



October 16, 2019

The Honorable Richard E. Neal
Chairman
House Ways and Means Committee

The Honorable Frank Pallone, Jr
Chairman
House Energy and Commerce Committee

The Honorable Bobby Scott
Chairman
House Education and Labor Committee

Dear Chairman Pallone, Chairman Neal and Chairman Scott:

We are writing to respectfully submit our feedback and comments on TITLE III of H.R. 3, the *Lower Drug Costs Now Act of 2019*. Our group, the Medicare Access for Patients Rx Coalition (MAPRx), is a national coalition of beneficiary, caregiver, and health care professional organizations committed to improving access to prescription medications in Medicare Part D and safeguarding the well-being of Medicare beneficiaries with chronic diseases and disabilities. We greatly appreciate your leadership in advancing policy to cap out-of-pocket (OOP) costs for Medicare Part D beneficiaries. Our comments below focus on the elements of H.R. 3 that impact Medicare Part D, including protecting against unintended consequences on the experience of Part D beneficiaries that could result from the many other changes included in your legislation.

Cap on Medicare Part D Out-of-Pocket Costs

MAPRx strongly supports an annual OOP cap for Medicare Part D to limit the amount Medicare beneficiaries pay for covered prescription drugs. We support the provisions that create a cap on the costs for prescription drugs for Medicare Part D beneficiaries. Setting an annual OOP limit at \$2,000 would provide considerable help to beneficiaries compared with the unlimited OOP exposure under current law. The lack of an OOP cap is one of the biggest challenges inhibiting the program from being even more successful in meeting the health care needs of Medicare beneficiaries. An annual OOP cap will help ensure Medicare beneficiaries have access to vital and life-saving medicines. We believe the cap should be implemented as soon as possible, earlier than the 2022 implementation date in H.R. 3. This is especially important considering that in 2020, beneficiaries face the “OOP cliff” where they will have to pay an additional \$1,250 in out-of-pocket costs before reaching the catastrophic threshold as compared with 2019.

MAPRx urges Congress to include a mechanism that would allow total OOP costs to be distributed more evenly throughout the year, particularly for beneficiaries who encounter significant cost-sharing for a single prescription or a series of prescriptions required at a single point in the year. This would ease the financial strain for Medicare beneficiaries who currently are faced with paying a significant percentage of their total OOP financial burden at the beginning (or first fill) of each benefit year. Making Medicare beneficiary out-of-pocket costs more manageable by spreading them throughout the year would make a real difference for the vast majority of beneficiaries who do not have the resources to pay their entire OOP cap in just a few trips to the pharmacy.

Restructuring the Part D Benefit and the Need for Increased Oversight

H.R. 3 would make significant changes to the prescription drug marketplace and operation of prescription drug benefits. Absent the incorporation of robust new patient protections, those changes could unintentionally motivate Part D plans to reduce the quality of care and access for Medicare beneficiaries. It is critically important that any legislation not expose Medicare beneficiaries to more overly burdensome utilization management strategies, prior authorization requirements, formulary restrictions, or other benefit reductions designed to prevent beneficiaries from easily gaining access to needed prescription drugs.

In recent years, the Part D program has experienced an erosion of beneficiary protections in favor of plan flexibility. CMS has favored preserving plans' flexibility over ensuring patient access on key issues such as specialty tiers, protected classes, formulary tiering and composition, meaningful differences policy, and communication of plan materials. Part D plan use of utilization management is on the rise, and, for many patients, these are steep barriers to accessing their needed prescribed medications.

Current challenges to access in Part D include narrowing formularies, an erosion of beneficiary protections, increased utilization management, use of preferred pharmacy networks, and problems with the exceptions and appeals processes. The proposed restructuring of Part D could make these problems worse. As you work to strengthen Part D, please consider – and seek to address – these issues. Part D has a long history of success and has had a positive impact on the lives of millions of Medicare beneficiaries. You have the opportunity to extend and expand this record by safeguarding beneficiaries' access to the therapies they need and their providers prescribe.

MAPRx is concerned that H.R. 3 misses an opportunity to make necessary changes to the Part D benefit including:

- **Strengthen the Low-Income Subsidy (LIS) program** by eliminating the asset test and streamlining program administration. Also, Congress should provide full Extra Help benefits to those living on the edge of poverty. Only the lowest income individuals with Medicare receive full benefits through Extra Help. Individuals with incomes of about \$16,860 to \$18,735 (135% to 150% FPL in 2019) who also meet the program's asset test are exposed to premiums, deductibles, and high coinsurance rates (15%).
- **Eliminate cost-sharing for generics for Low-Income Subsidy (LIS) recipients.** Research has shown that eliminating cost-sharing can improve adherence to medication regimens.

- **Repeal the substantial increase in the catastrophic threshold due to occur in 2020, which will** impose an additional \$1,250 in OOP costs on Medicare Part D beneficiaries before they reach the catastrophic coverage phase.
- **Strengthen the Part D appeals process.** Part D plans should increase information and transparency for their appeals processes and timely notice should be given to enrollees of the reasons for the denial of drug coverage, including the right to an expedited review. In addition, Part D beneficiaries should be allowed to appeal for a lower cost share for specialty medications.
- **Improve beneficiaries' ability to understand the benefits** provided in a plan, along with coverage levels and OOP costs, when determining which plan best meets their needs. Congress should direct the Centers for Medicare & Medicaid Services (CMS) to improve beneficiaries' online shopping experience and ability to compare formularies and OOP costs across plans.

As more Americans become eligible for Medicare, the Part D program will play an increasingly integral role in maintaining beneficiaries' health and reducing overall health care costs. The undersigned members of MAPRx appreciate your interest in making improvements to Medicare Part D. For questions related to MAPRx or the above comments, please contact Bonnie Hogue Duffy, Convener, MAPRx Coalition, at (202) 540-1070 or bduffy@nvglc.com.

Sincerely,

Allergy & Asthma Network
 Alliance for Aging Research
 American Association on Health and Disability
 American Cancer Society Cancer Action Network
 American Kidney Fund
 American Society of Consultant Pharmacists (ASCP)
 Arthritis Foundation
 Caregiver Action Network
 Epilepsy Foundation
 GO2 Foundation for Lung Cancer
 HealthyWomen
 Lupus and Allied Diseases Association, Inc.
 Lupus Foundation of America
 Men's Health Network
 Mental Health America
 National Alliance on Mental Illness
 National Council on Aging
 National Patient Advocate Foundation
 Patient Access Network (PAN) Foundation
 Patient Services Incorporated
 RetireSafe
 Spina Bifida Association
 The AIDS Institute
 The National Kidney Foundation
 WomenHeart: The National Coalition for Women with Heart Disease

CC: The Honorable Kevin Brady
Ranking Member
House Ways and Means Committee

The Honorable Greg Walden
Ranking Member
House Energy and Commerce Committee

The Honorable Virginia Foxx
Ranking Member
House Education and Labor Committee