



## TALKING POINTS ON MEDICARE'S SIX PROTECTED CLASSES

- Medicare beneficiaries living with a **mental health condition, HIV, epilepsy, cancer, organ transplant, or a combination of conditions**, have especially challenging medical needs.
- Therapies for these conditions have complex interactions, contraindications, side effects, and other factors that must be addressed by a physician to identify the best course of treatment for an individual patient.
- Many patients living with these illnesses must attempt a variety of therapies before they and their physicians settle on the most appropriate treatment.
- Since the start of the Medicare Part D program, the protected classes policy has helped ensure that patients with these certain conditions could take any medication intended for their disease. This is essential for patients with complicated health conditions who need access to the medication that works best for them.
- Medicare's six protected classes policy protects Medicare patients from arbitrary restrictions and limitations intended to hinder access to these lifesaving and life-enhancing medications.
- Rather than costing money, the coverage of the six classes of medication has reduced Medicare expenditures by reducing hospitalizations, emergency care, and other costly interventions.
- On the final day of the Trump Administration, the Centers for Medicare and Medicaid Services announced a new policy that would weaken the protected classes policy, allowing Part D plans that participate in a new demo (PDM model) to significantly limit the drugs they cover within Medicare's six protected classes.
- **This situation is imminent and dire.** Medicare drug plans are already notifying drug manufacturers that they plan to participate in the new PDM model and make changes to their coverage policies for protected classes in 2022. The changes will have extremely dangerous consequences for patients.
- The new PDM model puts in jeopardy the health of any patient who is stabilized on a particular medication or multiple medications since their treatment may not be included on their plan's formulary.
- For patients who have had an **organ transplant**, access to the correct immunosuppressant means their organ remains healthy, they can resume employment and other activities that contribute to their quality of life, and their overall cost of care drops significantly. Forcing a patient to switch immunosuppressant medications is not cost-effective and puts that patient at risk of organ rejection and death.
- Patients living with **mental illness**, many of whom are on Medicare, face a condition that is so difficult to treat and so disruptive to their daily life that they are on disability. Prior to finding a stable drug regimen, these patients often spent multiple stays in the ER and then inpatient care.
- **Epilepsy** is a very difficult condition to treat and finding the right medication, which often takes considerable experimentation, can be lifesaving.
- Treatment breakthroughs for patients living with **HIV** have been remarkable. In fact, patients on a consistent anti-retroviral medication can reduce their disease load to zero. However, any disruption in their treatment can change that situation and also can cause drug resistant strains of the virus.