Rules coordinator (policy)

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Comment(s) or question(s)	To whom it may concern My name is Dorene Cornwell, I am the co-chair of the WA Council of the Blind (WCB) advocacy committee though the views here are my own. First, thank you so much for the opportunity to participate in the Interested Parties meeting about the small pharmacies appeals process on August 10 . Thank you also very much for bearing with a number of comments that are probably at least partly out of scope for the current rulemaking. One thing I would consider well within scope would be consumer access to information about their rights with regard to applicability of insurance practices. I would like to say a little more about that below.

WCB is part of a coalition working with the Pharmacy Quality Assurance Commission on rulemaking to ensure that prescription label information is accessible in languages other than English and, regardless of language, in formats accessible for people who are blind, low vision or print impaired.

My short version of what I have learned so far from different parties involved in the PQAC rulemaking:

--Different states have some laws or rules about language access.

--Access to label information in non-print format exists for some states, through some pharmacy chains, for the VA and for some health plans.

--Technology exists to provide information in more languages and to address other accessibility concerns. It's not quite take it off the shelf but I see this rulemaking as an opportunity to push...

... the envelop.

--Improving the accessibility of prescription label information is critical for continuity of care, has the potential to reduce medication errors, and can save many times to costs of prescription errors throughout the health care system.

--Both pharmacy chains and software vendors have said that uniform
higher standards would spread the costs of needed adjustments over
more places and ultimately make it cheaper for everyone to enhance
accessibility both for consumers with limited English and for
consumers who need non-visual access.

--The Pharmacy Quality Assurance Commission has I think correctly
determined that insurance issues are not something their rulemaking
can address. That said, reimbursement issues are extremely relevant
both for patient access and for pharmacy operations concerns. The
question of how to address these points needs further study and
advocacy.

The parties in the PQAC conversation have not talked very much about reimbursement issues as we work on the details of increasing nonvisual and other than English access to prescription label information. We have talked some about different operational realities for large pharmacy or grocery chains and for small neighborhood pharmacies. I saw this rulemaking Out of curiosity as much as anything sat in on the Interested parties meeting on August 10.

I understand that this OIC rulemaking is a technical correction to
reflect changes already made for pharmacies with fewer...

... than 15 locations. Tier 2 appeals about PBM

decisions have been shifted to the Office of Administrative
Hearings. Tier 2 appeals are done by the pharmacy when a customer is
denied coverage by a Pharmacy Benefit Manager (PBM) and the PBM does
not itself reconsider the denial. The rulemaking reflects new practice
of handling such denials through the Office of Administrative Hearings
rather than through the OIC and of shifting to online submission of
requests for hearings.

The interested parties meeting mentioned that consumers can appeal
denials directly themselves through the Consumer Advocacy Program is
our other unit. Their contact information is:
Consumer hotline number
800-562-6900 or online:
https://www.insurance.wa.gov/get-help-insurance-problem-or-question

With regard to my comment above about access to information about
consumer rights, what is current practice if any about informing
consumers of their rights to access help this way? I know I personally
get correspondence through DSHS that is in English but that has
boilerplate in several languages advising me that if I need help about
the issue in question that I can call a specific phone number. I think
it would be wonderful if, in addition to whatever steps pharmacies

take to deliver label information and provide support for speakers of
other languages, pharmacies also had some kind of statement similar to
the ones I get through DSHS when there is a denial of benefits. Start
with plain...

... language English and then provide the equivalent in
whatever languages the Pharmacy Commission winds up specifying in its
rulemaking process.

With regard to this rulemaking, the expectation is that individual
consumers would not need to interact directly with the Tier 2 process.
However, the way the process is administered there could still be a
heavy burden on small pharmacies who currently serve many limited
English consumers. These pharmacies may be able attribute their
customer base to location, to staff who speak their customers'
languages or to other factors.

I am not in a position to comment on the history of this change in the
hearings process. In general it's very appropriate to make whatever
changes can streamline processes to deliver what is needed to
customers and pharmacies. I would though like to suggest some points
of inquiry where data might suggest paths to ease burden on
pharmacies.

Several speakers at the August helped me identify some concerns both for individual customers and as I learned from the President of the WA Pharmacies Association for lots of small pharmacies which serve many communities that will benefit from increased language access to prescription label information.

One glaring concern: this rulemaking affects fully insured customers. Even though the challenges for pharmacists and the issues for Medicaid consumers are the same as for people with other insurance, this rulemaking does not apply to Medicaid consumers. ...

...I consider this a problem for one thing because of the WCB member who is a Medicaid recipient and whose PBM had never heard of accessible labels. I recognize that it may be necessary to work directly with DSHS about their contracting practices and I want to leave that on the table as part of this comment.

There is also currently a software issue: pharmacies cannot currently group appeals to the same PBM. Pharmacies have to enter each appeal individual even if they are appealing multiple denials for the same medication. The process of entering appeals is also now a two-step

process so pharmacies have to enter additional information later.

One medication specifically mentioned in the interested parties
meeting is albuterol, an asthma inhaler. I do not think it's
appropriate to assume that people needing the kinds of access I am
speaking about all live in lower income neighborhoods. However,
asthma is known to be more widespread in lower income neighborhoods,
neighborhoods where there are may LEP residents. Thus the burden of
having to argue about reimbursement for a very commonly needed drug
falls more heavily on pharmacies whose customer base already needs
specialized services.

My understanding that the need for this two-step process has to do
with need for secure connection. I don't get to be a software
architect for this comment, but I think it would be great if the
appeal submission could be done in one step starting out with the
needed...

... secure connection.

Closing comments, again speaking for myself:

--Consumers have the same rights under ADA and Title VI regardless of
insurance coverage.

--The technical issues for delivering other than English and / or
non-visual access are the same regardless of insurance coverage.

--One size does not fit all as far as what consumers and households
need. If small pharmacies know their customer base better than big
chains, reimbursement processes and appeals for pharmacy services need
to support prompt and appropriate payment. A good appeals process
should also help identify other measures to reduce burdens on small
pharmacies.

Thank you very much for noting these comments.

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