PAN Foundation

ISSUE BRIEF No. 12

MODERNIZING THE STRUCTURE OF MEDICARE PART D

FEBRUARY 2020

Executive Summary

Although Medicare Part D has facilitated access to prescription medications for millions of seniors, its outdated benefit design leaves increasing numbers of beneficiaries with limited access to the medications they need because of high out-of-pocket (OOP) drug costs. In response to growing concerns about reduced access to prescription medications, several important changes in the Part D benefit have been proposed to help alleviate this problem.

This Issue Brief describes the history of the Medicare Part D prescription drug benefit and its limitations. Policy solutions to modernize this important insurance program are highlighted, including:

- Placing a cap on annual OOP costs for Medicare Part D beneficiaries.
- "Smoothing out" high upfront OOP drug costs more evenly throughout the year.
- Expanding access to the Medicare Part D Low-Income Subsidy program.

The PAN Foundation advocates for changes to the Medicare Part D program that reflect the current prescription drug landscape and improve access to medications for all Medicare Part D beneficiaries.

Modernizing the Structure of Medicare Part D

Access to medically necessary healthcare is critical for successful patient outcomes, yet patients' access to care is often impeded or blocked entirely by high deductibles, co-pays and coinsurance. These out-of-pocket (OOP) costs hit low-income seniors and individuals with disabilities especially hard. Medicare's Part D prescription drug benefit was designed to help Medicare beneficiaries access prescription medications by lowering their OOP drug costs.

Although Medicare Part D has facilitated access to prescription medications for many with Medicare coverage, its outdated benefit design leaves increasing numbers of beneficiaries without access to the medications they need because of high OOP drug costs. In response to growing concerns about reduced access to prescription medications, several federal legislative policies have been proposed to help modernize the Part D benefit. As new policies are considered, it is imperative that Medicare beneficiaries' OOP cost burden and their access to prescription medications are not negatively impacted. Ideally, policymakers should enhance access to prescription medications as they weigh the positive and negative impacts on patients of proposals aimed at updating the Medicare Part D benefit design.

This Issue Brief describes the history of the Medicare Part D prescription drug benefit, limitations to its current structure, and policy solutions that have been proposed to modernize this important insurance program.

> The PAN Foundation advocates for modernization of the Medicare Part D program that reflects the current prescription drug landscape. Changes to the benefit design should improve access to medications for all Medicare Part D beneficiaries.

What are the key components of the Medicare program?

Signed into law by President Lyndon Johnson on July 30, 1965, Medicare is a federal health insurance program for people over the age of 65, as well as some people under 65 with long-term disabilities and end-stage renal disease. Medicare covers a wide range of health services and supports, including prescription medications. In July of 2019, there were 61.2 million people enrolled in Medicare.

Medicare is comprised of four parts that include drug coverage in different settings and circumstances. The setting in which prescription drugs are administered or acquired and the type of therapy determines which part of the Medicare program covers their cost.[1,2,3] Key aspects of the program are summarized below:

- **PART A** Covers drugs that are given during an inpatient hospital or skilled nursing facility stay.
- **PART B** Covers drugs that are administered in a doctor's office or outpatient hospital setting.
- **PART C/MEDICARE ADVANTAGE** Signed into law by President Bill Clinton in 1997, Medicare Advantage plans are administered by private insurance companies. These plans cover Part A and Part B drugs, and about 90% also offer a prescription drug benefit.
- **PART D** Signed into law by President George W. Bush in 2003, Medicare's Part D prescription drug benefit was enacted in 2006. Part D is an optional benefit that is offered by private insurers for outpatient prescription medications—drugs that are typically purchased in pharmacies.

