



Mission: To find a cure for psoriasis and psoriatic arthritis and to eliminate their devastating effects through research, advocacy and education.

September 24, 2012

Mike Willden
Director
Department of Health & Human Services
4126 Technology Way, Room 100
Carson City, NV 89706

Scott J. Kipper
Commissioner, Division of Insurance
Department of Business & Industry
1818 East College Pkwy, Suite 103
Carson City, NV 89706

Re: Essential Health Benefits plan selection

Dear Director Willden and Commissioner Kipper:

On behalf of the National Psoriasis Foundation, I am writing to thank you for the opportunity to provide input on the selection of the essential health benefit benchmark plan. The National Psoriasis Foundation is the largest psoriasis patient advocacy organization and charitable funder of psoriatic disease research worldwide, and assists approximately 1.5 million people annually through educational programs and services.

Psoriasis is a chronic, painful, inflammatory disease, and the most prevalent immune-mediated disease in the United States. An estimated **70,214** people in Nevada are affected by psoriasis, and up to 30 percent may also have psoriatic arthritis, which is often disabling and causes progressive joint damage. There is also an increased risk for psoriasis patients developing other serious conditions such as heart disease, stroke, hypertension and diabetes.¹ Access to treatment is important to prevent much of the disability and psychosocial impacts of the disease.

For patients living with psoriasis and psoriatic arthritis, the “essential” component of the essential health benefits benchmark plan is appropriate, affordable and timely access to the full range of available treatment options. Restrictive trends in the health insurance industry that currently prevent people from receiving care, such as step-therapy, rigid pre-authorization and re-authorization policies, tiered cost-sharing and high out-of-pocket costs, must be addressed. All of these practices obstruct access to medically necessary care and disregard the importance of preserving the relationship between doctor and patient, where treatment decisions should be made. Imposing rigid pre-requisites and high-levels of cost sharing result in serious delays in treatment as well as in adherence problems and people opting out of care entirely. For a psoriatic patient, who is in pain and prevented from performing normal everyday functions, and in the case of psoriatic arthritis, risking irreversible joint damage by not being on treatment, these access to care barriers are devastating.

A relentless and unpredictable disease, psoriasis requires an ever-evolving treatment program that factors in the unique characteristics of the individual, including co-morbid conditions that may contraindicate some treatments. It is critical that doctors are able to choose the right treatment for the right patient. The process of determining an appropriate treatment involves a number of complex factors. For people with psoriasis and psoriatic arthritis, dermatologists and rheumatologists are the experts in treatment, prevention and reduction of disease progression and comorbid conditions. To deliver quality medical care, physicians need access to the full array of treatment tools and need flexibility in the trial and maintenance of multiple therapeutic options. Enclosed for your review are the published evidence-based guidelines of care produced by the American Academy of Dermatology. These guidelines provide an overview of treatment protocols for psoriasis and psoriatic arthritis.

In selecting the essential health benefits benchmark plan, it is important that input be obtained from stakeholders who represent the unique perspective of patients. Our goal is to work together with you to provide the information that you may need in order to choose a patient-centered essential health benefits benchmark plan. If you have any questions about these comments, please contact Ms. Niva Haynes, NPF's Health Policy Manager at nhaynes@psoriasis.org or at (202) 465-4262. Thank you in advance for your consideration. We look forward to working with you.

Sincerely,

A handwritten signature in black ink that reads "Mark Lebwohl". The signature is fluid and cursive, with a long horizontal flourish extending to the right.

Mark Lebwohl, M.D.
Chair, Medical Board

Enclosures

References

¹ National Psoriasis Foundation, "Psoriasis and Comorbid Conditions Issue Brief," January 2012.
<http://www.psoriasis.org/document.doc?id=410>