

**New Yorkers For Accessible Health Coverage****24 October 2007****Member Organizations**

American Association of Kidney Patients,
New York chapter
American Cancer Society
American Diabetes Association
Brain Tumor Foundation
Cancer Care
Care for the Homeless
The Center for Independence of the Disabled, NY
Cystic Fibrosis Foundation, Greater New York
chapter
Disabled in Action of Metropolitan New York
Epilepsy Foundation of Greater New York
Gay Men's Health Crisis
Hemophilia Association of New York
Huntington's Disease Society of America, New
York and Long Island chapters
Interagency Council of Mental Retardation and
Developmental Disabilities
Leukemia & Lymphoma Society, New York City
chapter
Mental Health Association of New York City
Mental Health Association of Westchester County
National Alliance for the Mentally Ill –
New York State
National Aphasia Association
National Marfan Association
National Multiple Sclerosis Society, Capital,
Long Island, New York City, Southern,
and Upstate chapters
New York AIDS Coalition
New York Association of Psychiatric
Rehabilitation Services
SHARE: Self-Help for Women with Breast and
Ovarian Cancers
SLE Foundation
West Islip Breast Cancer Coalition for Long Island

Cooperating Organizations

Alliance of Resident Theaters of New York
Brooklynwide Interagency Council of the Aging
Citizen Action of New York
Commission on the Public's Health System
Community Healthcare Network
Dance Theater Workshop
Greater New York Labor-Religion Coalition
Institute for Puerto Rican and Hispanic Elderly
Joint Public Affairs Committee for Older Adults
Lambda Legal Defense and Education Fund
Long Island Progressive Coalition
Medicare Rights Center
Metro New York Health Care for All Campaign
National Association of Social Workers,
New York City chapter
New York State Health Care Campaign
New York State Nurses Association
New York State Psychological Association
New York Statewide Senior Action Council
Senior Services
Society for Hospital Social Work Directors,
Metropolitan New York chapter
South Fork Community Health Initiative
William F. Ryan Community Health Center

TESTIMONY OF MARK SCHERZER, LEGISLATIVE COUNSEL
BEFORE THE HEALTH COMMITTEE OF THE
NEW YORK CITY COUNCIL

Thank you for the opportunity to testify before New York City Council with respect to a proposed resolution urging the New York State Legislature to expand the EPIC Program.

New Yorkers for Accessible Health Coverage (NYFAHC), a coalition of more than 50 statewide voluntary health and social service organizations, strongly supports the proposed resolution. We have fought for many years now to bring equity to EPIC.

While EPIC is now limited to people age 65 and over, people with severe and permanent disabilities under age 65 are just as needy as New York's seniors. They, too, almost invariably live on fixed incomes and often have significant prescription drug needs. Indeed, on average disabled Medicare beneficiaries have lower incomes and much poorer physical, mental and functional levels than their elderly counterparts. Disabled beneficiaries are more than twice as likely to report being in fair or poor health than the elderly (59% vs. 23%) and are twice as likely to have trouble performing at least one "activity of daily living."

Currently, many individuals living with serious illnesses and disabilities who receive Social Security Disability and Medicare benefits are forced to purchase and retain high priced private insurance policies for their prescription drug coverage. The premiums for these direct pay market insurance policies currently cost from \$500 to \$1500 per month in New York City to cover an individual, and significantly more to cover a married couple or family with children.

The combination of poor health status, high drug utilization and low income makes paying for prescription medications particularly burdensome for people with disabilities. A Kaiser Foundation national survey in December 2003 found that nine out of ten people with disabilities used at least one prescription medication on a regular basis. Almost a third of them (32%) identified cost as a barrier to obtaining necessary prescription drugs, more than the share who reported problems with any other medical benefit. Among the uninsured in the survey, 60 percent skipped doses, split pills, or did not fill a prescription due to cost. Not surprisingly, "improving prescription drug coverage" was named by 41 percent of respondents as the "most important disability-related issue for government to address."