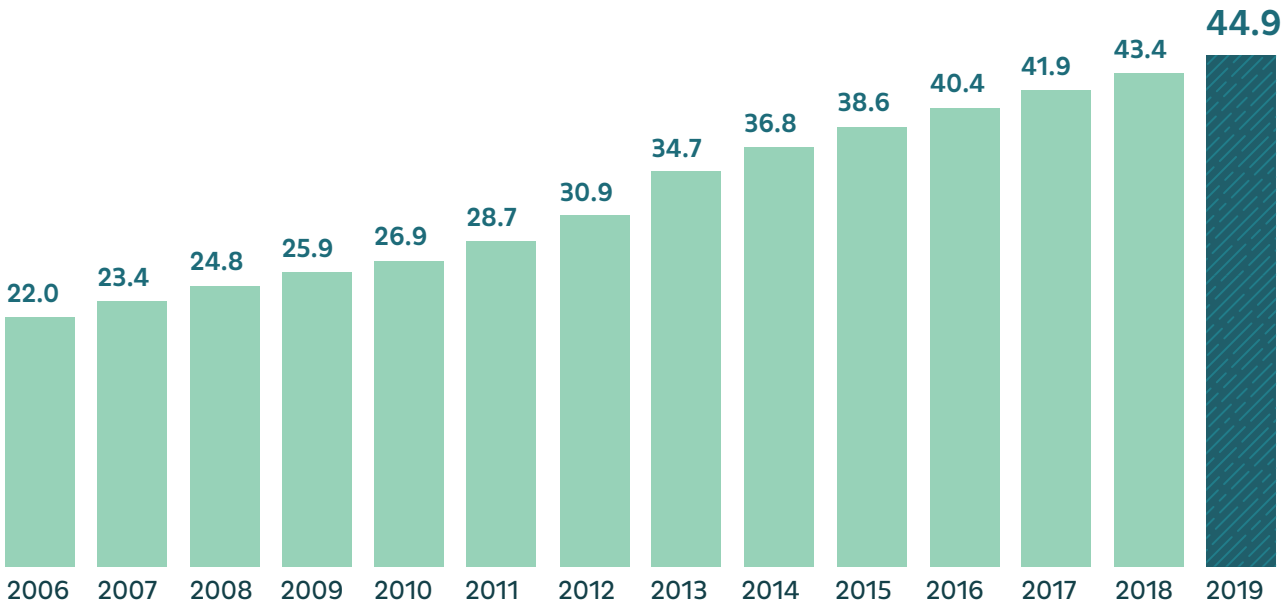
Has Medicare Part D helped Medicare beneficiaries access prescription medications?

Yes. Research from the Kaiser Family Foundation shows that enrollment in Medicare Part D plans doubled from 22 million beneficiaries in 2006, the year Part D was enacted, to 45 million in 2019. Increased enrollment in Part D plans does not simply reflect increased numbers of older adults in the United States - the percent of Medicare beneficiaries who enrolled in part D plans was only 51% in 2006, but has risen to 70% in 2019.[4] Early research on the impact of Medicare Part D shows that the program reduced costs among older adults by 18.4%, findings that support the program's goal to help shield older adults from OOP drug costs.[5]

Although extensive research demonstrates the favorable impact of Medicare Part D on access to prescription medications, the benefit design, along with other factors such as placement of certain drugs on specialty tiers, creates insurmountable barriers between Medicare beneficiaries and their ability to access needed treatments. Millions of Medicare beneficiaries struggle to afford their prescription medications, and in many cases, this is because of Part D's outdated benefit design.

FIGURE 1

Medicare Part D Enrollment, 2006-2019 (in millions)



PERCENT OF TOTAL MEDICARE ENROLLMENT:													
51%	55%	55%	57%	58%	60%	62%	68%	70%	71%	72%	73%	72%	70%

NOTE: Includes enrollment in territories and in employer-only group plans.

SOURCE: KFF analysis of Centers for Medicare & Medicaid Services 2006-2019 Part D plan files; penetration rate for 2006 is based on ttoal Medicare enrollment from the 2019 Medicare Trustrees report.

What are the limitations of Medicare's Part D prescription drug benefit?

Despite the availability of Part D drug plans, millions of older adults have difficulty affording their OOP drug costs. A survey from AARP found that 55% of older adults reported that cost was among the reasons they did not fill a prescription, and 32% said that cost was the main reason for not filling them.[6] Research from the Kaiser Family Foundation showed that 1 in 20 older adults reported that their health worsened because cost prevented them from taking their medications as prescribed.[7] Given the ongoing challenges many seniors face in accessing prescription drugs, it is useful to understand the specific features of Medicare Part D that can create barriers between beneficiaries and the medications they need.

