



**CONSORTIUM FOR CITIZENS
WITH DISABILITIES**

July 16, 2018

VIA Electronic Filing: <http://www.regulations.gov>

The Honorable Alex Azar,
Secretary
Department of Health and Human Services
200 Independence Avenue, SW, Room 600E
Washington, D.C. 20201

Re: HHS Blueprint to Lower Drug Prices and Reduce Out-of-Pocket Costs

Dear Secretary Azar:

The CCD Health Task Force appreciates the opportunity to provide comments on the questions raised in the HHS Blueprint to Lower Drug Prices and Reduce Out-of-Pocket (OOP) Costs. 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 health task force is focused on health care policy and the impact on people with disabilities.

The Health Task Force appreciates the recognition by the Administration that more needs to be done to ensure that people have access to affordable medications. We recognize that the proposals in the blueprint lack the detail needed fully assess their impact on people with disabilities and we urge the Administration to use the formal rule-making process as it explores options to lower drug prices and reduce OOP costs. People representing health care consumers should have a voice in the development of new policies.

The Health Task Force's comments will primarily focus on the Medicare Part D proposals. Over the past 12 years, the Part D program has provided a critical avenue

for beneficiaries to access prescription drugs. It has successfully provided millions of Medicare beneficiaries with coverage for self-administered drugs. However, there has also been an increase in OOP costs that is particularly difficult for people with serious health conditions who need multiple medications, people who need medications to maintain their health, and people who rely on drugs that are placed on specialty tiers. The increased use of specialty tiers and coinsurance has made medication unaffordable for far too many people. The Administration's proposal to add an OOP cap would help many individuals with disabilities and serious health conditions. We support that proposal.

The Health Task Force has significant concerns about the proposals to give health plans more formulary flexibility. People with disabilities and serious health conditions need access to a wide variety of medications to maintain their health and function. We strongly support the existing policy requiring all Part D sponsors to cover two drugs per category and class, as well as all drugs within the 6 classes of clinical concern (protected classes) and oppose changes to these critical Part D principles. Altering these protections could lead to overly restrictive formularies that could limit access to vital, life-saving medications. Moving forward, we ask that CMS keep these formulary requirements intact and maintain a rigorous review process.

The Health Task Force opposes weakening the six protected classes policy. The six protected classes policy has been a safety net for many people with disabilities and serious health conditions by requiring plans to cover "all or substantially all drugs" for these six classes containing life-saving drugs. This policy has been a weapon against discriminatory plan design and a protective measure for timely access to physician-directed care. It has successfully protected basic access for people who need non-interchangeable medications to treat and manage serious and often life-threatening conditions. In addition, the Health Task Force strongly opposes allowing plans to cover only one drug per category and class. Limiting formularies does not further a goal of lowering OOP. Instead it makes critical, medically necessary, medications unaffordable and unavailable to people who need them.

We urge HHS to examine its approach to formulary oversight and seek ways to ensure meaningful access for all Medicare beneficiaries. Access to physician-directed care should be based on independent clinical judgment, and Medicare Part D should generally cover prescribed medications. Limiting access to the most appropriate medications will lead to higher overall costs to the Medicare program, including higher OOP costs for beneficiaries and increased costs in Medicare Part A and Part B and Medicaid.

The Health Task Force is also concerned about the discussion of the 340B program. Since 1992, this bipartisan program has successfully helped certain health care organizations provide critical services in their communities. People with disabilities and serious health conditions often rely on these important providers for their health care services. If the Administration moves forward with significant changes, we urge you to carefully vet those changes with stakeholders. Congress designed this program to help vital health care providers reach more people and provide comprehensive services and any changes should further that goal.

CCD appreciates the opportunity to provide comments on the plan. Please feel free to contact me directly at ward@thearc.org with any questions or concerns.

Sincerely

The CCD Health Task Force Co-chairs:

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