



November 23, 2020

Ms. Sue Birch
Director
Washington State Health Care Authority
Cherry Street Plaza
Olympia, WA 98501

Dear Director Birch:

On behalf of NMAC, formerly the National Minority AIDS Council, I am writing to urge you to reconsider your decision to create step therapies for several of the newest Single Tablet Regimens (STRs) for HIV treatment for Apple Health covered PLWH.

As you know, advocates have called on the department of health, elected officials and your office to remove these restrictions for people living with HIV on Apple Health - only to be met with resistance. Many in this field have silently witnessed this, and as a collective body, we have renewed our commitment to advocating alongside our fellow advocates for the sake of health equity, access and justice.

Using the cost of HIV Therapies as justification to restrict access to STRs is draconian, discriminatory and risky. We know that the financial cost to the state is not a reason to discriminate against the most vulnerable PLWH; and furthermore, your definition of cost associated with treatment and care is myopic. NMAC does not know the drug pricing deals that you have arranged with pharmaceutical companies nor do we want to know. However, we do know that patients are experiencing the direct impact of your decisions. The cost associated with not opening access to STRs is tremendous and includes: the cost to PLWH's adherence, mental health, stigma, and discrimination and the erosion of trust with their providers because of these step therapies continues to cost the state far more than being calculated. Successful treatment of HIV is more than just an effective Antiviral Regimen.

A significant percentage of PLWH have greater needs due to life issues that interfere with successful maintenance of an Antiviral Therapy regimen. They represent, in large part the most marginalized communities, low income or no income, homelessness or unstable housing, Black and Hispanic, transgender, people experiencing racial and social injustice, and food inequities, those experiencing substance use disorders (SUDs), intellectual disabilities, and or striving for mental health wellness. Most of those are covered by Apple Health. Typically, they experience multiple barriers, all of which can contribute to poor adherence, a more stressful life and increased need for support.

Additionally, a person's relationship with their physician is vital to successful outcomes, particularly true for those in chronic care for a serious, chronic illness such as HIV. The treating

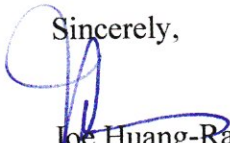
physician who is prescribing Antivirals has the best medical and psycho-social awareness of their patient's needs and barriers. The client-physician relationship is predicated on trust, openness and communication. Limiting a doctor's ability to recommend what they believe to be appropriate, undermines that relationship.

Changing the Apple Health preferred drug list to eliminate the Antivirals chosen creates two classes of people, those on Apple Health and those who have other coverage that do not require step therapy. It plays into the very health disparities we are all striving so hard to overcome.

The people you serve with Apple Health are in the greatest need of our support. They already have fewer choices in life than most of us. They are no less deserving of the best care and treatment available to others. Removing barriers to care for those who struggle the most with the least - recognizing the difficulties that exist in people's lives needs to be a part of our conception of care.

For these reasons, I am requesting the granting of access for PLWH to have Single Tablet Regimes

Sincerely,



Joe Huang-Racalto

Director, Government Relations and Public Policy