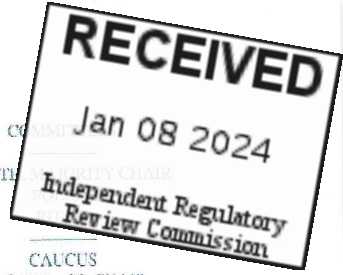
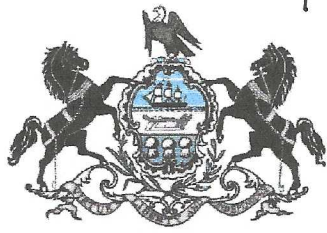


14-544-2



DAIN B. FRANKEL, MEMBER
23RD LEGISLATIVE DISTRICT
2345 MURRAY AVENUE, SUITE 205
PITTSBURGH, PENNSYLVANIA 15217
(412) 432-1774
FAX: (412) 420-2011
326 MAIN CAPITOL BUILDING
P.O. BOX 202023
HARRISBURG, PENNSYLVANIA 17120-2023
(717) 705-1875
FAX: (717) 705-2034



House of Representatives
Commonwealth of Pennsylvania
Harrisburg

HEALTH COMMITTEE CHAIR
CAUCUS
PA SAFE - CO-CHAIR
JEWISH LEGISLATIVE CAUCUS - CO-CHAIR
BOARDS
STATE EMPLOYEE RETIREMENT SYSTEM
PENNSYLVANIA HEALTHCARE COST
CONTAINMENT COUNCIL

Department of Human Services
Office of Medical Assistance Programs
c/o Deputy Secretary's Office
Attention: Lacey Gates Room 515
Health and Welfare Building Harrisburg, PA 17120

Re: Regulation No. 14-544

Dear Secretary Arkoosh:

I write broadly in support of the proposed regulations related to pharmacy coverage. In particular, I'd like to note my support of proposals related to expansion of coverage and access for critical medications. In addition, I do have two concerns related to the regulations that I would like to share for your consideration.

Last cycle, the Health Committee passed legislation related to coverage for medications for obesity, removing the limitation in the regulations, although that bill did not become law. Recognizing the overall health impact of obesity, and the profound impact new medications can have to reduce the burden of obesity, I'm delighted to see the department is removing language that reflects outdated perspectives on medication coverage for the disease.

The coverage of opioid overdose agents without a co-pay is another important provision included in the regs. Some medications are simply too important to have any barriers to access, and naloxone is one of these. Removing any co-pay ensures that those who might be at risk of an opioid overdose can have the medication on hand. Similarly, our Commonwealth should be removing any potential barriers to immunizations, and I'm grateful these regulations make that clear, by eliminating co-pay requirements.

Finally, I appreciate the regulations recognize the need to provide enrollees with more extensive supplies of contraception. People who are attempting to prevent pregnancy don't have wiggle room when it comes to missing a day's worth of medication. Providing supplies up front is essential to avoiding any potential missed days of contraceptives. I would support patients being able to receive an even longer-term supply at one time: My understanding is that some states provide for a year's long supply, and I'd hope the Department would consider that.

My other concern relates to Section 1121.54 - Noncompensable services and items. The proposed regulations add "agents used to promote fertility" to the list of items that the Medicaid program is not allowed to pay for. While I recognize that fertility coverage is a complex issue, I would propose that we as a commonwealth do not want to commit to non-payment for any fertility service.

Iatrogenic infertility – the term used to describe infertility resulting from medical treatment – should be taken into consideration when thinking about this exclusion. The treatment for many illnesses – including cancer and sickle-cell – can save lives but carry the life-long consequence of preventing biological parenthood.

The good news for many young people is that health care providers can now attempt to preserve fertility through a combination of services, and we can hope that even more options for fertility preservation may exist in the future. While our state plan may not currently allow for any fertility treatments, I'd hope that the department would not limit our ability to provide the service for Medicaid recipients facing iatrogenic infertility in the future.

Overall, these long overdue regulations address long-standing contradictions in our payment system. I'm grateful for the changes made and would hope that the Department would be forward thinking about not locking itself into regulations that may become obsolete, as technology and science move medicine forward. I'd hope that the Department would reconsider the timeframe for contraceptive supplies and coverage of fertility so that we do not find ourselves locked out of using appropriate treatments in the future.

I thank you for your work on these matters and am glad to express my support for the majority of these regulatory changes.

Very truly yours,

A handwritten signature in black ink, appearing to read "Dan B. Frankel". The signature is fluid and cursive, with the first name "Dan" being particularly prominent.

Dan B. Frankel
Democratic Chair
PA House Health Committee
State Representative, District 23