Re: Comments on proposed standard plans

Dear Ms. MacEwan,

Thank you for the opportunity to comment on the proposed standard benefit plans and their potential impact on the populations we serve. Our organizations represent thousands of Washingtonians living with serious, chronic, and life-threatening conditions. While we appreciate the complexity that goes into creating standard plans, we have some concerns about the proposed plan designs and how they might impact patients with significant healthcare needs.

Together, our organizations have a unique perspective on the challenges that consumers with serious conditions face in preventing disease, treating illness, and managing their health over a lifetime. We applaud the Washington Health Benefit Exchange (WHBE) for engaging a robust stakeholder process to ensure that Washingtonians have a variety of high quality, affordable health plans to choose from. We urge you to continue to make the best use of the recommendations and expertise our organizations offer as you move through the rulemaking process.

We offer the below principles as a decision-making guide for how to design benefits to ensure that those with chronic or life-threatening conditions have affordable, quality options to choose from.

1. **Guarantee that patients have transparent and predictable out-of-pocket costs**

   Copays offer certainty to patients who require prescription drugs as consumers will know precisely what their medications will cost at the pharmacy counter. This allows consumers to plan financially for the care they’ll need over the course of the year.

   The Gold 2 plan is the only plan to utilize copays in all tiers of the pharmacy benefit which is critically important for patients who rely on long-term access to prescription drugs. We recommend that the standard benefit designs utilize copays across the pharmacy benefits in other metal tiers.

2. **Ensure that the out-of-pocket cost for any one prescription is manageable**

   As you know, coinsurance for prescription drugs has become common in Washington plans, especially for specialty medications that are critical to the treatment of life-threatening conditions. In 2019, all plans sold on Washington Healthplanfinder require consumers to pay coinsurance in the specialty tier, with the average coinsurance of 43%. This level of coinsurance can translate to thousands of dollars in out-of-pocket costs for patients. When cost-sharing becomes a barrier to access, patients do not use their medications appropriately, skipping doses in order to save money or abandoning a treatment altogether.
While the Gold 2 plan offers more reasonable cost-sharing in the form of a copay instead of a coinsurance, we recommend that consumers have more affordable cost-sharing in all metal tiers. Evidence shows that adherence to medication diminishes as cost-sharing increases. In a survey done of people with employer sponsored insurance, approximately half of respondents reported skipping or postponing care or prescription drugs due to cost.ii

3. **Eliminate the shock of a high, upfront deductibles**

The challenges of high coinsurance are worsened by the growing prevalence of high deductibles. In Washington, the average combined deductible in a silver plan was $4,268.iii

The Gold 2 plan is a good example of utilizing reasonable copays in the pharmacy benefit that are applied pre-deductible. We support benefit design options in the bronze and silver tiers that would include pre-deductible cost-sharing in the pharmacy benefit as well. A recent survey showed that consumers top affordability challenge was paying medical bills prior to meeting their plan deductible.iv

In conclusion, our organizations represent thousands of patients, caregivers, and families who need access to quality, affordable healthcare. We appreciate the opportunity to provide our recommendations on how the proposed standard benefit design can be strengthened to best meet those needs. We stand ready to work with you moving forward.

Thank you for your time and consideration. If you have questions or concerns, please contact thea.zajac@lls.org.

Sincerely,

American Heart Association        National Alliance on Mental Illness Washington
American College of Rheumatology   National Eczema Association
American Diabetes Association      National Multiple Sclerosis Society
Arthritis Foundation               National Patient Advocate Foundation
Bleeding Disorder Foundation of Washington   National Psoriasis Foundation
HERO House NW                      Transplant Recipients International Organization
The Leukemia & Lymphoma Society    U.S. Pain Foundation
Lupus and Allied Diseases Association, Inc.  Washington Rheumatology Alliance
Multiple Sclerosis Association of America

CC: Molly Voris, Joan Altman and Christine Gilbert

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