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It has come to our attention that there is a proposal being considered that requires Washington's Medicaid hemophilia patients to use a 340B clinic as their sole source treatment provider.

HFA opposes any plan that will implement a single source provider reimbursement program for clotting factor concentrates. A "one size fits all" approach to the treatment and service of the bleeding disorders community is costly, inefficient, and harmful to our community. Single source provider arrangements compromise the lives and livelihood of a vulnerable population already burdened by a high cost and chronic illness.

We support our consumer's ability to have multiple effective and efficient avenues available ensuring they receive the medicine they require, when they require in order to have the best quality of life possible.

If patients are forced to receive treatment only through a single source, in this case a 340B program, patients may be forced into unreasonable time and travel in order to receive treatment on a regular basis. Under the current program, the medication is delivered to and administered in the patient's home, which both improves compliance and saves the state dollars.

We recognize that the impending economic crisis has forced most states to operate under strict budgetary guidelines. Nonetheless, short term cost savings plans such as a sole source provider strategies **will not** realize cost savings. In fact, providers with limited knowledge of the requirements of this community may directly result in higher cost and detrimental health outcomes. (A lack of prompt access to medication often results in increased bleeding episodes, hospital stays, and emergency room visits.)

We encourage you to investigate the following service questions in regard to the 340B clinics:

1. How equipped are the 340B programs to respond to emergency treatments?
2. How equipped are these clinics to respond to weekend treatments and needs of consumers?
3. How quickly can the 340B programs turn around a request for clotting factor concentrates to a consumer in need?
4. Will the 340B clinic guarantee all assay sizes are available to consumers, thus keeping the costs as low as possible? (Medication is priced by the unit.)
5. Will the 340B clinic guarantee all products are available?
6. What guidelines and/or standards are in place to ensure, measure and hold providers accountable for providing an appropriate level of service to patients?

We respectfully request that you **reject any sole source provider plan** AND consider implementing a standard of service for all providers so appropriate and necessary care and service are provided to this vulnerable community.

Please contact us directly with any questions. Considering the economic urgency that exists today, we understand your desire to be as cost conscious as possible. Please know that if there are ways for us to partner and assist you in devising a plan that is both fiscally conscious and protects the requirement of this vulnerable community, we are happy to assist. We appreciate your time and attention to this important matter.

Sincerely,
Kimberly Haugstad
Executive Director
Hemophilia Federation of America

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The Hemophilia Federation of America is a national 501c3 incorporated in 1994. Its mission is to assist and advocate on behalf of the bleeding disorders community. The organization offers programming and grassroots advocacy on behalf of individual members and thirty member organizations from across the United States. A major goal of the HFA is to improve the quality of life for patients with Hemophilia, von Willibrand and other bleeding disorders.

For more information visit our website at www.hemophiliafed.org or call 1-800-230-9797.

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