



I am essential

November 17, 2015

Commissioner Roger A. Seigny
New Hampshire Insurance Department
Chair, NAIC Health Insurance and Managed Care Committee
21 South Fruit Street, Suite 14
Concord, NH 03301

The Honorable Ted Nickel
Commissioner
Wisconsin Office of the Commissioner of Insurance
Chair, NAIC Regulatory Framework Task Force
PO Box 7873
Madison, WI 53707-7873

Re: Review of Prescription Drug Benefit Management Model Act in 2016

Dear Commissioners Seigny and Nickel:

On behalf of the **I Am Essential** coalition, we thank you for your commitment to ensuring the protection and rights of all individuals who utilize health insurance as they seek to maintain and improve their health. Our coalition of patient and community organizations, which represents millions of patients and their families, is dedicated to the protection of quality, comprehensive, and affordable health care under the Affordable Care Act (ACA). Since passage of the ACA, we have been working to ensure that essential health benefits are provided to all individuals, especially those with serious and chronic conditions.

We are pleased that the National Association of Insurance Commissioners (NAIC) Health Insurance and Managed Care (B) Committee and the Regulatory Framework (B) Task Force will review the issue of prescription drugs in 2016. As a coalition of patient groups that have a keen interest in ensuring patients have access to prescription medications, we look forward to providing input during these upcoming deliberations.

The proposed issues¹ that you have identified mirror many of the concerns that our coalition has been addressing over the past several years as part of implementation of the ACA at both the federal and state levels. Access to a full range of prescription medications has been central to our work due to the value they have to the lives of the individuals we represent.

We have witnessed plans that limit access to critical medications through narrow formularies that do not follow treatment guidelines, and other plan designs with barriers such as high patient cost sharing. In addition, beneficiaries have experienced excessive medication management techniques such as unreasonable prior authorization requirements and/or step therapy. The use of co-insurance, which usually translates into high patient cost sharing, equates to a total lack of transparency for beneficiaries as they are unable to assess their costs for needed medication. Some Marketplace plans are placing all or almost all medications to treat a certain condition on the highest cost tier. We believe a number of these practices amount to blatant discrimination, particularly against individuals with chronic conditions who rely on prescription medications to remain healthy.

We are pleased that some states have taken note of these practices and taken steps to increase plan transparency, and protect beneficiaries from high cost sharing and discriminatory plan design. We hope you will consider the examples of these states as your work gets under way. It is our hope that more states, as they experience implementation of the ACA and hear the concerns of their citizens, will see the necessity of taking steps to guard against discrimination, excessive cost-sharing, and other insurance plan designs that impede access to prescriptions and health care.

Recently, our three organizations along with representatives of the Arthritis Foundation, Easter Seals, Leukemia & Lymphoma Society, Lupus Foundation of America, and the National Kidney Foundation had the opportunity to discuss many of these issues with Brian Webb, Manager of Health Policy, NAIC.

We look forward to participating in your deliberations, and working with your members and NAIC consumer representatives in the year ahead as you address the issue of prescription medications. We believe that the on the ground experience of our patients who access medications through qualified health plans can provide you with invaluable insight and information.

Thank you.

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¹ “1) transparency, accuracy and disclosure regarding prescription drug formularies and formulary changes during a policy year; 2) accessibility of prescription drug benefits using a variety of pharmacy options; and 3) tiered prescription drug formularies and discriminatory benefit design.”