The Part D drug benefit introduced in the Medicare program in 2006, while better than the complete absence of outpatient drug coverage which preceded it, does not adequately meet the needs of adults with disabilities, for several reasons:



(a) Some non-elderly adults with disabilities are not eligible for Part D because they are in the two-year waiting period for Medicare.

(b) Some non-elderly adults cannot afford the Part D cost sharing, which requires individuals to expend in excess of \$3,600 per year in deductibles, co-payments and the "donut hole" before they reach the level of catastrophic drug coverage that resembles a private health insurance policy. In 2006, we calculated that a non-elderly disabled consumer with an annual income of \$17,550 (approximately 188% of the Federal Poverty Level) and \$4000 in yearly drug expenses for a single drug would have \$ 2,920 in out-of-pocket costs, including premiums, under the Medicare drug benefit. This person would have to spend nearly \$3 of his or her own money for every \$1 in coverage. If this person were 65 years or older and enrolled in EPIC, yearly out-of-pocket costs would be \$410 under EPIC's current structure. This is a difference of over \$2500. Since then, the cost sharing obligations of Medicare Part D have only grown.

(c) Some non-elderly adults cannot obtain all of the drugs they need through Part D due to coverage or formulary restrictions imposed by Part D plans.

What the introduction of Medicare Part D has done is to create an opportunity to expand EPIC to people with disabilities at a lower cost to the State than ever before. Part D would bear a significant portion of the costs of an EPIC expansion, and Part D is relieving the EPIC program of significant expenditures itself. The State Division on Budget projected EPIC savings of \$120 million in 2006 and another \$143 million this year. As a result, there are more than adequate funds available to support this expansion, even at full implementation.

While EPIC is one of New York's great success stories, its exclusion of people with disabilities is a shameful relic of discrimination that must be corrected. At least 15 other states, including Massachusetts, New Jersey, and Connecticut, have implemented pharmacy assistance programs that cover non-elderly adults with disabilities.

NYFAHC emphatically supports your resolution. The Legislature needs to hear how important it is to make affordable prescription drugs available to the large number of New Yorkers without comprehensive health insurance coverage. EPIC expansion would provide desperately needed coverage to many New Yorkers and help correct and equalize our patchwork coverage system.

For further information, contact Mark Scherzerat 212.406.9606

JPAC *for OLDER ADULTS*

Joint Public Affairs Committee / 132 West 31st Street – 10th Floor / NY, NY 10001 / 212-273-5262
Sponsored by Jewish Association for Services for the Aged (JASA)

Committee on Mental Health, Mental Retardation, Alcoholism, Drug Abuse & Disability
Public Hearing: “Access to EPIC drug benefits for people with disabilities”
October 24, 2007

Remarks by Cameron Gelisse
Brooklyn Borough Coordinator
Joint Public Affairs Committee for Older Adults (JPAC)

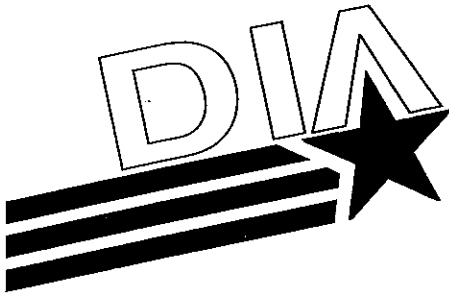
Chairman and Members of the Committee, thank you for inviting me to speak today and for conducting this important hearing.

My name is Cameron Gelisse and I am the Brooklyn Borough Coordinator for the Joint Public Affairs Committee for Older Adults (JPAC). JPAC is a non-partisan interdenominational, multicultural social action coalition of older adult representatives from senior centers, community groups, agencies and independent individuals from throughout Metropolitan New York. For 30 years JPAC and its members have been fighting for programs and protections that benefit the lives of older adults in the New York City area. Among our victories is the passage of the legislation that brought about the EPIC program. In fact, this bill was signed by the Governor at JPAC's office in recognition of our role. Since then, we have been advocating for many expansions to the program, one of them being the issue before you today; state legislation which would make certain persons who are eligible for SSDI benefits eligible for the EPIC Program. JPAC strongly supports the New York City Council Resolution No. 823 calling upon New York State Legislature to adopt this legislation, as specified in the New York State Senate, S. 2644 and New York State Assembly, A. 5178.

