



**CONSORTIUM FOR CITIZENS
WITH DISABILITIES**

November 27, 2019

The Honorable Chuck Grassley
Chairman, Committee on Finance
US Senate
Washington, DC 20510

The Honorable Ron Wyden
Ranking Member, Committee on Finance
US Senate
Washington, DC 20510

Chairman Grassley and Ranking Member Wyden:

Thank you for your leadership in addressing rising prescription drug costs. We the undersigned members of the Consortium for Citizens with Disabilities Health Task Force appreciate the opportunity to weigh in on The Prescription Drug Price Reduction Act (PDPRA) of 2019 and look forward to working with Congress as prescription drug legislation moves forward.

The Consortium for Citizens with Disabilities (CCD) is the largest coalition of national organizations working together to advocate for federal public policy that ensures the self-determination, independence, empowerment, integration and inclusion of children and adults with disabilities in all aspects of society.

The CCD Health Task Force strongly supports capping out-of-pocket costs for Medicare Part D. We also support many other provisions of the PDPRA and have suggestions on how to improve the legislation to better serve beneficiaries.

Support the Out-of-Pocket Cap and Simplification of the Part D Benefit

CCD Health Task Force strongly supports the creation of an out-of-pocket cap in Medicare. The creation of an out-of-pocket cap will help people with disabilities and chronic conditions on Medicare who face significant prescription drug costs. The PDPRA sets a cap at \$3,100 beginning in 2022. We support the cap but urge Congress to institute the cap more quickly and to lower the cap, such as to the \$2,000 cap proposed in H.R. 3. We also urge Congress to institute mechanisms to smooth out of pocket costs for beneficiaries across the year.

We support the simplification of the Part D benefit, especially the final elimination of the coverage gap. Simplification of the benefit, combined with the out-of-pocket cap, will make the Part D benefit easier to navigate and more closely resemble other insurance designs. We urge Congress to pair this with increased monitoring of Part D plan design, including increases in utilization management and restrictive formularies that may result from increased liability on plans in the redesign.

Finally, we urge you fix the upcoming harmful increase in the current catastrophic cap threshold. Neither H.R. 3 or PDPRA would take effect in time to address this increase. Without action, the threshold is scheduled to jump from \$5,100 in 2019 to \$6,350 in 2020, increasing the amount of money beneficiaries must spend before entering the catastrophic phase.

Congress Should Take Further Action to Lower Cost-Sharing and Pass Savings to Beneficiaries

During the markup of PDPRA, several members expressed interest in addressing high cost-sharing faced by Medicare beneficiaries before they reach the out-of-pocket cap, including through ensuring that rebates are passed through to beneficiaries at the pharmacy counter. We support reducing cost-sharing in all phases of the benefit and encourage Congress to ensure that beneficiaries pay coinsurance and other cost-sharing based on the rebated price, not the list price, in both Parts B and D.

Congress Should Further Improve Medicare

Many people with disabilities have low incomes and rely on Medicare as their only source of prescription drug coverage. We support the permanent authorization of LI NET included in PDPRA and encourage Congress to take further action to improve Medicare for low income beneficiaries, including expanding and simplifying the Low-Income Subsidy (LIS) program as proposed in S. 691 and eliminating cost-sharing on generics for LIS beneficiaries. Congress should also improve the Medicare appeals process as proposed in S. 1861.

We strongly encourage Congress to reinvest any savings back into Medicare coverage improvements, including through adding dental, vision, and hearing benefits and expanding and simplifying the Medicare Savings Programs.

Support Preservation and Improvement of the Medicaid Drug Rebate Program

Many people with disabilities rely on Medicaid to access the care they need, including prescription drugs. Medicaid provides low- or no-cost prescriptions to beneficiaries and the Medicaid Drug Rebate Program (MDRP) is very effective in lowering Medicaid drug costs for states and the federal government. We support the provisions in PDPRA to improve the MDRP, including raising the cap on rebate amounts and addressing spread pricing in Medicaid managed care.

We appreciate the opportunity to weigh in on this important legislation. Please do not hesitate to reach out with any question to Rachel Patterson, rpatterson@efa.org or 301-918-3791.

Sincerely,

American Association on Health and Disability
American Council of the Blind
Autism Society of America
Autistic Self Advocacy Network
Brain Injury Association of America
Center for Medicare Advocacy
Center for Public Representation

Disability Rights Education and Defense Fund
Easterseals
Epilepsy Foundation
Justice in Aging
Lupus Foundation of America
National Association of Councils on Developmental Disabilities
National Association of State Head Injury Administrators
National Disability Rights Network
National Down Syndrome Congress
National Health Law Program
National Multiple Sclerosis Society
The Arc of the United States
United Spinal Association