



CMA Press Release – June 30, 2005

**CONNECTICUT'S LEGISLATURE PROMISES SPECIAL SESSION TO ENSURE THAT CONNECTICUT'S POOREST MEDICARE BENEFICIARIES WILL NOT BE WORSE OFF AFTER MEDICARE'S PRESCRIPTION DRUG COVERAGE BEGINS**

Contact: Judith Stein, Esq. Pamela Meliso, Esq.  
(860) 456-7790 (860)456-7790  
[jstein@medicareadvocacy.org](mailto:jstein@medicareadvocacy.org) [pmeliso@medicareadvocacy.org](mailto:pmeliso@medicareadvocacy.org)

Connecticut's legislators declined to take action during the regular session to protect Connecticut's most vulnerable Medicare beneficiaries from the potentially life threatening consequences of reduced access to needed prescription drugs but promised a special session to do so. "The Center for Medicare Advocacy is hopeful that legislators will keep their promise to reconvene in a special legislative session in the fall to remedy the coverage gaps created by the Medicare prescription drug benefit," says Attorney Judith Stein, executive director of the Center for Medicare Advocacy.

Beginning January 1, 2006, Medicare beneficiaries will become eligible for a Medicare prescription drug benefit (Medicare Part D) for the first time in the program's history. At the same time, Medicaid prescription drug coverage for those eligible for both Medicaid and Medicare (dual eligibles) will be eliminated. Dual eligibles will be forced to rely on Medicare Part D to get their prescription drugs.

Under the Medicare prescription drug benefit, Connecticut's dual eligibles will have access to fewer drugs and will be subject to copayments that they currently do not have. The Department of Social Services budget implementer bill (HB 7000, P.A. 05-280), passed by Connecticut's legislature, fails to eliminate the copayment requirements or to provide coverage for drugs not on a Medicare Part D plan's formulary.

Connecticut Medicare beneficiaries who are enrolled in ConnPACE, Connecticut's State Pharmaceutical Assistance Program, will also have access to fewer drugs than they presently have and will potentially face higher out-of-pocket costs. Under the budget implementer, as passed, ConnPACE recipients will also not have coverage for drugs not on their Medicare Part D plan's formulary. They will also be required to pay, in addition to the regular ConnPACE copayment of \$16.25 per prescription drug, the cost differential between the cost of drug they are prescribed and the cost of the least expensive formulary drug that is in the same therapeutic class.