

Hi, my name is Dr. Howard Schulman. I've been a general internist in Rhode Island since 1995. I am testifying in favor of H 7948. I thank Rep Morales and Chair Donovan for submitting this bill again this year.

There are three points I would like to make regarding his bill.

Number one, almost all of the asthma medications are generic.

Number two, almost certainly, most of the problems with patients not being able to get their asthma inhalers has to do with backroom deals done by the pharmaceutical benefit managers. The biggest red flag is that not infrequently the brand-name inhaler is the preferred medication over a generic medication.

Number three, each one of the insurance plans has different formularies, and there's plenty of different plans and they frequently change what is covered, and patients often change insurance plans. This results in doctors having no idea which medication to prescribe. I can't say this enough, almost all of the asthma medications are fully generic, patent-expired medications. Enough is enough.

What happens then, after the patient goes to the pharmacy and is told their inhaler isn't covered, is that they have to contact the provider possibly after hours and very often in the middle of seeing other patients, and then provider has to spend time to figure out exactly what happened, why the inhaler was prescribed in the first place, and what the solution is.

To make things even worse for the provider, frequently the pharmacies don't give the patient or provider information on which one of the similar inhalers are covered.

Additionally, when people get upper respiratory viral infections, asthma flares up, sometimes only when they have an upper respiratory infection, so being able to give patients an inhaler for their coughing is very often the right thing to do as opposed to prescribing antibiotics, which don't treat asthma or viral upper respiratory infections.

While the overwhelming majority of the asthma inhalers are generic, there may be a couple very, very specialized asthma inhalers that are still on-patent or very expensive to manufacture, so **I think this bill should**

indicate that it pertains to just generic patent-expired, asthma inhaler medications.

Lastly, in my experience the **insurance companies have abused prior authorizations in order to refuse to pay for asthma medications.** I would strongly suggest paragraph (f) indicate that prior authorizations shall **not** be allowed to serve as a reason to deny payment. Why else would a provider prescribe a generic asthma inhaler?

The patients and the doctors have had enough of the games that the pharmaceutical industry, the health insurance industry, and the pharmaceutical benefit managers have been playing. These are all generic medication's. They should be cheap and easily available. I hope you can see your way to approving the bill with my suggested modifications. Enough is enough.