Some enrollees are propelled quickly into the catastrophic coverage phase

Millions of Medicare beneficiaries with Part D coverage are driven quickly into the catastrophic coverage phase because of their high upfront OOP drug costs. When beneficiaries reach this threshold ($6,350 in 2020) they are responsible for 5% of their drug costs for the rest of the year.[8] For many beneficiaries, this 5% amounts to many thousands of dollars in OOP costs. A report from the Kaiser Family Foundation showed that in 2017, 3.6 million Medicare beneficiaries with Part D coverage (8% of all enrollees) had OOP drug costs above the catastrophic threshold.[9] Of beneficiaries with these high OOP costs, more than 1 million did not have a federal low-income subsidy (LIS) to help blunt the high OOP costs of their medications. In addition, the number of non-LIS beneficiaries who reached Part D's catastrophic threshold more than doubled between 2007 and 2015, and these high numbers continued through 2017. In 2017, non-LIS Part D beneficiaries who reached the catastrophic threshold represented only 2% of all enrollees, but they incurred 20%, or $3.3 billion, of all OOP drug spending. Even with Part D coverage, these beneficiaries had an average of $3,200 in OOP prescription costs in 2017.[9]

Eligibility criteria for the LIS program leave many low-income beneficiaries without protection from high OOP drug costs

The Medicare Part D LIS program (sometimes called "Extra Help") was established in 2003 to help low-income seniors and people with disabilities afford needed medicines. Eligibility for this program is based on income—less than 150% of the Federal poverty level, or specific dollar thresholds for individuals and married couples, and asset levels. In 2019, 12.7 million Medicare beneficiaries received assistance through the LIS program; this represents 28% of all

beneficiaries who were enrolled in Medicare prescription drug programs. However, a PAN Foundation Issue Brief highlighted data showing that because current eligibility criteria for the LIS program require enrollees to have extremely low income, millions of Medicare beneficiaries who live on the fringe of poverty are unable to afford their prescription medications because their assets—although very modest—render them ineligible for the program.[4,10] In addition, despite outreach efforts, many people who are eligible for the LIS program have not enrolled due in part of their lack of knowledge about the program, its complex application processes, as well as outdated eligibility thresholds.

Part D drug plans don't offer enrollees equal protection from high OOP drug costs

Despite Medicare Part D's goal of reducing financial barriers that hinder access to prescription medications, the program's resources have been consumed to a greater degree by wealthier older adults compared to their economically-vulnerable counterparts, those who should benefit the most from public insurance.[11] This observation is consistent with other research showing that Part D does not offer the most financial protection to people who have the highest risk for OOP medication costs.[12] The problem is further exacerbated by the fact that beneficiaries rarely choose the cheapest Part D plans that meets their medical needs; less than half of Part D enrollees report comparison shopping among plans that are available to them, and there are persistent racial/ethnic disparities in Part D coverage.[7,13,14]

The PAN Foundation's Issue Brief on the impact of OOP drug costs on Medicare beneficiaries explores how economic insecurity and the heavy burden of chronic disease hinder the ability of beneficiaries to access the medications they need. It shows that non-LIS Part D enrollees with hepatitis C, cancer, and certain autoimmune conditions often have considerably higher OOP drug costs than Part D enrollees without these conditions. In addition, older adults who take multiple prescription drugs, those in poor health, and those with low incomes are more likely to report difficulty affording their prescription medications because of the burden that is imposed by OOP costs.[7]

Cutting edge drugs are frequently on specialty tiers where cost sharing puts them out of reach for many individuals with Part D coverage

Most prescription drug plans have formularies that group medications into "tiers." In general, lower tiers contain less expensive drugs, and higher tiers contain medications that are more costly. The highest tier on a drug plan's formulary is often called the "specialty tier," and drugs that are on this tier are called "specialty medications."

The PAN Foundation's Issue Brief on specialty medications explored data showing that although low cost generic medications can be an effective treatment for many patients, in some cases, the only drug that is effective and/or appropriate is a specialty medication, or a high cost generic drug that is on the specialty tier. In these cases, patients have no choice

but to incur high OOP drug costs because there is no lower-cost alternative. A recent report from the Kaiser Family Foundation highlighted the challenges that are faced by Medicare beneficiaries who need specialty medications. These beneficiaries pay thousands of dollars in OOP costs for their medications, with a majority of these costs occurring in Part D's catastrophic coverage phase where there is no OOP cap. Median OOP costs for the specialty medications examined in the Kaiser report ranged from $2,622 to more than $16,500.[15] Not only do high OOP costs reduce the likelihood that patients will initiate treatment with these drugs, but among patients who do fill an initial prescription for specialty medications, high OOP costs increase the likelihood that they will delay refilling their prescription, that they will stop treatment early, skip doses, or that they will cut pills to make their prescriptions last longer.[16,17,18,19] A robust body of evidence shows that non-adherence to prescribed medications places an enormous burden on the healthcare system.[20] There is little debate concerning the impact of specialty medications on OOP costs—a June 2019 report from the Medicare Payment Advisory Commission recognizes the need to restructure Medicare Part D "in the era of specialty drugs."[21]

