



A HEALTHY CONNECTICUT: Strengthening our health care, environmental and energy systems

HEALTH CARE

Capping Insulin Costs and Providing Emergency Insulin

To cap exorbitant insulin costs and provide patients accessibility to emergency insulin supplies.

Prescription Drug Cost Controls

To reduce and limit prescription drug costs.

Expanding Patients' Rights

To allow patients an opportunity to tell their own "story" to insurance companies when a new medicine or test is ordered by the doctor. This can prevent frustrating and unnecessary denials as well as provide timely medical care.

Expanding Dental & Eye Insurance to Age 26

To expand the Affordable Care Act's requirement that those under 26 remain on their parent's health insurance for dental and eye insurance.

Public Option

To create a public option for businesses and residents to buy-in to a state public health care plan.

Protecting the Affordable Care Act

To protect health care for Connecticut residents considering the Federal Government's continuous attempts to change and dismantle the Affordable Care Act.

ENERGY & ENVIRONMENT

Preventing Unnecessary Utility Shut-Offs

To hold utility companies responsible and provide customers with the necessary information to avoid unnecessary utility shut-offs.

Protecting Water from Lead & Harmful PFAS

To help protect Connecticut's public drinking water supplies from PFAS chemicals and lead.

Background on Legislation Proposed

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People with Diabetes in Connecticut

Approximately 355,000 people in Connecticut, or 11.4% of the adult population has diabetes. Almost 20 percent of residents between the ages of 65-74 has diabetes.¹ In addition, 997,000 people in CT, or 36.5% of the adult population, have prediabetes with blood glucose levels higher than normal but not yet high enough to be diagnosed as diabetes. Every year an estimated 18,000 people in CT are diagnosed with diabetes.²

People with Diabetes in the United States

The prevalence of diagnosed diabetes in the U.S. increased by 382% from 1988 to 2014.³ Diabetes was the 7th leading cause of death in the United States in 2015 killing more Americans every year than AIDS and breast cancer combined. This finding is based on 79,535 death certificates in which diabetes was listed as the underlying cause of death (crude rate, 24.7 per 100,000 persons).⁴ African Americans and Hispanics are over 50% more likely to have diabetes than non-Hispanic whites.⁵

Background on Insulin

Patients with type 1 diabetes need insulin for survival and frequently insulin is the only drug that can control the diabetes of patients with type 2 diabetes. Currently, there are only three insulin manufacturers serving the U.S. market: Eli Lilly, Novo Nordisk, and Sanofi.

Almost 100 years ago, the discovery of insulin, derived from animal sources (i.e. cow pancreas), began to save human lives. Inventor Frederick Banting refused to put his name on the patent because he felt it was unethical for a doctor to profit from a discovery that would save lives. His coinventors felt similarly and sold the patent to the University of Toronto for \$1.⁶ The advent of genetic engineering brought human insulin formulations to patients with diabetes in the 1980s. Rapid-acting and long-acting human insulin were introduced in the 1990s. The patents for many of the human insulin formulations in current clinical use have expired.⁷

Dramatic Costs Increases for Insulin

Between 2002 and 2013, the average price of insulin nearly tripled.⁸ One in 4 patients reported under using insulin (i.e. skipping/skipping life saving doses) due to cost concerns.⁹

In general, the mean price per milliliter of insulin increased almost 200 percent, from \$4.34 per milliliter in 2002 to \$12.92 per milliliter in 2013.¹⁰ AARP in their annual Trends in Retail Prices of Brand Name Prescription Drugs Widely Used by Older Americans found, that the annual retail price of Humulin R increased from \$2,487 at the end of 2005 to \$15,860 by the end of 2015.¹¹

The [Health Care Cost Institute](#), a non-profit research organization, found that insulin prices rose significantly between 2012 and 2016. The average amount a Type 1 diabetes patient, who generally inject themselves every day- paid an average of \$5,705 for insulin in 2016. In 2012 the cost was \$2,864. Meaning costs doubled in a 4 year time frame¹²

Between 2006 and 2013, average out-of-pocket costs per insulin user among Medicare Part D enrollees increased by 10% per year for all insulin types.¹³ Comparatively, overall inflation

during this time was 2.2%, medical care service costs increased by 3.8%, and spending for all prescription drugs increased by an average of 2.8%.

Along with yearly increases, the published data also suggest that when one insulin manufacturer increases the price for a given insulin formulation, the other insulin manufacturers often increase their prices by a similar amount shortly thereafter

A class action complaint filed in Massachusetts in January 2017 stated that, "In 13 instances since 2009, Sanofi and Novo Nordisk raised the benchmark prices of their long-acting analog insulins, Lantus and Levemir, in tandem, 'taking the same price increase down to the decimal point within a few days of each other'. . . Eli Lilly and Novo Nordisk have engaged in the same lock-step behavior with respect to their rapid-acting analog insulins."

