Harold P. Wimmer
National President and
CEO

October 20, 2017

The Honorable Eric D. Hargan
Acting Secretary
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

Re: MassHealth Section 1115 Demonstration Amendment Request

Dear Secretary Hargan:

The American Lung Association appreciates the opportunity to provide comment on the MassHealth Section 1115 Demonstration Amendment Request. We urge CMS to reject this proposal.

The American Lung Association is the leading organization working to save lives by improving lung health and preventing lung disease, being the voice of the 32.2 million Americans who suffer from lung disease. The Lung Association tracks patient access to treatment for tobacco cessation and asthma guidelines-based care, is on the forefront of analyzing how policies impact patient care and work to ensure lung disease patients have access to the treatment they need.

The Lung Association recognizes Massachusetts' commitment to universal healthcare coverage and applaud their leadership. For the past 11 years Massachusetts has been one of few states to offer their Medicaid population a comprehensive tobacco cessation benefit. The state saw a huge return on investment[1] – saving lives and money. The current proposed waiver will reverse Massachusetts standing as a leader in public health and harm low-income patients that depend on Medicaid.

<u>Aligning coverage for non-disabled adults with commercial plans</u>
The MassHealth 1115 Demonstration Amendment proposes to move non-disabled adults from the Medicaid expansion program to the health insurance exchange, ConnectorCare. The Lung Association has concerns that this shift will harm patients with lung disease and prevent them from getting needed treatment.

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While both MassHealth (Medicaid) and ConnectorCare (the exchange plans) need to cover the essential health benefits (EHB), ConnectorCare has higher co-pays pays that will reduce access and adherence to treatment. For example, MassHealth charges co-pays for prescriptions that are between $1 and $3.65 per prescription.[2] In contrast, the ConnectorCare program charges this income cohort (100-138 percent FPL) copays between $10 and $40 per prescription.[3] For patients with asthma that need access to both controller medications and fast-acting relief medications, the increased co-pay will deter adherence to treatment and less control of their asthma.

In addition to increased co-pays for prescriptions, MassHealth also limits the co-payments for other services. Only acute hospital stays have co-pays – $3 for the stay. In contrast, the ConnectorCare plan has co-pays of $50 for the Emergency Department, outpatient surgery and all inpatient hospital stays. For an individual making $16,643 or less, this cost-sharing is unaffordable. The Lung Association believes the relatively high cost-sharing will deter patients from seeking care in the Emergency Department when experiencing a health emergency. Quick treatment is vital for lung disease patients who need help to breathe.

By shifting part of the population to ConnectorCare, the waiver amendment would in practice remove the non-emergency transportation benefit for these patients. This change will negatively impact lung disease patients. Non-emergency transportation benefits help these patients get to appointments and get the treatments they need.

Lung disease patients often need frequent treatment and appointments with their doctors to maintain a normal life. Lung cancer patients need to get to chemotherapy infusions or radiation treatments. Patients with asthma need to keep regular doctor's appointments to ensure they are on the most appropriate treatment to control the symptoms of the diseases and COPD patients need to go to pulmonary rehabilitation appointments.

Non-emergency transportation benefits allow patients to get to their appointments – helping to keep them healthier and preventing more expensive disease in the future. The non-emergency transportation benefit helps ensure that appropriate treatment is received at the right time for the best health outcomes for Massachusettsians. Without this benefit, a patient may have to choose to use a bus fare for work instead of their appointment, or forgo their regular appointments.

<u>Adopting widely-used commercial tools to obtain lower drug prices and enhanced rebates</u>
The Lung Association has serious concerns about how the proposed policies of using a closed formulary and the drug exclusions based on the University of Massachusetts Medical School drug review. Both policies will limit access to life-sustaining and life-saving treatments that lung disease patients need.

The proposed closed formulary, with only one drug per class will harm lung disease patients. For example, an asthma patient may need multiple drugs in one class to control their symptoms. The

National Asthma Education and Prevention Program (NAEPP) Guidelines for treating asthma discuss treatment as part of the stepwise approach.[4] Depending on the severity of the patient's asthma, different medications are recommended and in some cases multiple medications are recommended. If the policy in the waiver was implemented some asthma patients would not be able to access the medications they need to manage their asthma.

This proposal would also harm lung cancer patients. Lung cancer is the number one cancer killer of both men and women, however, there are new treatments being developed to change that. Often it includes testing tumors for biomarkers to determine if patients are eligible for targeted treatments or immunotherapy, which may result in better outcomes. However, while these medications treat tumors with different characteristics, they very well might be in the same medication class. In order to effectively treat patients, a robust, open formulary needs to be part of the Medicaid program so that patients can access the treatment their doctor believes is best for them.

Diseases, including lung disease, present differently in different patients. A robust and open formulary is necessary in the Medicaid program. The Medicaid population does not have the luxury of shopping around for health plans, like their more affluent counterparts. As a result, commercial insurance tools are completely inappropriate for this population.

In addition to the closed formulary, Massachusetts is seeking to add an additional layer of approval for new drugs in partnership with the University of Massachusetts Medical School. This process will determine if drugs approved through the 21st Century Cures Act should be available to MassHealth patients.

This is bad for lung disease patients and is duplicative to the work that is being done by the Food and Drug Administration. New research is continuously producing new treatments for lung disease – especially lung cancer – that is literally the difference between life and death for patients. Requiring a duplicative approval process could mean that MassHealth patients do not have access to the treatments they need to stay alive.

The proposal acknowledges that not all patients will be able to be treated with the drugs selected for their closed formulary. The state vaguely indicates that there will be an exemptions process, however, there are no details provided on this. There is no guarantee that patients will get the medications that they need, especially for a populating that tends to have low literacy levels.

There is insufficient information for CMS to even consider this amendment and it contains provisions that would harm patients. The Lung Association strongly urges CMS to reject this waiver amendment as it amounts to rationing care. Thank you for the opportunity to submit comments.

Sincerely,

Harold P. Wimmer
National President and CEO

CC: The Honorable Seema Verma, Administrator, The Centers for Medicare and Medicaid Services

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[1] Richard P, West K, Ku L (2012) The Return on Investment of a Medicaid Tobacco Cessation Program in Massachusetts. PLoS ONE7(1): e29665. https://doi.org/10.1371/journal.pone.0029665

[2]Massachusetts Health and Human Services Departments & Divisions. Copayments Frequently Asked Questions. 2017. Accessed at: http://www.mass.gov/eohhs/provider/insurance/masshealth/claims/customer-services/copayments-faqs.html

[3]Massachusetts Health Connector. ConnectorCare Health Plans: Affordable, high-quality coverage from Health Connector. Accessed at: https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=4&cad=rja&uact=8&ved=0ahUKEwiTzoiS2fjWAhXH6oMKHVikAYUQFgg2MAM&url=https%3A%2F%2Fwww.mahealthconnector.org%2Fwp-content%2Fuploads%2FGuide_to_ConnectorCare.pdf&usg=AOvVaw3XBoQC793rilhyltd0_2jk

[4] National Asthma Education and Prevention Program, Third Expert Panel on the Diagnosis and Management of Asthma. Bethesda (MD): National Heart, Lung, and Blood Institute (US); 2007 Aug. Accessed at: https://www.ncbi.nlm.nih.gov/books/NBK7222/