EPIC has been a lifeline for older adults of low and moderate incomes for years and continues to provide incredible prescription drug coverage to eligible seniors. Unfortunately people with disabilities are not given the same privileges and assurances granted to seniors enrolled in the program even though they face many of the same barriers to obtaining medically necessary prescription drug coverage. Their limited income, inability to work, lack of employer paid health insurance and prescription coverage caps by health insurers make life extremely difficult. Seriously compromising their health and well being, many individuals with disabilities are deterred from taking their doctor prescribed medications due to their inability to afford pharmaceuticals that are not only essential to their health, but also enhance quality of life by keeping them able to live with dignity and autonomy as active members of their community.

Representing JPAC here today, I strongly urge that you pass Resolution No. 823 calling upon NYS Legislature to make the EPIC program available to low and moderate income New Yorkers under the age of 65, with disabilities who are either in Medicare's two-year waiting period before they are eligible for Medicare Part D, or who are receiving Part D benefits, but are unable to afford the expensive premium, deductible, co-pays and "donut hole" costs which are required if their income is above the 150% of the Federal Poverty Level (e.g. am mere \$24,900 a year for a family of 3). Not only will the passage of S. 2644 and A. 5178 as proposed by Resolution No. 823 improve the health and peace of mind of people living with disabilities, but their inclusion will reduce emergency room usage, hospitalizations and institutionalizations, thereby saving health care dollars for the State government.

Thank you.



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**Testimony to the City Council's Mental Health, Mental
Retardation, Alcoholism, Drug Abuse & Disability Services
Committee**

Oversight Hearing:

**Access to EPIC Drug Benefits for Persons with
Disabilities**

Edith M Prentiss

1st Vice President, Disabled In Action

President, 504 Democratic Club

October 24th, 2007

My name is Edith Prentiss; I am a disabled New York City resident. I am the President of the 504 Democratic Club and Vice President for Legislative Affairs of Disabled in Action (DIA).

I would like to thank the Committee and especially Chairman Oliver Koppell for the opportunity to address you. I am here to address why younger disabled New Yorkers should be eligible EPIC (Elderly Pharmaceutical Insurance Coverage) To prepare this testimony, all I needed to do was pull up the testimony I have presented annually, to the Committee, in support of EPIC Expansion.

I guess it is also time to start our annual treks to Albany. There are presently three EPIC expansion bills. In the Assembly, A5178 has 104 sponsors from both sides of the aisle. There are two bills in the Senate. S2258 has 19 sponsors with ten Democratic senators have not signed on. 2644 has 22 sponsors with eleven Republicans not signed on.

The Assembly bill and 2644-A are "same as", They are "Makes certain persons (meeting certain income requirements) who are eligible for or receiving social security disability insurance (SSDI) benefits eligible for elderly pharmaceutical insurance coverage". What is particularly good is that they include eligible for SSDI but not Medicare eligible. There is 25 month wait for SSDI recipients before we get Medicare unlike seniors who get it at 65.

It is very puzzling to see legislators fall off the bills from year to year.. But what is truly shocking is to read the list of who has not signed on. They include Senators Ruben Diaz Sr, Ruth Hassell-Thompson, Craig Johnson,

Velmanette Montgomery, Bill Perkins, John Sabini, John Sampson, William Stachowski, Andrea Stewart-Cousins- and AntoineThompson. I must apologize if any has signed on recently, but all morning the Bill status checker was down,

I would like to explain why EPIC expansion is so important to me and my pharmaceutical expenses are so high. They are high enough that I was in the donut hole in early February 2006 and in May, this year. Sjogren's syndrome is an autoimmune disease. Autoimmune diseases are characterized by the abnormal production of extra antibodies in the blood that are directed against various tissues of the body. Primary Sjogren's syndrome manifests with gland inflammation (resulting dry eyes and mouth, etc.). Secondary Sjogren's syndrome is associated with a connective tissue disease. I of course have the more systemic Secondary Sjogren's.