The American Medical Association's Council on Medical Services reported that, "the impact of insulin expenditures on Medicare and Medicaid has been noteworthy. For example, expenditures for just one long-acting insulin analogue, glargine, were the second largest of all Medicare expenditures in 2015. In that year, Medicare Part D spent more than \$4.3 billion and Medicaid spent more than \$1.4 billion on glargine alone."¹⁴

To address this health care crisis Senate Democrats will introduce legislation to cap out-of-pocket insulin costs to \$100 a month and provide patients with the ability to purchase emergency insulin supplies.

[1] CDC State Diabetes Burden Connecticut

Dhttps://nccd.cdc.gov/Toolkit/DiabetesBurden/Prevalence

[2] American Diabetes Association http://main.diabetes.org/dorg/docs/state-fact-sheets/ADV_2019_State_Fact_Sheet_CT.pdf

[3] <https://professional.diabetes.org/content/fast-facts-data-and-statistics-about-diabetes>

[4] Centers for Disease Control and Prevention. National Diabetes Statistics Report, 2017. Atlanta, GA: Centers for Disease Control and Prevention, U.S. Dept of Health and Human Services; 2017 <https://www.cdc.gov/diabetes/data/statistics-report/deaths-cost.html#5>

[5] <https://www.cdc.gov/diabetes/data/statistics-report/diagnosed.html>

[6] [https://www.thelancet.com/journals/landia/article/PIIS2213-8587\(17\)30115-8/fulltext](https://www.thelancet.com/journals/landia/article/PIIS2213-8587(17)30115-8/fulltext)

[7] <https://care.diabetesjournals.org/content/41/6/1299>

[8] <https://care.diabetesjournals.org/content/41/6/1299>

[9] <https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2717499>

[10] <https://jamanetwork.com/journals/jama/fullarticle/2510902>

[11] <https://www.aarp.org/content/dam/aarp/ppi/2016-12/trends-in-retail-prices-dec-2016.pdf>

[12] <https://www.healthcostinstitute.org/research/publications/entry/spending-on-individuals-with-type-1-diabetes-and-the-role-of-rapidly-increasing-insulin-prices>

[13] <https://care.diabetesjournals.org/content/41/6/1299>

[14] <https://www.ama-assn.org/sites/ama-assn.org/files/corp/media-browser/premium/csaph/insulin-affordability.pdf>

Prescription Drug Cost Controls

To reduce and limit prescription drug costs.

The costs of potentially life-saving prescription drugs are out of control. In fact, prescription drug prices have far outpaced inflation, more than doubling it. What's more, according to a report by Rx Savings Solutions, in 2019 more than 3,400 drugs boosted their prices. This amounted to a

17 percent increase compared with the roughly 2,900 drug price increases at the same time in 2018.

This act of price gouging affects every Connecticut resident. According to the CT Health Policy Project, Connecticut is second in most spent per person on prescription drugs. The AARP's Rx Price Watch Report found that, "spending increases driven by high and growing drug prices will affect all Americans in some way. Those with private health coverage will pay more in cost-sharing and higher premiums for their health care coverage." For those requiring prescription drugs for a chronic ailment, the average annual cost of therapy for one widely used drug reached almost \$20,000 in 2017, according to the Rx Price Watch Report. Additionally, in 2018 the average senior taking brand name drugs to treat chronic conditions saw costs potentially climb as high as \$30,000 just for prescription drugs, according to the AARP's report.

The numbers are even more damaging to an individual's bottom line if they require insulin. According to an AARP report from August 2019, Lantus, a form of insulin used to treat diabetes, increased from \$2,907 per year to \$4,702 per year. These exploitative and unnecessary price increases must end.

Connecticut Senate Democrats are committed to finding common-sense solutions to ensure Connecticut residents have access to affordable prescription drugs.

<https://www.aarp.org/content/dam/aarp/ppi/2019/09/trends-in-retail-prices-of-prescription-drugs-widely-used-by-older-americans.doi.10.26419-2Fppi.00073.003.pdf>

<https://www.cbsnews.com/news/drug-prices-in-2019-are-surging-with-hikes-at-5-times-inflation/>

Expanding Patients' Rights

To allow patients an opportunity to tell their own "story" to insurance companies when a new medicine or test is ordered by the doctor in order to prevent frustrating and unnecessary denials of medical care.

Patients should have a voice in their medical care. Senate Democrats will propose legislation to ensure that the patient can share their story to the insurance company when medication or tests are ordered by their doctor.

Currently, patients only have the chance to vouch for themselves after they've been denied. The utilization review can be made a much more seamless process, advantageous to the patient, if they are able to share their story from the start. This measure will add context as to why the treatment ordered by their doctor is necessary. Moreover, denial of care can be a form a healthcare rationing which is not conducive to a patient's health and well-being.

