



October 10, 2023

Thank you, members of the Health, Aging and Long-Term Care Committee for this opportunity to testify in support of AB 259. My name is John Schnabl, and I am the Executive Director for the Greater Wisconsin Agency on Aging Resources, Inc. (GWAAR). I am also part of the leadership committee of the Wisconsin Aging Advocacy Network (WAAN). I have had the privilege of serving and working with older adults for over 20 years. My professional experience, as well as my personal experience as a family caregiver has deepened my understanding of the valuable resource older adults are to our families and communities, as well as the challenges many older adults face as they try to stay in their own home as they age.

For over two decades, SeniorCare has offered Wisconsin residents aged 65 and older a comprehensive prescription drug benefit utilizing a simple application, enrollment, and renewal process. Over the years, GWAAR and WAAN have offered and supported recommendations to further strengthen the program's ability to achieve its goal of keeping Wisconsin seniors healthy. Today, we are pleased to offer our support for AB 259 which will further strengthen the program.

Getting around the community can be a significant challenge for older adults who are self-restricting their driving, who no longer drive or never drove. Finding rides to pick up prescriptions (as well as to the other places they want/need to go) can be burdensome and expensive. Older adults do not want to be a burden on their families, nor do they want to spend an excessive amount of their budget on transportation costs (provided transportation is even available). For many older adults, pharmacies are 10, 20 or even 30 miles away. During the COVID-19 public health emergency, SeniorCare and other Medicaid program participants were able to receive up to a three-month supply of some of their prescription medications. Allowing pharmacies to dispense a three-month supply limited individual's exposure by reducing their trips to the pharmacy. It also reduced the number of times transportation was needed, which was especially helpful given the difficulties associated with social distancing in a car. Program participants realized fewer trips and co-pays saved both time and money. Unsurprisingly, many older adults (and likely younger adults too) would like to see this option continued.

A study published in 2012 in the Medicare & Medicaid Research Review used Medicaid claims from nearly 53,000 patients with chronic conditions to determine whether 90-day refills at community pharmacies could improve adherence, minimize waste, and control costs. While no comparable difference in wastage was noted, the study results showed adherence to maintenance medications was higher among patients with 90-day prescriptions supplied compared to 30-day prescriptions. In addition, estimated savings resulting from the use of 90-day rather than 30-day prescriptions ranged from \$7.70 per patient per year (PPPY) to \$28.86 PPPY (even after removing the cost of any waste).

These saving came from reductions in pharmacy costs and did not include any additional expected savings in medical spending associated with improved adherence. 1

Changing from a 34-day supply of prescription medications to up to a 100-day supply will result in a loss of funding from co-pays; however, any loss of funds will more than be made up for by the reduction in dispensing fees to pharmacies. In addition, most Medicare Part D plans already provide beneficiaries the option to receive a 90-day supply of medications.

Thank you for consideration of my testimony on behalf of GWAAR and WAAN on this cost-saving proposal to make Wisconsin's SeniorCare program even better!

Sincerely,

A handwritten signature in black ink that reads "John C. Schnabl". The signature is written in a cursive style and is centered within a light gray rectangular box.

John Schnabl
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1 Taitel, M., Fensterheim, L., Kirkham, H., Sekula, R., & Duncan, I. (2012). Medication days' supply, adherence, wastage, and cost among chronic patients in Medicaid. *Medicare & Medicaid Research*

