Executive Director, Paul Pescatello; opposes this bill stating Sections 1 through 8 would add to the existing regulatory burden faced by biopharmaceutical companies. It is stated price control is ineffective and stifles innovation. It is also stated that drug prices are not a result of healthcare inflation.

Biotechnology Innovation Organization, Director, State Government Affairs Laura Srebnik; opposes this bill stating that it will not lower prescription drug costs for patients because it does not address out-of-pocket costs. It is stated Section 4 may violate the Commerce Clause of the US Constitution as it does not provide for safety recalls or other FDA-related recalls. It is stated that legislative proposals like this bill target innovative medicines, which disproportionately impact patients with diseases where there is a high unmet need and where low-cost treatment options are not available.

Greater New Haven Chamber, President & CEO, Garret Sheehan; opposes this bill stating this may affect the biopharmaceutical industry while ignoring the stakeholders involved in determining what consumers pay for medicine. It is stated Connecticut has actively recruited biotech businesses and this bill would create a negative regulatory environment for these businesses. It is stated that changes to the system always bring unintended consequences and do not always result in a direct benefit to the consumer.

Pharmaceutical Care Management Association, Director-State Affairs, Sam Hallemeier; opposes this bill stating this could penalize entities that work daily to improve patient care and lower drug costs. It is suggested that Section 3 be struck as it would fine companies that have no control over the cost of a prescription drug. It is stated the state's efforts to establish price controls for prescription drugs typically violate the Commerce Clause.

PhRMA, Kelly Ryan; opposes this bill stating regulating the price of prescription drugs can lead to a shortage of or limited access to medicines for patients. It is stated this bill would violate the Supremacy Clause which allows pharmaceutical patent holders to the economic value of exclusivity during the life of the patent. It is stated there are other policies that could address affordability and this bill does not account for insurance benefit design issues that prevent discounts from getting to patients. It is also stated that this bill could affect Connecticut's economy.

NATURE AND SOURCES OF GENERAL COMMENTS:

Connecticut Hospital Association; opposes Sections 5, 6, and 9 of this bill. It is stated that this legislation adds a needless burden to 340B covered entities and doesn't prevent pharmaceutical manufacturers' efforts to undermine and destabilize the program. It is stated that interfering with existing contracts that healthcare providers and health insurers have negotiated. It is also stated that CHA supports Sections 13 and 14 which would expand the CoveredCT program as this would allow Connecticut residents to have access to affordable health insurance.

Connecticut Rare Action Network, Patient Advocate, Lesley Bennett; took no position on this bill sharing concerns about the OHS list that has 10 prescription drugs listed that may have an impact on the state's budget and that it will be populated with rare disease treatments. It is suggested that substitute language can be added to protect vulnerable rare disease populations and that a representative of the CT Rare Disease Community can be added to the Prescription Drug Payment Evaluation Committee.

Disability Right CT, Litigation Attorney, Sheldon Toubman; took no position on this bill and suggested proposed changes in Sections 11 and 12. It is stated that these two sections should be revised to be consistent with another legislative proposal concerning coverage of the innovation of community health workers under Medicaid. It is stated this bill should not be used as a vehicle to expand the authority of the Office of Health Strategy. It is also stated that paying providers on a risk basis can worsen health disparities.

National Multiple Sclerosis Society, Senior Manager, Laura Hoch; took no position on this bill and [offers suggestions to strengthen Section 7](#) of the bill related to the Prescription Drug Payment Evaluation Committee.

Stamford Health, President & CEO, Kathleen Silard; supports Medicaid reimbursement for community health workers and the expansion of the CoveredCT program. It is also stated that Stamford Health opposes contract provisions that benefit the insurance industry as well as the federal 340B drug pricing program.

Connecticut Resident, Maggie Goodwin; took no position on this bill and suggested changes to Sections 11 and 12. It is stated that payments to CHWs would be best accomplished through a State Plan Amendment, as done in S.B. 991. It is also suggested that Section 12 be removed as it would limit the hiring of community health workers.

Reported by: Kelly Houston

Date: April 13, 2023