There is no cap on out-of-pocket drug costs under Medicare Part D

Medicare beneficiaries are the only group of insured people in the U.S. that is not protected by a cap on annual OOP costs. This protection is important because otherwise high OOP costs propel patients into Part D's catastrophic phase very quickly and their OOP cost obligations continue throughout the benefit year. An Issue Brief from the PAN Foundation reviewed data showing that even when enrollees reach the Part D catastrophic coverage phase, they are typically responsible for 5% of the cost of their drugs for the rest of the calendar year. Although this 5% may seem small, because it is a percentage of the cost of the enrollee's prescription medications, OOP costs can balloon to many thousands of dollars. Data from the Kaiser Family Foundation show that the amount of OOP costs that people are paying in the catastrophic phase—after the 5% coinsurance kicks in—increased from 13% of their total OOP drug spending in 2007 to 44% of their OOP drug costs in 2017. In that year, these enrollees would have saved $1.4 billion if the Part D benefit had a hard cap on OOP spending.[9]

OOP drug costs are not spread evenly throughout the year

Medicare Part D drug plans run on a January-to-December cycle, but for some patients, especially those who need specialty medications, OOP costs are concentrated at the beginning of the calendar year rather than being spread out evenly during the year. This is because specialty medications often are very costly, and Part D enrollees who use these drugs "burn through" their deductible and the initial coverage period very quickly. In many cases, in the first few months of the year, enrollees who take specialty medications must pay out most, or all of their deductible, as well as all OOP drug costs for the initial coverage period, which can be a significant financial burden. Among Part D beneficiaries without the

LIS benefit, enrollees with health conditions that require specialty medications can incur thousands of dollars in OOP costs when filling their first prescription of the benefit year. The PAN Foundation's Issue Brief on challenges associated with the uneven distribution of OOP drug costs during the Part D benefit cycle shows how the current benefit cycle "front loads" OOP costs in a manner that keeps older adults from accessing needed prescription medications.[17,18]

In 2020, the Medicare Part D "cliff" results in a $1,250 increase in OOP drug costs for beneficiaries who already have high OOP medication expenses

Historically, the amount of OOP costs that beneficiaries needed to incur before reaching the catastrophic phase increased slightly each year, but a provision in the Affordable Care Act (ACA) slowed the growth rate of this increase. However, this provision expired at the end of 2019, creating what has been called the "Medicare cliff." This cliff is a jump in the amount of OOP costs that beneficiaries must pay before they reach the Part D catastrophic phase. This $1,250 jump—an increase from $5,100 in 2019 to $6,350 in 2020—will create an insurmountable barrier for many Medicare beneficiaries whose health needs already result in very high OOP drug costs.

What policy solutions have been proposed to improve Medicare Part D?

A number of policy solutions have been proposed to align incentives among diverse stakeholders and modernize the Medicare Part D benefit design. As these changes are being considered, it is imperative that Medicare beneficiaries' OOP costs and their access to prescription medications are not negatively impacted. Ideally, any strategy that is ultimately implemented to update and restructure Medicare Part D should reduce beneficiaries' OOP drug costs, thereby facilitating their access to medically necessary treatments. Many of the proposed policy solutions seek to address key limitations in Medicare Part D.

Cap annual OOP drug costs

The absence of an annual cap on Part D OOP drug costs is a widely recognized limitation of the program's design. An annual cap is supported by a wide range of patient advocacy and aging organizations as well as coalitions such as MAPRx.[24] This position is also supported by a recent report in *Health Affairs* that emphasized the need for such a cap and showed that it would have a nominal cost impact on patients.[25]

Consistent with widespread recognition of the need for a Part D annual OOP cap, there is support for an OOP Cap from the White House, House and Senate. House and Senate drug pricing proposals call for modernizing Part D and placing annual caps on OOP drug spending.[26,27,28,29]

The PAN Foundation agrees with the Medicare Payment Advisory Commission's position that implementation of an OOP spending cap in Medicare Part D is a critical step in reducing beneficiaries' financial burdens and increasing their access to needed treatments. Although any cap on OOP drug spending will benefit enrollees with high OOP costs, PAN advocates for as low a cap as possible to benefit the greatest number of Medicare beneficiaries and facilitate their access to the treatments they need.

