# Options needed for upcoming pharmacy regs

**Denise Chase,**
**Director, Unit IV**

I brought the following information and concerns about the 340B Rx Drug Discount Program issue to the last adhoc committee meeting in Sault Ste. Marie. Unfortunately, the board members on the committee didn't attend other than Director Glyptis and myself (Director Morrow was out sick).

There were not enough committee members in attendance to even have a quorum to approve the minutes from the last meeting. But, we at least went through the agenda items and received updates from the staff. This was frustrating, especially after traveling over four hours round trip to attend this very important meeting; and not enough committee members showed up to have a discussion on the access to care agenda items, nor the 340B handout. I gave a copy of the 340B issue to the board secretary to distribute the following day to board members at the workshop and asked that these options and other options (including stats and costs) that Health Division comes up with be brought back to a workshop with the board of directors prior to the Oct. 1 implementation date and hopefully be scheduled sometime in August or September. As I stated, these options are only suggestions from talking to elders living in and outside the seven-county service area and (getting their prescriptions through the tribe) community members, staff and fellow board members. I would hope that our Health Division will bring forward more options and, of course, include the financials cost and impact.

Staff have stated if we don't implement the changes we will be out of compliance and during audit findings we will be fined for each non-compliant prescription and could be ineligible to participate as an organization in the 340B program.

After fines or being kicked out of the program, or both, our increased cost for medications is estimated to be between a $2-3 million increase to our pharmacy's budget. I asked to receive a breakdown of that $2-3 million increase — show the actual dollar amount, percent of elders who are 60 and above, and what that cost would be out of the $2-3 million.

When we were informed about the 340B Rx issue in St. Ignace, I thought it was an informational workshop and then there would be more discussion (options) and approval from the tribal board before being implemented. I am asking that the federal regulations be researched further and suggested options for elders, and then be provided to the full board before any further implementation of this occurs. I cannot sit by without doing my job by advocating for the neediest of the needy, our elders. I had many concerns when I found out it was being implemented Oct. 1, and after numerous lengthy conversations and phone calls, visits, and attending elder meetings and listening to their concerns, learned that this will be a hardship forced onto our most vulnerable and fragile elders.

There are some suggestions that would allow our most vulnerable elders to continue care with their non-tribal health center providers (or, as #4 option indicates, with the tribe) and allow them to avoid the restrictions being enforced on the tribe by the federal 340B prescriptions requirements.

1) As do other tribes, provide Medicare Part D prescription coverage paid for by the tribe. Research the cost for the tribe to provide the Medicare Part D for prescription coverage to all or at least, the most vulnerable at risk elders. Possibly a decision for some sort of a means testing could be made on a select group of those elders within a certain age range (or for all elders over 60 years old) living within a certain range of poverty, living over our hour within the seven county service area from a tribal health center, etc. (options). Most of these elders are not currently coming to us (they are doctoring elsewhere) so the impact would not change the patient count numbers that we currently report to IHS.

2) Research the total prescription cost for the PRC (Contract Health Program) to continue to pay for the prescriptions that are not on our formulary at the pharmacies that are currently used by our Elders in the U.P. In addition, research and include the cost to pay for all of their prescriptions at the contracted pharmacies. Negotiate contracts at the local pharmacies to pay only the Medicare like rates or negotiate another lesser rate for all prescriptions provided. This could be costly, however this cost analysis will allow the decision to be made by the full board for all elders.

3) The most feasible and possibly the less costly could be to pay for the Medicare Part D for the highest at risk and vulnerable elders.

4) For those at risk elders living in the remote communities from the main four ambulatory care centers and who wish to transfer their care to a tribal provider (or who have a tribal provider but cannot easily travel) consider re-establishing monthly or bi-monthly wellness clinics as was done for many years prior to 2008 at the Community Health Program sites (Newberry, Escanaba, Marquette, Hessel). However this time the focus would be on the elders and be "well-elder clinics only for elders. The elders would still be seen by our providers, so would not be a problem meeting the 340B prescription restrictions.

5) If the elders choose to not come to the tribe as a result of no transportation, no money, no support system, they will stop taking their mediations. I can't bear to think of the negative health related impact of this scenario. If this happens, it could potentially result in a significant cost savings to the Health Division budget for prescriptions that the tribe would not be providing. (But at what cost to elders?) The savings could then be transferred to the PRC program to fund all of the prescriptions being filled for elders at the outside pharmacies.

6) Develop a program and transfer third party revenue income from our health centers into the PRC (contract health) program to purchase the prescriptions being filled for elders at outside pharmacies.

Here is a list of barriers and hardships for elders I compiled as reported to me by elders, their families, and staff (if we go through with requiring them back into our tribal facilities):

- Distance and transportation;
- Can't drive due to poor health/can't travel;
- Time consuming, long traveling distances 1-3 hours one way, 2-6 hours round trip;
- No money, limited financially;
- Crippling and poor health status;
- Roads closed down, unsafe winter travel;
- Adverse weather conditions;
- Disabled elders suffering from one or more chronic diseases;
- No family who care, or just no family;
- No phones;
- Mobile limitations;
- Having to travel to receive services places a burden on the elders;
- Physical limitations, acute conditions;
- Any delay in receiving care can have serious adverse consequences;
- Prevalence of functional limitations increases with age;
- Too proud to ask for help;
- Elders falling through the cracks;
- Frail and disabled;
- Our elders face some of the worst health disparities, like cardiovascular disease, cancers, diabetes, obesity, acute conditions, dialysis, etc.;
- Elders need providers with whom they can develop trust or providers they have seen for years;
- Concerned about the number and type of providers in each facility; MDs versus PAs;
- Elders can't get in for appointments now
- Transportation is a challenge for our elders, especially in the rural communities;
- Survey their unmet health needs;
- Can be a life or death situation for some of our elders, identify our frail elders;
- The ability for elders to access a primary care provider in the community they identify as home is important;
- Services must be available, which can be accessed in a timely manner;
- Most elders don't have just routine medical needs, they must be able to have sufficient health care access at all times;
- We are putting undue emotional worries on our elders;
- An elder told me she is on over 20 medications and has many medical and mobility issues. Her words were cut off her meds and she will die.

I look forward to the Health Division staff bringing the requested options and cost (including theirs) back to a workshop for further discussion. We need to effectively address this challenge. Elders are one of the most valuable resources our tribe has.

Please contact me by calling (906) 203-2471 or dchase@saulttribe.net.

Thank you,
Denise Chase, vice-chair