Expanding Dental & Eye Insurance to Age 26

To expand the Affordable Care Act's requirement that those under 26 remain on their parent's health insurance for dental and eye insurance.

The Affordable Care Act allows those under 26 to remain on their parent's health insurance, for both group plans, like employer plans, and Marketplace plans. Senate Democrats will propose legislation to extend the same requirement to dental and eye insurance.

This enables Connecticut residents still in their early 20s to maintain quality vision and dental health. According to a report from the American Dental Association's research arm, "more than 30 percent of young adults have untreated tooth decay (the highest of any age group) and 35

percent have trouble biting and chewing." Regarding eye care, the Centers for Disease Control reports of the estimated 61 million US adults at high risk for vision loss, only half visited an eye doctor in the past 12 months.

This legislation will remove the cost burden of insurance for young adults by allowing them to remain on their parents, making it easier for young people to stay on top of their vision and dental health.

<http://www.ada.org/~media/ADA/Science%20and%20Research/HPI/OralHealthWell-Being-StateFacts/US-Oral-Health-Well-Being.pdf?la=en>

Public Option

To create a public option for businesses and residents to buy-in to a state public health care plan.

The high cost of health insurance has burdened Connecticut working families and small businesses for far too long. Premiums continue to rise. Deductibles have increased to the point where individuals are priced out of receiving care, despite having health insurance. Prescription drug costs are outpacing inflation, according to the AARP. The time to act has passed.

A public option for health insurance will give Connecticut affordable, quality health insurance. It will encourage healthy competition in the health insurance marketplace, which will lead to better prices for Connecticut consumers. Small businesses will no longer have to choose between their bottom line and offering their hard-working employees health insurance. A public option for health insurance is good for business, working families' pocket books and the health of those in our state.

Public option legislation proposed during the 2019 legislation session sought out to save Connecticut working families and small businesses up to twenty percent in their premiums, restore the reinsurance program and empower the Office of Health Strategy to monitor health care spending growth, establish an annual cost growth benchmark, and recommend data-driven solutions to lower costs.

This year Senate Democrats will propose similar legislation to make a public option a reality.

<https://www.aarp.org/politics-society/advocacy/info-2019/prescription-drug-price-report.html>

Protecting the Affordable Care Act

To protect health care for Connecticut residents considering the Federal Government's continuous attempts to change and dismantle the Affordable Care Act.

Connecticut families are at risk as the Trump Administration continues its reckless and cruel attack on the Affordable Care Act (ACA). The impact of an ACA repeal would be devastating:

- Over 110,000 people buy coverage through Access Health CT, the state's ACA market place, according to the Hartford Business Journal.
- 268,000 have received coverage through the ACA's expansion of Medicaid, according to the Hartford Business Journal.
- About 14,000 young adults (those under 26) would be kicked off their parent's plan, according to the Hartford Business Journal.

- Premiums could skyrocket, insurers could drop coverage for the 522,000 of adults in Connecticut who have pre-existing conditions, and the ACA requires coverage for these people at no additional charge.
- Over 1.2 million people in the state would be subject to lifetime limits on coverage, and that comes out to one in three people (the ACA bans annual and lifetime limits).
- The state would miss out on \$2 Billion in federal funding for Access Health CT plans
- Seniors would again be face with the “doughnut hole” that left many with huge prescription bills despite having insurance.

During the 2019 legislative session, Senate Democrats led passage of protections for those with pre-existing conditions. The General Assembly unanimously passed [Public Act 19-134](#) to extend the protections for those with pre-existing conditions to insurance plans of six months or less. This codifies the guidance from Connecticut Insurance Department adopted in response to the ACA.

Still as the Trump Administration remains committed to leaving millions of Americans without health insurance, more must be done to protect Connecticut families. Senate Democrats remained committed to doing so in the face of the Trump Administration's callous behavior. From the moment he set foot in the White House, Donald Trump has attempted to deny families access to health insurance. A few of his efforts are listed below, according to reports by the Center on Budget and Policy Priorities.