Cap beneficiary monthly OOP drug costs

A monthly cap on OOP drug costs could "smooth out" the high upfront OOP drug costs that many Part D enrollees experience at the beginning of the calendar year. Implementation of monthly spending limits such as those in recently-proposed legislation,[30] would help protect these patients from overwhelming costs in any one month by allowing them to spread the costs more evenly over the course of the year until they reach the annual spending cap. Research has shown that the per-beneficiary cost of such a policy is low, especially if it were implemented for all Part D enrollees.[23] In addition to supporting an annual cap on OOP drug spending for Medicare Part D beneficiaries, a number of patient advocacy groups, aging organizations and coalitions like MAPRx, also back a monthly cap or other mechanism that allows OOP drug costs to be distributed more evenly throughout the year.[24] Finally, a national survey conducted by the Alliance for Aging Research with support from the PAN Foundation found that 75% of adults over age 60 support a cap on OOP costs for prescription drugs, with a preference for a monthly cap, and more than half of adults over the age of 65 would be willing to pay a few dollars more each month for their Medicare premiums to support a cap on OOP costs.[31]

Consistent with recognition of the need to address the seasonality of OOP drug spending, legislation has been introduced in the Senate that would establish a monthly cap on Part D OOP spending; a similar provision is included in the leading House drug pricing legislation.

Eliminate the OOP cliff in 2020

Congress should act to eliminate the Medicare cliff. Without action, the most vulnerable Medicare beneficiaries, those whose OOP drug costs are already very high, will incur additional OOP drug costs before they reach the catastrophic coverage phase.

Improve beneficiaries' ability to understand the differential benefits and OOP costs when reviewing Part D plan options so they can better determine which plan best meets their needs

Part D plans should provide greater clarity and transparency on coverage and consumers' OOP costs. In addition to improving real-time price transparency, a mix of copayments and coinsurance can cause significant confusion, especially for individuals on multiple and/or expensive medications who are trying to navigate the system and compare plans. The PAN Foundation advocates for a better online shopping experience for beneficiaries, enabling them to compare formularies and OOP costs across plans. Medicare Plan Finder would benefit from a comprehensive redesign and ongoing investment to remain relevant. It should display costs with more precision, so that enrollees can view actual premium costs, coinsurance amounts in dollars, and copayments, rather than percentages.[24,33]

Ensure that any restructuring of Medicare Parts B and D does not result in an increase in OOP drug costs for Medicare beneficiaries

Policymakers both within the Administration and Congress have considered moving some drugs currently covered and reimbursed under Part B to Part D. Other potential policy changes being considered would alter the reimbursement for Part B drugs. While some modifications to the manner in which Medicare pays for outpatient drugs may be needed, it is essential that a guiding principle for all changes should be that the outcome should not diminish access to care or increase OOP costs for beneficiaries.

Improve/Expand the LIS Program

The LIS program does not go far enough to help low-income beneficiaries access needed medications—the program's strict eligibility criteria leave millions of older adults who live on the edge of poverty unable to afford their medications. The program should be modernized to make eligibility easier to establish, include a larger population of beneficiaries in need, eliminate cost sharing for generic drugs, and include targeted efforts to ensure all eligible beneficiaries are enrolled and taking advantage of the program. The LIS program's asset test should be eliminated, and consideration should be given to increasing eligibility for full benefits to Medicare-eligible older adults and people with disabilities living below 200% of the Federal Poverty Level. A wide range of patient advocacy and aging organizations, as well as coalitions such as MAPRx support expansion of the LIS program.[24,33]

PAN Foundation

The PAN Foundation is an independent, national 501 (c)(3) organization dedicated to helping federally and commercially insured people living with life-threatening, chronic and rare diseases with the OOP costs for their prescribed medications. PAN provides the underinsured population access to the healthcare treatments they need to best manage their conditions and focus on improving their quality of life.
For more information about this Issue Brief, contact Amy Niles, Vice President of External Relations, at aniles@panfoundation.org.

