



Dear Member of Congress:

On behalf of our members, the Partnership for Part D Access looks forward to working with you in the 119th Congress to enhance the health and well-being of all Americans.

The Partnership for Part D Access is a patient-led coalition dedicated to preserving beneficiary access to medications under Medicare Part D. We are especially focused on comprehensive access to medications for some of the most vulnerable Medicare beneficiaries – **those living with mental health conditions, epilepsy, Parkinson's disease, lupus, HIV/AIDS, cancer, and those requiring organ transplants.** We advocate for individuals whose health and quality of life depend on the protections provided by Medicare's Six Protected Classes (6PC) policy. Any changes to this policy would directly and negatively affect vulnerable Americans living with serious health conditions.

The Six Protected Classes policy is a bipartisan cornerstone of the Medicare program. Following the Medicare Modernization Act of 2003 (MMA), the Centers for Medicare and Medicaid Services required prescription drug plans to cover "all or substantially all" medications in six critical drug classes: anticonvulsants, antidepressants, antineoplastics, antipsychotics, antiretrovirals, and immunosuppressants. Congress codified the policy through the Medicare Improvements for Patients and Providers Act (MIPPA) in 2008, mandating comprehensive access to these medications.

Congress has consistently supported robust protections for beneficiaries who rely on these essential drug classes for three key reasons:

- **The 6PC policy protects shared decision-making between patients and their doctors.** Medications vary in their effects, and individuals may respond differently to the same treatment. Some individuals may develop side effects to a particular drug, while another person may need a certain therapy to avoid a harmful interaction with a drug being taken for another health condition. Together, doctors and patients make careful treatment decisions about which therapies are most appropriate on a case-by-case basis – and limiting options to just one or two treatments is inadequate, particularly in an older population where comorbid conditions present significant risk factors for severe outcomes, including hospitalization and death.
- **The 6PC policy keeps people healthy.** Without the policy, Part D plan sponsors could exclude essential medications from their formularies, making it nearly impossible for patients who need certain drugs to access them, even if it is the only treatment available to

manage their disease. In the case of oncology drugs, inappropriate substitutions of drugs can also cause treatment delays, which can increase the risk of death by about 10% for every month of delay<sup>1</sup>. The wide variation in needs among 6PC patients and the unique characteristics of these people demand a broad range of treatment options; by ensuring access, we empower individuals to receive the most effective treatments for their specific health conditions, significantly improving both their quality of life and health outcomes.

- **The 6PC policy saves money.** While insurers can manage costs through utilization tools and cost-sharing for certain medications, broad access improves health outcomes, reduces side effects, and prevents treatment abandonment—avoiding complications that drive up healthcare costs. Altering the policy would have potential life-threatening consequences for patient and increase the likelihood of costly hospitalizations and emergency room visits, ultimately raising costs across the healthcare system.

Thank you for working with us to protect the patient-doctor relationship and empower Americans to achieve high-quality health outcomes.

Sincerely,

The Partnership for Part D Access

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<sup>1</sup> <https://www.bmj.com/content/371/bmj.m4087>