- On the day of his inauguration, the president issued an executive order to dismantle the Affordable Care Act “to the maximum extent permitted by law.” The order instructed agencies to do what they can to grant exemptions or [delay implementation](#) of ACA provisions that impose a tax, fee, or other costs and to encourage development of a “free and open market” in health care services among states, while Congress attempted to pass repeal legislation.
- In March of 2019, the Department of Justice (DOJ) asked the U.S. Court of Appeals for the Fifth Circuit to [invalidate](#) the entire ACA. This would cause [millions](#) of people to lose health coverage and make coverage worse or less affordable for millions more, including up to 130 million people with pre-existing conditions.
- In December of 2019, a federal district court judge sided with a partisan group of state attorneys general and [struck down](#) the entire ACA in an [opinion](#) that even conservative legal experts called “[embarrassingly bad](#).” The DOJ had already declined to defend the constitutionality of the law and urged the district court to end the ACA’s protections for people with pre-existing conditions but stopped short of seeking to nullify the entire law.
- This January, the (DOJ) [urges](#) the Supreme Court to delay consideration of the [lawsuit](#) in which the Administration and 18 states are asking the courts to strike down the entire ACA. The states defending the law, led by California, asked the Court to hear the [case](#) on an [expedited](#) basis to resolve the uncertainty the lower courts have created for the [20 million](#) people who would become uninsured, and the millions more who would lose protections against pre-existing condition exclusions and other benefits, if the law is ultimately overturned. Delaying, as the DOJ urges, would prolong that uncertainty, potentially for years.
- To read the full list, [click here](#).

The Senate Democratic caucus will act to defend the people of Connecticut from the Trump administration's multiple attacks on the Affordable Care Act.

<https://www.hartfordbusiness.com/article/health-care-of-thousands-in-ct-at-stake-as-court-set-to-hear-aca-case>

https://www.cga.ct.gov/asp/cgabillstatus/cgabillstatus.asp?selBillType=Bill&which_year=2019&bill_num=5521

<https://www.cbpp.org/sabotage-watch-tracking-efforts-to-undermine-the-aca>

ENERGY & ENVIRONMENT

Preventing Unnecessary Utility Shut-Offs

To hold utility companies responsible and provide customers with the necessary information to avoid unnecessary utility shut-offs.

Utility customers who fall behind on their bills are too often not given enough time or information before their services are shut off, even in cases where they should receive protection from winter shutoffs. The Hartford Courant reported that people can get shut-off notices for delinquencies as low as \$275 in the winter, when utilities become more expensive for most families. Even with hardship protection in the winter months, individuals are experiencing issues, to the point where the state's Public Utilities Regulatory Authority (PURA) recently ordered Eversource and United Illuminating to take steps to reduce disconnections.

The annual number of utility shutoffs in northern Connecticut, for example, more than doubled, with numbers reaching 80,000 in 2018. Of the 80,700 shutoffs in 2018, 7,300 of these were registered as hardship cases--and thus guaranteed protection from winter shutoffs—but it seems likely that tens of thousands more cases should have been eligible for this protected status but were never told. State law mandates that customers must receive at least 13 days' advance notice of any shutoff.

At the same time, arrangements between Eversource and affected customers for repayment of delinquent bills have declined.

The Senate Democratic Caucus recognizes that utility shutoffs and improper notifications regarding them can directly harm families' daily lives. We will introduce legislation that requires utility companies to notify customers about hardship protections and other low-income protections they are eligible for, countering current systems where customers must inquire about the programs before being accepted. Such programs should be advertised to the public in a more transparent fashion. Legislation may also direct utility companies to allow for payment arrangements in the event of back-due bills and inform customers that such an option is available to them.

<https://www.ct.gov/pura/cwp/view.asp?a=3352&q=405212>

<https://www.courant.com/news/connecticut/hc-news-utilities-shutoff-despite-lowincome-program-20191028-i5355xmhjncbpgbnovdqmeofke-story.html>

<https://www.courant.com/news/connecticut/hc-news-electric-bills-hardship-protection-20200109-6chnqgvwrrfgpkuspmycvqpp7y-story.html>

Protecting Water from Lead & Harmful PFAS

To help protect CT's public drinking water supplies from PFAS chemicals and lead..

In June 2019, a malfunctioning fire alarm pull box in a private aircraft hangar at Bradley International Airport caused its fire suppression system to discharge, releasing approximately 40,000 gallons of aqueous film forming foam (AFFF) containing PFAS, which are a group of man-made chemicals that are very persistent in the environment and in the human body –

meaning they don't break down and they can accumulate over time. About half of that foam traveled from floor drains into the municipal sanitary sewer system, through the MDC wastewater treatment plant, and was ultimately discharged into the Farmington River.

In response to this incident, Governor Lamont established the Interagency PFAS Task Force to create a strategic plan for addressing PFAS.

11 other U.S. states have already taken action on PFAS, ranging from requiring water systems to monitor PFAS levels in drinking water to restricting the use of firefighting foam containing PFAS.

This year the Connecticut legislature will consider a number of recommendations, including:

- Establishing an AFFF take-back program
- Reducing future releases of AFFF to the environment through measures such as a ban on firefighting training with AFFF.
- Establishing a Safe Drinking Water Advisory Council to make recommendations regarding Maximum Contaminant Levels for PFAS in drinking water.
- Requiring all water bottlers that sell bottled water in Connecticut to test their products for PFAS.

This year Senate Democrats will enact legislation in response to these recommendations to protect Connecticut's public drinking water from PFAS chemicals and lead.