Congress of the United States

Washington, DC 20515

April 30, 2024

The Honorable Robert Aderholt Chair Subcommittee on Labor, Health, and Human Services, Education, and Related Agencies 2358-B Rayburn House Office Building Washington, DC 20515 The Honorable Rosa DeLauro Ranking Member Subcommittee on Labor, Health, and Human Services, Education, and Related Agencies 1036 Longworth House Office Building Washington, DC 20515

Dear Chairman Aderholt and Ranking Member DeLauro:

As you consider appropriations for Fiscal Year (FY) 2025, we write to request the inclusion of report language regarding the implementation of provisions to assist Medicare beneficiaries in paying out-of-pocket prescription drug costs within the Committee Report accompanying the House FY 2025 Labor, Health and Human Services, Education, and Related Agencies (Labor-HHS) appropriations bill.

Effective January 1, 2025, Medicare will allow beneficiaries to smooth their Part D out-of-pocket costs through the Medicare Prescription Payment Plan, which provides the option to pay their prescription drug costs in payment installments over the course of a plan year. The ability to spread out these expenses into more manageable amounts will contribute to fewer beneficiaries abandoning prescribed medicines at the pharmacy counter due to high costs.

While Medicare drug costs will be capped at \$2,000 for beneficiaries, patients will not benefit from paying their costs off over the year unless they sign up for it. The Centers for Medicare and Medicaid Services (CMS) guidance also states that beneficiaries will be unable to opt-in at the point of sale when the program starts in FY 2025. Given that it is a voluntary program and beneficiaries must re-enroll in the program annually, it is critical that its availability and benefits are clearly conveyed to Medicare beneficiaries, especially those facing increased prescription drug costs. Additionally, significant outreach and robust education efforts, including collaboration with pharmacies on educating beneficiaries, will be necessary to increase beneficiary enrollment into the program since it is currently an opt-in benefit.

By providing annual updates on the program's implementation and progress of expanding beneficiary enrollment capabilities, we will be able to assess the effectiveness of outreach efforts, identify any barriers to enrollment, and make necessary adjustments to ensure that all Medicare beneficiaries can access the benefits of the Medicare Prescription Payment Plan. Because of this, we respectfully request the inclusion of the following report language in the FY25-Labor-HHS appropriations bill:

The Committee directs CMS to provide a report to Congress and post on a publicly available website: (1) the number of beneficiaries who have taken up the smoothing option and the total number of beneficiaries categorized as "likely to benefit" by CMS; (2) information on the methods that CMS is utilizing to encourage participation, such as the use of Medicare.gov, the Medicare and You handbook, 1-800-MEDICARE, and provider-focused communications such as the Medicare Learning Network; and (3) additional outreach efforts that CMS is conducting with other stakeholders, including but not limited to provider associations and societies, patient and consumer advocacy groups, and pharmacy benefit managers.

Additionally, CMS shall include reporting on the status of operationalizing point-of-sale enrollment for the program until such functionality is available for all Medicare beneficiaries.

Inclusion of this report language is the next step in making prescription drug costs more affordable and ensuring that cost is not a barrier for anyone to access their prescription medications. Thank you for your attention and consideration of this request. We look forward to continuing to work together to lower prescription drug costs and make necessary and life-saving medications affordable and accessible for all Americans.

Sincerely,

Yidira Caraveo MD.

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