



August 4, 2022

The Honorable Charles Schumer
Senate Majority Leader
United States Senate
Washington, D.C. 20510

The Honorable Mitch McConnell
Senate Minority Leader
United States Senate
Washington, D.C. 20510

Dear Majority Leader Schumer and Minority Leader McConnell:

We are writing to respectfully submit our feedback on select provisions related to Medicare Part D contained in *The Inflation Reduction Act of 2022*. Our group, the Medicare Access for Patients Rx Coalition (MAPRx), is a coalition of national 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.

Part D has a long history of success and has had a positive impact on the lives of millions of Medicare beneficiaries. Congress can extend and expand this record by safeguarding beneficiaries' access to the therapies they need by enacting policies that support beneficiary access to care. Should the bill become law, the Centers for Medicare and Medicaid Services (CMS) should carefully implement policy changes, including structural changes and other significant reforms, to safeguard against unintended consequences. We respectfully submit our views below.

While members of our Coalition have differing views on other components of the package, we strongly support the following provisions:

- Create an out-of-pocket (OOP) cap on Medicare Part D costs with a monthly cap on total OOP spending (smoothing).
- Strengthen the Low-Income Subsidy (LIS) program.
- Eliminate cost-sharing for Part D vaccines.

MAPRx supports the bill's provision to establish an annual OOP cap for Medicare Part D. The current lack of an out-of-pocket cap in Medicare Part D creates barriers to access. It can result in beneficiaries not initiating therapies or abandoning prescriptions at the pharmacy counter and can lead to worse outcomes and higher overall health care costs. Setting a meaningful annual OOP limit would provide considerable help to beneficiaries, increase equity and medication adherence, and break down a significant barrier that limits the ability of beneficiaries to access needed care.

MAPRx is pleased the bill couples an OOP cap with a “smoothing” mechanism that would allow total OOP costs to be distributed more evenly throughout the year, particularly for beneficiaries who encounter significant cost-sharing, either for a single prescription, or a series of prescriptions, early in the plan 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 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 most beneficiaries who do not have the resources to pay their entire OOP cap in just a few trips to the pharmacy. A smoothing mechanism will also improve the predictability of Part D OOP expenditures for beneficiaries.

MAPRx is disappointed that additional consumer protections are not incorporated into the smoothing mechanism. Beneficiaries should have a minimum grace period in the event a beneficiary is unable to make a payment. Further, the smoothing benefit should include a hardship exception or appeals process to provide beneficiaries with recourse if they are disallowed from using the benefit but have a legitimate cause – such as a hospitalization, a payer mailing the bill to an incorrect location, et al. – for the missed payment. Standardizing the smoothing mechanism across MA and PDP plans through directive regulatory guidance would also help. Further, given the opt-in structure defined in the reconciliation bill, it will be vital for CMS and participating plans to provide meaningful beneficiary outreach to ensure patients understand cost smoothing and how to activate the benefit.

MAPRx supports the provisions in the *Inflation Reduction Act of 2022* that will strengthen the LIS protections. Currently, Medicare provides important Part D prescription drug coverage and premium and cost-sharing assistance for beneficiaries with low incomes and modest assets. The Part D Low-Income Subsidy (referred to as LIS or Extra Help) program currently provides full or partial subsidies, depending on income and resources. The provision to extend full subsidies to beneficiaries with incomes between 135-150% of poverty will significantly enhance their ability to afford the medications they need and will improve rates of adherence. Congress should also recognize and address the fact that despite potential eligibility for LIS and MSP assistance, too many beneficiaries are not enrolled to receive these benefits.

MAPRx also supports the provision to eliminate cost-sharing for Part D vaccines. While CMS has encouraged plans to eliminate cost-sharing for Part D vaccines, many plans continue to charge copayments. Immunizations covered under Part D should be available with no cost to the beneficiary in the same way as vaccines are under Part B.

As Congress makes changes to the structure of Part D, MAPRx urges Congress and CMS to maintain and strengthen oversight of current consumer protections that preserve access to therapies under Part D. Current challenges to access in Part D include narrowing formularies, increased utilization management, use of preferred pharmacy networks, and problems with the exceptions and appeals processes. This bill would make significant changes to the prescription drug marketplace and operation of prescription drug benefits, which could unintentionally motivate Part D plans to reduce the quality of care and access for Medicare beneficiaries – particularly as plans bear more liability for the cost of running the benefit. It is critically important that Medicare beneficiaries are not exposed 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.

Congress must carefully consider the impact of these reforms on all beneficiaries, especially the most vulnerable ones who heavily rely on Part D to access treatment – those beneficiaries living with chronic and fatal conditions, have disabilities, or those who are among the frailest seniors.

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 leadership 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
Alliance for Patient Access
American Association on Health and Disability
American Kidney Fund
Arthritis Foundation
American Society of Consultant Pharmacists
Autoimmune Association
Bone Health and Osteoporosis Foundation
Caregiver Action Network
Color of Crohn's and Chronic Illness
Epilepsy Foundation
GO2 Foundation for Lung Cancer
HealthyWomen
HIV + Hepatitis Policy Institute
International Foundation for AiArthritis
Lakeshore Foundation
Lupus Foundation of America
Lupus and Allied Diseases Association, Inc.
Mental Health America
Muscular Dystrophy Association
National Alliance on Mental Illness
National Health Council
National Kidney Foundation
National Organization for Rare Disorders
National Patient Advocate Foundation
National Psoriasis Foundation
National Council on Aging
Patient Access Network (PAN) Foundation
RetireSafe
The AIDS Institute
The Assistance Fund
The Leukemia & Lymphoma Society
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United Spinal Association