



September 9, 2021

Chairman Richard Neal
House Committee on Ways and Means

Ranking Member Kevin Brady
House Committee on Ways and Means

Chairman Frank Pallone
House Committee on Energy and Commerce

Ranking Member Cathy McMorris Rodgers
House Committee on Energy and Commerce

Chairman Bobby Scott
House Committee on Education and Labor

Ranking Member Virginia Foxx
House Committee on Education and Labor

Dear Chairman Neal, Chairman Pallone, Ranking Member Brady, Ranking Member McMorris Rodgers, Chairman Scott and Ranking Member Foxx:

The undersigned members of the MAPRx Coalition urge Congress to establish an out-of-pocket (OOP) cap for Medicare Part D to limit the amount Medicare beneficiaries have to pay for covered prescription drugs. An OOP cap should be coupled with a way for beneficiaries to pay OOP costs over time. Our group, the Medicare Access for Patients Rx 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.

Americans support an out-of-pocket cap for Medicare Part D. A February 2019 Kaiser Family Foundation Health Tracking Poll found that 76 percent of Americans support placing a cap on what beneficiaries pay OOP each year for prescription drugs in Medicare Part D. The lack of an OOP cap is one of the biggest challenges for Part D beneficiaries. Individuals with commercial coverage have an out-of-pocket cap for all covered medical care. Most Medicare beneficiaries using the Medicare Part B benefit (outpatient services) also have an out-of-pocket cap since most have some type of supplemental coverage that assists with OOP expenses and/or offers an annual OOP maximum. An annual OOP cap will bring Part D in line with most other types of insurance as well as help ensure Medicare beneficiaries have access to vital and life-saving medicines.

The lack of an OOP cap can result in beneficiaries not initiating therapy or abandoning prescriptions at the pharmacy counter. Reduced adherence to medication leads to reductions and delays in accessing treatments, interruptions in treatment and discontinuation of treatment altogether. A number of analyses, including ones issued by the Medicare Payment Advisory Commission (MedPAC), have shown that high OOP costs have

significant negative consequences that not only can lead to increased costs across the health care system, but also worse outcomes for beneficiaries.

An out-of-pocket cap should be coupled with a much-needed “smoothing” mechanism for Medicare beneficiaries to spread payment for Part D out-of-pocket costs across the calendar year, rather than requiring payment at one time as under current law. Under the current benefit design, patients with high upfront costs choose to forego their prescribed medication because the out-of-pocket cost is unaffordable. High out-of-pocket costs often result in beneficiaries not adhering to their prescribed course of treatment or forgoing treatments altogether, resulting in poor health outcomes and higher health care costs. A smoothing mechanism would ease the financial strain for Medicare beneficiaries who currently face paying a significant percentage of their total OOP financial burden at the beginning (or first fill) of each benefit year.

Congress should:

- Set the annual out-of-pocket threshold at as low of a threshold as possible, helping to ensure that more beneficiaries have access to the therapies they need and will not face difficult decisions about which prescriptions to fill or to skip doses.
- Ensure that all beneficiaries ineligible for Low Income Subsidy are eligible for smoothing without an arbitrary eligibility threshold.
- Provide strong patient protections for a smoothing mechanism, including hardship exceptions or other mechanisms to allow beneficiaries a grace period for payment in case a beneficiary might miss a payment for reasons such as (e.g., illness or hospitalization), and require plans to notify patients of the ability to apply for a hardship exception.
- Ensure that smoothing is the default position rather than requiring Medicare beneficiaries to opt-in or otherwise enroll or select it.

We urge Congress to act on this very important issue. 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 to improve 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@nvgllc.com.

Allergy & Asthma Network
Alliance for Aging Research
American Association on Health and Disability
American Autoimmune Related Diseases Association
American Kidney Fund
Arthritis Foundation
Caregiver Action Network
Epilepsy Foundation
GO2 Foundation for Lung Cancer
HealthyWomen
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Lupus Foundation of America
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National MS Society
National Organization for Rare Disorders
National Patient Advocate Foundation
National Psoriasis Foundation
Patient Access Network (PAN) Foundation
RetireSafe
The AIDS Institute
The Assistance Fund
The Michael J. Fox Foundation for Parkinson's Research
WomenHeart: The National Coalition for Women with Heart Disease