

June 6, 2019

The Honorable Richard Neal
Chairman
Ways and Means Committee
United States House of Representatives
Washington, DC 20515

The Honorable Frank Pallone
Chairman
Energy and Commerce Committee
United States House of Representatives
Washington, DC 20515

The Honorable Kevin Brady
Ranking Member
Ways and Means Committee
United States House of Representatives
Washington, DC 20515

The Honorable Greg Walden
Ranking Member
Energy and Commerce Committee
United States House of Representatives
Washington, DC 20515

Dear Chairman Neal and Pallone and Ranking Members Brady and Walden:

The undersigned cancer organizations applaud your efforts to improve the Medicare Part D prescription drug program by protecting beneficiaries from excessive out-of-pocket costs and seeking to protect the program's long-term sustainability. The imposition of a catastrophic spending cap in Part D will provide important protections to cancer patients, as some of them struggle to pay the 5% coinsurance currently required in catastrophic coverage.

Financial toxicity is a serious side effect of cancer treatment. Cancer patients often struggle with their cost-sharing responsibilities, sometimes forced to rely on friends and families to get by and on too many occasions also forced into bankruptcy. These patients may consider other alternatives, including altering their course of treatment in order to better manage the financial burden of treatment. Unfortunately, each year many people with cancer enter the Medicare Part D catastrophic coverage phase, where they face the burden of cost-sharing for their cancer drugs and supportive care drugs.

We support your draft legislation and its provision to eliminate the requirement of 5% cost-sharing by patients in the catastrophic phase of coverage. We understand the rationale for shifting the financial responsibility for catastrophic coverage from the federal government to plans over a number of years. It has been suggested that the revised structure will encourage more aggressive management of catastrophic coverage costs.

Although we support the elimination of beneficiary cost-sharing of 5% for catastrophic coverage, we are concerned that the new financial structure could result in unintended consequences for cancer patients. These consequences may include premium increases and utilization management that could slow or block access to critical therapies. People with cancer will continue to enjoy protected classes benefits, but prior authorization and step therapy, possibly imposed more aggressively in a revised Medicare Part D, may have a negative impact on access.

We understand that there are additional proposals regarding the financing of revisions to Medicare Part D, and the introduction of your important proposal will trigger productive debate about those alternatives as well as the financing structure in your bill. We will urge all parties to consider potential unintended consequences for beneficiaries that are created by different avenues for eliminating the 5% cost-sharing for patients during catastrophic coverage.

Thank you again for your leadership to improve Medicare Part D and to protect beneficiaries whose treatment regimens include medications that take them to the catastrophic phase of coverage. We look forward to continued discussions about efforts to strengthen Medicare Part D.

Sincerely,

Cancer Leadership Council