Supporting Literature

[1]Centers for Medicare and Medicaid Services. Medicare Enrollment Dashboard. Available at: https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Dashboard/Medicare-Enrollment/Enrollment%20Dashboard.html. (accessed September 23, 2019).

[2]Anderson S. A Brief History of Medicare in America. Available at: https://www.medicareresources.org/basic-medicare-information/brief-history-of-medicare/.

[3]Blumenthal D, Davis K, Guterman S. Why do we need to improve Medicare? Available at: http://pnhp.org/blog/2015/01/16/why-do-we-need-to-improve-medicare/.

[4]Cubanski J, Damico A, Neuman T., Kaiser Family Foundation. 10 Things to Know About Medicare Part D Coverage and Costs in 2019. Available at: https://www.kff.org/medicare/issue-brief/10-things-to-know-about-medicare-part-d-coverage-and-costs-in-2019/. Accessed September 23, 2019.

[5]Lichtenberg FR, Sun SX. The impact of Medicare Part D on prescription drug use by the elderly. Health Aff (Millwood). 2007 Nov-Dec;26(6):1735-44.

[6]Sagon C. AARP. Survey Shows Growing Worry Among 50+ Over Drug Prices. Available at: https://www.aarp.org/health/drugs-supplements/info-2016/prescription-cost-worry-older-adults.html. Accessed September 26, 2019.

[7]Kirzinger A, Neuman T, Cubanski J, Brodie M. Data Note: Prescription Drugs and Older Adults. Available at: https://www.kff.org/health-reform/issue-brief/data-note-prescription-drugs-and-older-adults/. Accessed September 27, 2019.

[8]Kaiser Family Foundation. An Overview of the Medicare Part D Prescription Drug Benefit. Available at: https://www.kff.org/medicare/fact-sheet/an-overview-of-the-medicare-part-d-prescription-drug-benefit/. Accessed December 6, 2019.

[9]Cubanski J, Neuman T, Damica A. How many Medicare Part D Enrollees had high out-of-pocket costs in 2017? Available at: https://www.kff.org/medicare/issue-brief/how-many-medicare-part-d-enrollees-had-high-out-of-pocket-drug-costs-in-2017/ (accessed January 27, 2018).

[10]Extra Help with Medicare Prescription Drug Plan Costs https://secure.ssa.gov/i1020/start (accessed October 2, 2019).

[11]Carvalho N, Petrie D, Chen L, Salomon JA, Clarke P. The impact of Medicare part D on income-related inequality in pharmaceutical expenditure. Int J Equity Health. 2019; 18: 57.

[12]Zhang Y, Lave JR, Newhouse JP, Donohue JM. How the Medicare Part D Drug Benefit Changed the Distribution of Out-of-Pocket Pharmacy Spending Among Older Beneficiaries. J Gerontol B Psychol Sci Soc Sci. 2010 Jul; 65B(4): 502–507.

[13]Zhou C, Zhang Y. The Vast Majority Of Medicare Part D Beneficiaries Still Don't Choose The Cheapest Plans That Meet Their Medication Needs. Health Aff (Millwood). 2012 Oct;31(10):2259-65.

[14]Haviland AM, Elliott MN, Weech-Maldonado R, Hambarsoomian K, Orr N, Hays RD. Racial/ethnic disparities in Medicare Part D experiences. Med Care. 2012 Nov;50 Suppl:S40-7.

[15]Cubanski J, Koma W, Neuman T. The Out-of-Pocket Cost Burden for Specialty Drugs in Medicare Part D in 2019. Available at: http://files.kff.org/attachment/Issue-Brief-the-Out-of-Pocket-Cost-Burden-for-Specialty-Drugs-in-Medicare-Part-D-in-2019 (accessed November 4, 2019).

[16]Doshi JA Li P, Huo H, Pettit AR, Armstrong KA. Association of Patient Out-of-Pocket Costs With Prescription Abandonment and Delay in Fills of Novel Oral Anticancer Agents. J Clin Oncol. 2018 Feb 10;36(5):476-482.

[17]Li P, Wong YN, Jahnke J, Pettit AR, Doshi JA. Association of high cost sharing and targeted therapy initiation among elderly Medicare patients with metastatic renal cell carcinoma. Cancer Med. 2018 Jan;7(1):75-86.