Until Sjogren's is diagnosed, what is treated is the presenting symptom. .As a result, for years my pulmonary symptoms were treated as asthma with lots of steroids. A few of the side effects of steroids are friable skin, diabetes, cataracts and osteoporosis. I have managed to get all those side effects and more. Another manifestation of Sjogren's is frequent infections. And they all require lots of expensive medications.

A vial of long acting insulin costs \$83 to \$138 3 vials a month=\$250 to 400. Fast acting insulin costs \$80 – 120. 10 vials =\$800 to \$1,200. One oral diabetic medication costs \$175 - 225 and another about \$100 a month. And then add on the supplies are now under Medicare Part D.

My doc prescribed Singulair twice a day, while my insurance will only give me one a day. 30 pills is \$130 a month, so I save samples and only take two a day when in a crisis. I was so happy when I was switched from "pumps" to a nebulizer. One "pump" cost over \$275 per unit. The other costs \$220. I was suppose to use two of each a month. But liquids for nebulizers are free under Part B. As a result of the pulmonary manifestations, I have developed a cardiac condition. Now that's not bad, as all four prescriptions are generics!

A month's supply (a package of 4 pills) of osteoporosis med is \$110 a month. Next is the problem, there are 52 weeks in a year not 48! There is a medication that is taken once a month. It is \$300 per pill. I'd stick to weekly, if I could even afford it! If and when I come out of the donut hole, for the year, I'll start taking the weekly one again.

I have chronic infections: pulmonary, parotid (salivary) and topical skin infections. Antibiotics are a real killer; a 15 day course of one runs \$350. I'm really glad I've become allergic to the one that is \$1,000 a month.

On Monday I saw my diabetologist. He was very disturbed to learn I was only the short acting insulin after running out of the other. He is irate that I might be going back 10 years in diabetic treatment to take insulin he's not prescribed in years. But they're less than \$25 a vial. I'll let you do the math! In my fridge is a gallon Ziploc bag full of hoarded insulin. Some from after coming out of the donut hole last year but most is from dead people whose meds, I collect, Sorry to say, but it is exciting to inherit 3 months of drugs from someone who died.

On the back of my bedroom door is my collection of pills. I gladly accept all and any samples and raid my brother, a family med doc, office every few months. It is very simple to break meds when a sample or hand me down dosage is greater than I take, but the best are the drugs that can be taken every few days instead of daily.

If I were eligible for EPIC, my life would be so much easier and my health so much better. In 2001, when I became eligible for Medicare, being unable to afford good Medigap coverage I opted for a Medicare HMO. About the only good things about it were great wheelchair coverage and free insulin and diabetic supplies. But that ended in January 2006 when Part D arrived. I know not taking my medications as prescribed is playing Russian roulette with my health. But what is my choice?

With EPIC or similar coverage, I'd drop the HMO and opt for traditional Medicare to be able to see the healthcare providers who have kept me alive through my medical crises over the years. My income would make me eligible for both EPIC and SCRIE but not my age but given the disparity between DRIE & SCRIE I am not eligible. Without EPIC and DRIE/SCRIE parity, I, and the rest of this vulnerable underserved population, face daily issues about affording our rent and medications.

I hope that the Committee and the Council will call upon the State to expand EPIC to include the disabled.

Thank you very much.

Hearing on Resolution 823
City Council to Support the Passage of EPIC in NYS
NY City Hall, Council Chambers
October 24, 2007

Honorable Chair Person and Council Members;

Thank you for the opportunity to provide testimony on the proposed Resolution 823: a resolution supporting the passage of S. 2644 and A. 5178, bills that will extend the Elderly Prescription Insurance Coverage to people with disabilities.

