



NATIONAL
ASSOCIATION
OF SPECIALTY
PHARMACY

December 11, 2025

Office of the Insurance Commissioner (OIC)
302 Sid Snyder Ave. SW
Olympia, WA 98501

RE: Urge OIC to Consider Specialty Pharmacy Model in Rulemaking for E2SSB 5213

Dear Washington OIC:

I am writing on behalf of the National Association of Specialty Pharmacy (NASP) and our specialty pharmacy members operating in Washington State to respectfully urge the OIC to consider the distinct differences between traditional retail mail-order and specialty pharmacy practice models in its rulemaking for E2SSB 5213, and to avoid unintended barriers to patient access to specialty medications that may be delivered by courier, package delivery companies or mail.

National Association of Specialty Pharmacy

NASP represents the entire spectrum of the specialty pharmacy industry including the nation's leading specialty pharmacies and practicing pharmacists; nurses and technicians; pharmacy benefit managers (PBMs); pharmaceutical and biotechnology manufacturers of specialty drugs; group purchasing organizations; wholesalers and distributors; integrated delivery systems and health plans; patient advocacy organizations; and technology, logistics and data management companies.

Specialty Pharmacy's Unique Role

NASP defines a specialty pharmacy as a state licensed and registered pharmacy that is accredited by an independent, nationally recognized third-party accreditor and solely or largely provides medications and patient medication management services to patients with complex and chronic diseases requiring challenging treatment with complex medication therapies. Specialty pharmacies that care for Washingtonians have unique expertise in supporting patients with conditions like cancer, multiple sclerosis, cystic fibrosis, and HIV/AIDS.

Specialty pharmacies dispense medically complex drugs that are not commonly available at traditional retail mail-order pharmacies and require specialized staff that are knowledgeable about disease state management for life-threatening conditions and have specific knowledge about medically complex patient needs to monitor and manage drug adherence. Because of the limited availability and complexity of specialty drugs, many specialty pharmacies operate from a centralized location and provide services and care to patients with the assistance of a package delivery provider.

For patients managing complex specialty conditions, including rare and orphan diseases, multiple sclerosis, cancer, cystic fibrosis, organ transplant, and HIV/AIDS, continuity of therapy is not simply preferable but medically essential. Any regulatory requirement that introduces additional procedural steps between prescription and delivery creates meaningful risk of treatment interruption for these vulnerable patient populations.

NASP Concerns with Affirmative Authorization for Mail Order Pharmacy

Imposing affirmative authorization requirements for all drugs delivered via the mail versus creating a clear differentiation for specialty medications dispensed by accredited specialty pharmacies establishes an administrative barrier that may result in delayed, halted, or disrupted access to critical therapies that patients depend upon for disease stability and survival. Even brief interruptions in specialty medication regimens can trigger disease progression or relapse, organ rejection in transplant recipients, loss of viral suppression in HIV/AIDS patients, emergency intervention, preventable hospital admissions, or substantially elevated healthcare expenditures.

The clinical consequences of medication interruption in specialty populations can be severe for Washington's sickest patients. These are not medications that can be safely delayed or temporarily held while patients navigate additional administrative processes. The urgency inherent in specialty medication management demands a regulatory framework that facilitates rather than impedes timely access to prescribed therapies, protecting both patient health outcomes and healthcare system resources.

Request for Consideration of Specialty Pharmacy in Rulemaking

We respectfully request that OIC provide a clarification or exemption regarding affirmative authorization requirements for "mail order medications" as they apply to specialty pharmacy medications. Requiring explicit patient consent for delivery of specialty medications via courier would create significant barriers to timely medication access and disrupt the continuous care model that specialty pharmacy provides.

Specifically, we recommend:

- Clarification of how affirmative authorization requirements apply to specialty pharmacy services, recognizing the unique operational and clinical requirements of this high touch patient care model, or
- Exemption allowing specialty pharmacies to waive affirmative authorization requirements since specialty pharmacy already includes evaluation of appropriate delivery methods as determined by medication requirements and patient circumstances.
 - To achieve this we specifically recommend that OIC define specialty pharmacy in regulation as the following: To be recognized as a specialty pharmacy, a pharmacy must receive accreditation as a specialty pharmacy from one nationally-recognized independent third-party accreditation organization that evaluates a pharmacy's compliance with the unique quality, safety, and service standards for handling, dispensing, and managing specialty drugs.

Such regulatory flexibility would preserve patient access to essential specialty medications while maintaining the integrated clinical monitoring and timely delivery that are fundamental to optimal therapeutic outcomes and patient safety.

Thank you for your consideration. If we can provide additional information, please contact me at 703-842-0122 or sarquette@naspnet.org.

Sincerely,

A handwritten signature in black ink, appearing to read "Sheila Arquette", with a large, stylized flourish at the end.

Sheila Arquette, R.Ph.
President and CEO