[18]Doshi JA, Hu T, Li P Pettit AR, Yu X, Blum M. Specialty Tier-Level Cost Sharing and Biologic Agent Use in the Medicare Part D Initial Coverage Period Among Beneficiaries With Rheumatoid Arthritis. Arthritis Care Res (Hoboken). 2016 Nov;68(11):1624-1630.

[19]Doshi JA, Li P, Huo H, Pettit AR, Kumar R, Weiss BM, Huntington SF. High cost sharing and specialty drug initiation under Medicare Part D: a case study in patients with newly diagnosed chronic myeloid leukemia. Am J Manag Care. 2016 Mar;22(4 Suppl):s78-86.

[20]Cutler RL, Fernandez-Llimos F, Frommer M, Benrimoj C, Garcia-Cardenas V. Economic impact of medication non-adherence by disease groups: a systematic review. BMJ Open. 2018 Jan 21;8(1):e016982. doi: 10.1136/bmjopen-2017-016982.

[21]Medicare Payment Advisory Commission. Restructuring Medicare Part D in the era of specialty drugs. Available at: http://www.medpac.gov/docs/default-source/reports/jun19_ch2_medpac_reporttocongress_sec.pdf?sfvrsn=0. Accessed November 6, 2019.

[22]Doshi JA, Pettit AR, Li P. Addressing Out-Of-Pocket Specialty Drug Costs In Medicare Part D: The Good, The Bad, The Ugly, And The Ignored. Available at: https://www.healthaffairs.org/do/10.1377/hblog20180724.734269/full/. (accessed August 31, 2018).

[23]Doshi JA, Li P, Pettit AR, Dougherty JS, Flint A, Ladage VP. Reducing Out-of-Pocket Cost Barriers to Specialty Drug Use Under Medicare Part D: Addressing the Problem of "Too Much Too Soon". Am J Manag Care. 2017;23(3 Suppl):S39-S45.

[24]Medicare Access for Patients Rx. Letter to the Honorable Richard E. Neal and the Honorable Frank Pallone, Jr. Available at: https://maprx.info/wp-content/uploads/2019/06/MAPRx-Letter-to-WM-and-EC-on-OOP-Cap.pdf. Accessed October 2, 2019.

[25]Trish E, Xu J, Joyce G. Growing Number Of Unsubsidized Part D Beneficiaries With Catastrophic Spending Suggests Need For An Out-Of-Pocket Cap. Health Affairs 2018;(37)7:1048–1056.

[26]United States Senate Committee on Finance. Grassley, Wyden Introduce Major Prescription Drug Pricing Reform to Lower Costs for Americans. Available at: https://www.finance.senate.gov/chairmans-news/grassley-wyden-introduce-major-prescription-drug-pricing-reform-to-lower-costs-for-americans Accessed November 6, 2019.

[27]Congress.gov. H.R.3 - Lower Drug Costs Now Act of 2019. Available at: https://www.congress.gov/bill/116th-congress/house-bill/3. Accessed November 6, 2019.

[28]H.R. 19, the Lower Costs, More Cures Act. Available at: https://republicans-energycommerce.house.gov/wp-content/uploads/2019/12/HR19_Section-by-Section_FINALDRAFT_v4.pdf. Accessed December 17, 2019.

[29]Senate Finance Committee. Available at: https://www.finance.senate.gov/imo/media/doc/Prescription%20Drug%20Pricing%20Reduction%20and%20Health%20and%20Human%20Services%20Improvements%20Act.pdf. Accessed December 17, 2019.

[30]United States Congress. S.2911. Seniors Prescription Drug Relief Act of 2019. Available at: https://www.congress.gov/bill/116th-congress/senate-bill/2911/text?q=%7B%22search%22%3A%5B%22cassidy%22%5D%7D&r=3&s=1. Accessed December 6, 2019.

[31]Alliance for Aging Research. Out-Of-Pocket Prescription Drug Costs Survey Slide Deck. Available at: https://www.agingresearch.org/OOPCostsSurvey/. Accessed November 6, 2019.

[32]Center for Medicare and Medicaid Services. Plan Finder. Available at: https://www.medicare.gov/plan-compare/#/questions/?year=2020&lang=en. Accessed October 2, 2019.

[33]United States Congress. S. 691. Medicare Extra Rx HELP Act of 2019. Available at: https://www.congress.gov/bill/116th-congress/senate-bill/691. Accessed October 2, 2019.