



September 20, 2012

Meg Jones
Office of the Insurance Commissioner
PO Box 40256
Olympia, WA 98504-0256

RE: Comments on Essential Health Benefits Package Benchmark Reference Plan (WAC 284-43-865)

Dear Ms. Jones,

The National Hemophilia Foundation (NHF) and Bleeding Disorder Foundation of Washington (BDFW) appreciate the opportunity to provide comments on the Washington's essential health benefits (EHB) benchmark reference plan (WAC 284-43-865). NHF is the nation's leading advocacy organization working to ensure that individuals affected by hemophilia and related bleeding disorders have timely access to high quality medical care and services, regardless of financial circumstances or place of residence. BDFW is dedicated to improving the quality of life for Washingtonians with bleeding disorders.

Hemophilia and related bleeding disorders are rare, complex genetic conditions for which there are no known cures. Individuals often experience spontaneous and prolonged internal bleeding in the joints and tissues. To effectively manage these disorders, patients often require life-long infusions of clotting factor therapies that replace the missing or deficient blood proteins, thus preventing debilitating and life threatening internal bleeding. While therapies are safer and more effective than ever, they are also more costly than other types of medication. For example, cost of treatment for a person with severe hemophilia can be \$250,000 a year or more. Developing an inhibitor (i.e., an immune response to treatment), complications such as HIV/AIDS, hepatitis and joint diseases, or bleeding as a result of trauma or surgery can increase those costs to over \$1 million.

We commend the Insurance Commissioner for proposing the Regence Blue Cross Blue Shield *Innova* small group as the default benchmark plan to define EHB. Given the complex nature of these conditions, it is imperative whichever plan is chosen as the benchmark (i.e., Regence Blue Cross Blue Shield *Innova* small group or other) must adequately address the unique healthcare needs of those with bleeding disorders. Specifically, plans should guarantee the following:

1. Access to services and specialists at federally recognized hemophilia treatment centers (HTCs)

Since 1974, Congress has authorized and funded a national network of HTCs to provide comprehensive, specialized care for individuals with hemophilia and other bleeding



disorders. These centers are staffed with healthcare professionals across multiple disciplines including hematologists, physical therapists, nurses, dentists and social workers that work as a team to provide coordinated care for this complex patient population. In addition to disease and case management, HTC's monitor blood safety and offer many educational programs for individuals and their families.

Numerous U.S. Centers for Disease Control and Prevention (CDC) studies show that individuals receiving comprehensive care at HTC's have a 40 percent reduction in morbidity and mortality, despite the fact that more severe patients are seen at an HTC. Moreover, studies show that patients who use HTC's experience fewer long-term complications and hospitalizations, increasing quality of life and reducing total healthcare care costs over a patient's lifetime.^{1,2}

The Affordable Care Act (ACA) specifies that entities covered under section 340B(a)(4) of the Public Health Service Act (which *includes* federally recognized HTC's) be designated as essential community providers. This designation helps ensure that HTC's are included in qualified health plans (QHP) and that individuals have access to these specialized healthcare providers (i.e., physical therapist, hematologist, social worker, etc.), laboratory and pharmacy services. We encourage the State to *require* plans to permit access to state-based and/or regional HTC's.

2. Access to the full range of FDA approved clotting factor products

Clotting factor therapies are biological products (derived from human blood plasma or using recombinant technology). There are no generic equivalents. Moreover, because of the nature of bleeding disorders, an individual's response and tolerability for a specific product is unique. For these reasons, NHF's Medical and Scientific Advisory Council (MASAC) recommends that individuals have access to the full range of FDA approved clotting factor products.³ Historically, these products are covered as a medical benefit. If covered as a pharmacy benefit, patients must have access to full range of FDA approved clotting factor products. Limiting access through the use of restrictive drug formularies, such as requiring prior authorization, specialty tiers, preferred drug lists, or any other method that disproportionately places higher costs on those individuals with chronic conditions will negatively impact patient care. Therefore, drug benefit designs employing these methods should be avoided and which product an individual uses should be a decision between patient and physician.⁴

¹ Soucie JM et al. Mortality among males with hemophilia: relations with source of medical care. *Blood* 2000; 96:437-442.

² Soucie JM et al. Home-based factor infusion therapy and hospitalization for bleeding complications among males with hemophilia. *Haemophilia* 2001; 7:198-206.

³ MASAC Document #132. (2002). Standards and Criteria for the Care of Persons with Congenital Bleeding Disorders. www.hemophilia.org.

⁴ MASAC Document #159. (2005). Recommendation Regarding Factor Concentrate Prescriptions and Formulary Development and Restrictions. www.hemophilia.org.



3. Access to a range of specialty pharmacy providers

Unlike other types of medication typically bought at a retail pharmacy, clotting factor therapies require special handling, shipping and refrigeration. Additionally, patients often require other products (i.e., syringes, saline), nursing services, and intensive education to manage their complex health condition. These requirements are beyond the ability of a traditional retail pharmacy and are only available through specialty pharmacy providers.

These providers are specially trained to handle the unique needs of the bleeding disorder community and are expected to adhere to the standards outlined by MASAC.⁵ Considering the variability of patient needs and provider services, patients need access to a network of pharmacy providers to properly manage their conditions and live longer, healthier lives. We would also encourage that the agency incorporate provider standards for pharmacies that dispense clotting products.

4. Access to appropriate sites of care

Patients with rare, chronic conditions must have access to appropriate sites of care as determined by the patient and treating physician. Moreover, because individuals with bleeding disorders need for life-long treatment, as opposed to episodic care, it is imperative to take into consideration the site of care that works best – whether that be in the hospital, as an out-patient, in a physician’s office, or in the home. Any method that restricts treatment sites remains a barrier to access to care.

5. Medical necessity determinations, appeals, and grievances processes

NHF and BDFW support Medicare’s definition of medical necessity, which is “services or supplies that are needed for the diagnosis or treatment of your medical condition and meet accepted standards of medical practice.” Additionally, we strongly agree with the recommendations previously provided by the National Health Council (NHC) to the Center for Consumer Information and Insurance Oversight (CCIO) that any requirements for plans to use medical necessity criteria should be objective, clinically valid, and compatible with generally accepted principles of care.

Furthermore, any plan denials based on medical necessity should explain in clear language the criteria being used. Uniform exceptions and appeals processes and requirements for states to perform plan oversight must also be included. Any regulations

⁵ MASAC Document #188. (2008). Recommendation Regarding Standards of Service for Pharmacy Providers of Clotting Factor Concentrates for Home Use to Patients with Bleeding Disorders. www.hemophilia.org.



in this area must include easy-to-access plan grievances processes and a system to track responses to grievances filed.

We thank you for taking the time to review our comments and for giving them your careful consideration. If you have questions, please contact Michelle Rice, Director of Public Policy, at (317) 517-3032 or mrice@hemophilia.org; or Stephanie Simpson, Executive Director, Bleeding Disorders Foundation of Washington at (206) 533-1660 or stephaniesimpson@bdfwa.org

Sincerely,

A handwritten signature in black ink that reads "Michelle M. Rice".

Michelle Rice
Director of Public Policy
National Hemophilia Foundation

A handwritten signature in black ink that reads "Stephanie Simpson".

Stephanie Simpson
Executive Director
Bleeding Disorders Foundation of
Washington