My name is Mike Godino: I come here today to speak on behalf of the Brooklyn Center for the Independence of the Disabled (BCID). BCID is a not-for profit community based, consumer directed center, which advocates on behalf of the disabled community and provides services to promote independence and community participation.

BCID commends the New York City Council for its support on the passage of S. 2644 and A. 5178 legislation that will make persons with disabilities under the age of 65 and receiving Social Security Disability Insurance (SSDI) eligible for the Elderly Pharmaceutical Insurance Coverage (EPIC) program.

The passage of this legislation will go far to assist people on SSDI in meeting the high cost of many prescription medications. As you know, the current administration in Washington DC pushed and passed the Social Security Part D prescription drug coverage that began in 2006. BCID is sure this legislation was passed with all good intentions; however, many people with disabilities with high medication cost have suffered the

dreaded donut hole that was the controversial sticking point throughout the Part D negotiations. Fact is this Part D program passed the senate 98 to 2, the two being both senators from the state of New York. Do you think they had a vision?

Because New York City has such a large population and the population of people with disabilities averages twenty percent of the general population, it goes to show, NY City must have the largest population of people with disabilities. On average, people receiving SSDI benefits are receiving a monthly cash benefit of less than eleven hundred dollars per month. Given the high rents and elevated cost of living in NY City, one can only imagine the numbers of people who go without their medication after falling into the event horizon of this major gap in benefits known as the donut hole. Providing EPIC benefits to people under the age of sixty five who are receiving SSDI will ease the burden of choosing to pay for ones medication or to pay ones rent during the time of zero coverage under Part D.

BCID views the NYC Council support of the passage of EPIC as a positive step in moving this legislation to passage on the floors of the NY State Assembly and Senate. BCID thanks the City Council for the passage of Resolution 823: a firm acknowledgement that this council is in full support of the people living with disabilities in the city of New York.

Respectfully Submitted,
Mike Godino
Director of Advocacy, BCID

**Testimony of Matthew P. Sapolin, Commissioner
Mayor's Office for People with Disabilities
October 24, 2007**

**New York City Council
Committee on Mental Health, Mental Retardation, Alcoholism, Drug Abuse &
Disability Services**

- Introduction and salutations, and gratitude
- Introduce MOPD, and its charge
- Comment on similarities in PWD and Senior populations
- Assert support for the concept of expanding EPIC
- Offer support going forward
- Close
- QA



National
Multiple Sclerosis
Society
New York City
Chapter

NATIONAL MULTIPLE SCLEROSIS SOCIETY, NYC CHAPTER

**TESTIMONY BEFORE THE NEW YORK CITY COUNCIL
COMMITTEE ON MENTAL HEALTH, MENTAL RETARDATION, ALCOHOLISM, DRUG ABUSE &
DISABILITY SERVICES
NEW YORK, NEW YORK
OCTOBER 24, 2007**

Presented by:

**PJ Weiner
Manager, Advocacy Programs
National Multiple Sclerosis Society, NYC Chapter
733 3rd Ave, 3rd Floor
New York, New York 10017**

Good morning. My name is PJ Weiner. I am the manager of advocacy programs at the New York City Chapter of the National Multiple Sclerosis Society. I am here today representing the 34,000 New Yorkers that are affected by multiple sclerosis. I would like to thank Chairman Koppell and the rest of the committee for holding this hearing today.

I would like to provide some background information about multiple sclerosis. MS is an unpredictable, life-long, neurological disease usually diagnosed in early adulthood (between 20 and 50 years of age) when people are beginning families, establishing careers and making their life dreams come true. Symptoms often associated with MS include difficulties with vision, numbness or tingling, muscle weakness, loss of balance/coordination, gait disturbances, excessive fatigue, bladder/bowel disturbances, memory loss and paralysis. About ten percent of individuals with MS will require personal assistance and/or home health care in order to live independently. While there is no cure for MS, appropriate treatment can reduce the frequency, severity, and duration of flare ups and slow the progression of the disease.

