



July 25, 2019

The Honorable Chuck Grassley  
Chairman  
Committee on Finance  
United States Senate  
219 Dirksen Senate Office Building  
Washington, DC 20510

The Honorable Ron Wyden  
Ranking Member  
Committee on Finance  
United States Senate  
219 Dirksen Senate Office Building  
Washington, DC 20510

Dear Chairman Grassley and Ranking Member Wyden:

We are writing to comment on the Medicare Part D Benefit Redesign provisions in your legislation, *The Prescription Drug Pricing Reduction Act of 2019*. Our group, MAPRx 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 improving access to prescription drugs for Medicare beneficiaries with Part D coverage.

First and foremost, thank you for including a Part D out-of-pocket (OOP) cap in your legislation. Over the years, Part D has been viewed as a success due to its broad popularity among enrollees and lower-than-expected government expenditures. Nevertheless, serious challenges remain and the lack of an OOP cap is a hurdle for some of the most vulnerable Medicare beneficiaries. An OOP cap would be an important new patient protection for some of the most vulnerable enrollees in the Medicare program—drastically reducing costs for hundreds of thousands of beneficiaries who rely on prescription drugs to treat chronic and life-threatening conditions. Currently, many beneficiaries often cannot access the most clinically appropriate medication because financially it is out of reach.

We urge you to strengthen the OOP cap in your legislation. To ensure an OOP cap is meaningful to as many beneficiaries as possible, MAPRx recommends a monthly cap (or other “smoothing” mechanism) that would allow total OOP costs to be distributed more evenly throughout the year. Such a mechanism 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. In addition, we would like to see beneficiaries benefit from the cap sooner than your proposed start date of 2022. As you know, currently, the average Medicare beneficiary will pay approximately \$2,750 in OOP costs by the time they reach the catastrophic threshold. As such, MAPRx strongly urges the Committee to consider an OOP cap below this amount.

Second, your legislation makes significant changes to the entire Part D benefit. In the short time that we have had to review the conceptual language, we have not come to a full understanding of the impact and consequences these proposed changes will have on the program or the patients we represent. As we continue to review the proposal and how it will impact beneficiaries’ costs and access to prescription drugs under Part D, we hope you will work with us to make any necessary adjustments and improvements.

As you well know, significant changes could alter the dynamics of the benefit, result in unintended consequences and create barriers that would affect beneficiaries' access to Part D prescription drugs. Current access barriers 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. We urge you to consider – and seek to address – these issues as you work to strengthen Part D.

Finally, in addition to establishing a meaningful OOP cap, MAPRx would like Congress to address Part D Medicare beneficiary out-of-pocket costs by making additional improvements such as: improving the Part D LIS Program; eliminating cost-sharing for generics for Low-Income Subsidy (LIS) recipients; and, permitting Part D beneficiaries to seek a lower cost share for specialty medications.

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 work on Medicare Part D, and we look forward to working with you as your bill moves through the legislative process. For questions related to MAPRx or the above comments, please contact Bonnie Hogue Duffy, Convener, MAPRx Coalition, at (202) 540-1070 or [bduffy@nvgllc.com](mailto:bduffy@nvgllc.com).

Sincerely,

Allergy & Asthma Network  
Alliance for Aging Research  
ALS Association  
American Association on Health and Disability  
American Cancer Society Cancer Action Network  
American Kidney Fund  
Association of Community Cancer Centers  
Caregiver Action Network  
Epilepsy Foundation  
HealthyWomen  
International Myeloma Foundation  
LUNGeivity Foundation  
Lupus and Allied Diseases Association, Inc.  
Lupus Foundation of America  
Men's Health Network  
Mental Health America  
National Alliance on Mental Illness  
National Health Council  
National Kidney Foundation  
National Marrow Donor Program/Be The Match  
National Organization for Rare Disorders  
National Patient Advocate Foundation  
Patient Access Network (PAN) Foundation  
RetireSafe  
The AIDS Institute  
American Autoimmune Related Diseases Association  
The Leukemia & Lymphoma Society  
WomenHeart: The National Coalition for Women with Heart Disease