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Ms. Stacy Mitchell
Director, Bureau of Managed Care
Pennsylvania Department of Health
Room 911, Health and Welfare Building
Harrisburg, PA 17108

Re: 29 Pa.B. 6409, Proposed Rulemaking for Managed Care Organizations, Section 9.673 Plan provision of prescription drug benefits to enrollees.

Dear Ms. Mitchell:

As the author of the provision of P.L. 464, Act 68, now being promulgated as Section 9.673 of the proposed rule referenced above, I am writing to express my opposition to a provision in paragraph (b) of this section. Section 9.673 generally requires that managed care plans disclose any restrictions in prescription drug availability to prospective enrollees and enrollees, and that all plans have an exception process for prescribers to obtain unavailable drugs.

Paragraph (b) permits an enrollee or a prospective enrollee to make a written request to ascertain whether specific drugs are on a managed care plan's drug formulary. As currently proposed, the plan would have up to 30 days from the date of its receipt of the request to respond in writing.

Thirty days is far too long for consumers to wait to learn if a health plan provides coverage for a specific drug(s). A primary intent of this provision was to help consumers make an informed decision about drug benefits, restrictions and limitations in their health plan choices before they enroll. Because of deadlines for open enrollment, or the urgency to purchase a health plan for those who have lost coverage, such a long delay will cause many consumers to have to select a plan before they receive the formulary information.

For consumers with serious or chronic conditions, the continued availability of their existing medication can be critical. Requiring these patients to substitute other medications often leads to adverse reactions and sometimes severe complications, unnecessary office visits and

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little or no relief from their conditions. With the increasing use of restrictive formularies and drug substitutions, knowing ahead of time what drugs are covered or not covered becomes very important in choosing the right health plan.

A shorter response period will also assist consumers already in a plan but wish to file a grievance when a drug is unavailable. A response in 30 days means patients may be placed on less effective or the wrong medication for longer periods before information on a drug's availability is received.

I am requesting that instead of permitting up to 30 days to respond to a drug availability question, the plan must send the information within 10 days after receiving the request. For many people choosing the right health plan depends upon knowing in a timely manner what prescription drugs are provided.

Thank you for your attention in this matter, and I look forward to hearing from you shortly.

Sincerely,



**William F. Adolph, Jr., Member
165th Legislative District**

WFAjr/vrh

**cc: Robert Zimmerman, Secretary of Health
Charles Zogby, Governor's Policy Office
Robert E. Nyce, IRR**