Expanding the EPIC program to include people with disabilities under the age of 65 has been at the top of our legislative agenda for the past decade. This issue is vital to people living with MS because of the fact that the medications used to treat multiple sclerosis are exceptionally expensive. There are currently four medications used to treat MS that are covered under EPIC that range in cost from \$1200 to \$2000.

Additionally, those fortunate enough to have health care coverage may not be fully covered for their prescriptions. For example, there are two gaps in health care coverage that people living on Social Security Disability (SSDI) encounter, people living with MS who subsist on SSDI are often forced to forgo taking medications due to their prohibitive costs.

The first of these coverage gaps surfaces immediately after an SSDI beneficiary is awarded coverage. There is a two year waiting period after SSDI is awarded before Medicare coverage begins. Many SSDI recipients cannot afford to purchase or are not eligible for Cobra benefits and therefore go without any coverage during the two year waiting period for Medicare. If EPIC were expanded to include people with disabilities, SSDI beneficiaries in the two year waiting period for Medicare would be able to afford their prescription medications.

The second coverage gap lies within the structure of Medicare prescription drug plans. Due to the high cost of the MS medications, people with MS fall into the Medicare prescription coverage gap or "doughnut hole" within their second month of coverage each calendar year. At this point they are left to pay for 100% of the cost of their medications out of pocket—between \$1200-\$2000. The average income of the clients who call the NYC chapter for assistance while in the Medicare coverage gap is between \$1500 and \$2500 a month. This forces these clients to choose between paying for rent, food and utilities or paying for one essential medication. These clients are not eligible for Medicare's extra help program and are denied assistance from pharmaceutical company

sponsored patient assistance programs due to the fact that they only assist people who have no health insurance.

We appreciate the City Council's recognition of the difficulties paying for health care that disabled New Yorkers face. By passing this resolution, you are sending a clear message that people with disabilities deserve equal access to health care. Thank you for your time.



THE ASSEMBLY
STATE OF NEW YORK
ALBANY

MICAH Z. KELLNER
65th Assembly District

EPIC for the Disabled is Long Overdue

Testimony by Assembly Member Micah Z. Kellner

Re: NYC Council Resolution No. 823

Before the Committee on Mental Health, Mental Retardation, Alcoholism,
Drug Abuse, and Disability Services
Wednesday, October 24, 2007

My name is Micah Z. Kellner and I am the Assembly Member representing the 65th Assembly District including the neighborhoods of the Yorkville, part of the Upper East Side, and Roosevelt Island. Thank you to Committee Chair G. Oliver Koppell and Council Speaker Christine C. Quinn for the opportunity to testify today.

As a person with a mobility impairment, and as one of the 80 sponsors of the Assembly bill (A.5178) that would expand the Elderly Pharmaceutical Insurance Coverage (EPIC) program to the non-elderly disabled, I am here today to applaud this Committee for considering a resolution in support of this important piece of legislation. Nine other states – Connecticut, Delaware, Illinois, Maine, Massachusetts, New Jersey, Vermont, Maryland, and Wyoming - already provide pharmaceutical insurance coverage to the non-elderly disabled and it is wrong that New York is lagging behind on basic health coverage for some of our most vulnerable citizens.

Historically, programs, like social security and property tax breaks, originally designed for the elderly have eventually been expanded to include the non-elderly disabled community because policymakers have recognized that the experiences of seniors and the disabled are similar when it comes to the barriers each group has to independent living.

While advances in the pharmaceutical industry mean that more people with disabilities are able to be active in their communities, live independently, and maintain their employment, the declining availability of employer-provided health insurance, as well as caps on drug coverage by some insurance companies, mean that too often people with disabilities are without necessary or affordable drug coverage.

Right now, a disabled person unable to afford their prescription drugs has no choice but to “spend down” (in order to qualify for Medicaid) or miss taking their medicine, which can lead to unnecessary emergency or long-term care later – results that are both expensive to the state and inhumane to the disabled person.

Medicare’s prescription drug program provides us with a unique opportunity to take the money we need to expand the EPIC program from savings the program is seeing through

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coordinating with Medicare Part D. This method would keep dollars intended for EPIC being used to provide pharmaceutical insurance, as they were intended. Since Medicare Part D covers the disabled, EPIC's role would be to provide "wrap-around" coverage, filling in the gaps left by Part D.

Last summer, the New York State Department of Health studied the fiscal implications to the state of the pending legislation. The department found that by three years into the program's expansion, the costs would level out at \$181 million annually, serving approximately 85,000 non-elderly disabled persons across New York State.

Advocating for the passage A.5178 is one of my top priorities. To ensure that the program will be fully funded, I, along with the Assembly bill's sponsor, David Koon, and Assembly Health Committee Chair Richard Gottfried, wrote to Governor Spitzer's office this week, requesting that the funds be provided for in the 2008-09 Executive Budget.

Legislation to expand the EPIC program to the disabled enjoys strong support in both houses of the Legislature and Governor Spitzer has made clear his commitment to the further expansion of public healthcare benefits to underserved New Yorkers. A resolution from the New York City Council supporting the EPIC expansion bill is an important signal to leadership in the Assembly, State Senate, and Governor's office that the disabled community is important to all New Yorkers and that the issue of expanding EPIC is being watched and cheered on by a broader audience than just the constituents it serves. I applaud the Committee for its work on this issue and urge you to pass this resolution.

Thank you again for the opportunity to testify.

Center for Independence of the Disabled, NY

**Proposed Resolution No. 823,
Calling on the State Legislature to Adopt S. 2644 and A. 5178,
Expanding EPIC Eligibility to People with Disabilities**

New York City Council, Committee on Mental Health, Mental Retardation, Alcoholism,
Drug Abuse and Disability Services.

October 24, 2007

Testimony By: Noor Alam, Community Organizer
Center for Independence of the Disabled, NY



I would like to thank the Council for holding this hearing, and Committee Chair Oliver Koppell and the other Council members for introducing this Resolution. The Center for Independence of the Disabled, New York (CIDNY), appreciates your support in reminding your colleagues in the State Legislature that the issue of EPIC expansion is still before it, in the form of S.2644 and A.5178, which were introduced in the last session.

CIDNY has worked for many years toward ending the exclusion of people with disabilities from the EPIC program. While EPIC is now limited to Medicare enrollees over the age of 65, people with disabilities under age 65 who get Medicare share the very characteristics that cause the elderly to need EPIC: they live on fixed incomes, will not be going back to work, and often need many prescription drugs.

A national survey by the Kaiser Foundation found that nine out of ten people with disabilities used at least one prescription medication on a regular basis. Almost a third of them identified cost as a barrier to obtaining necessary prescription drugs. Among the uninsured in the survey, 60 percent skipped doses, split pills, or did not fill a prescription due to cost. Not surprisingly, "improving prescription drug coverage" was named by 41 percent of respondents as the "most important disability-related issue for government to address."

Medicare's Part D prescription benefit is not enough for nonelderly people with disabilities. Some are not yet eligible for Part D because, after they prove that they cannot work and start receiving SSDI benefits, they must wait two years to be eligible for Medicare. Some cannot afford the cost-sharing that Part D requires, especially in the dreaded "donut hole." And some cannot obtain all of the drugs they need through Part D because of formulary restrictions imposed by Part D plans.

The implementation of Medicare Part D has created an opportunity to expand EPIC to people with disabilities at a lower cost to the State than ever before. The State Division on Budget estimated EPIC savings of \$120 million in 2006 and another \$143 million in 2007. This shows that the State has more than adequate funding to support this expansion.

While EPIC is one of New York's great success stories, its exclusion of people with disabilities is a deficiency that must be corrected. At least 15 other states, including Massachusetts, New Jersey, and Connecticut, have implemented pharmacy assistance programs that cover non-elderly adults with disabilities.

CIDNY emphatically supports City Council Resolution 823 as an important step toward making affordable prescription drugs available to the large number of New Yorkers without comprehensive health insurance coverage.