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## **Patient Stakeholders Oppose MedPAC Recommendation to Undermine Medicare's 'Protected Classes'**

*An ill-conceived recommendation in the June Report to Congress from the Medicare Payment Advisory Commission (MedPAC) would undermine a policy which guarantees access to life-saving treatments for patients with the most severe health conditions*

Washington, D.C. – A leading coalition of patient organizations and health care stakeholders today announced its opposition to a recommendation in the Medicare Payment Advisory Commission's (MedPAC) June Report to Congress, which would remove two classes of drugs from the six 'protected classes' under current law. If implemented, the proposed changes would restrict access to two of the six classes, and would violate the long-held, congressionally-supported protections for patients with conditions including mental illness, organ transplants, epilepsy, Parkinson's Disease, lupus, cancer and HIV.

Because patients with these serious illnesses react differently to different medicines, access to the full range of effective medications is a crucial component of successful treatment and recovery. Medicare's 'protected class' policy has long stood as a guarantee to patients that their access to all available medications would never be in doubt. MedPAC's recommendation would undermine this long-standing bipartisan policy, and would remove immunosuppressants and antidepressants from the list of protected classes – which also includes anticonvulsants, antidepressants, antineoplastic, antipsychotics, antiretrovirals, and immunosuppressants.

"Restricting timely access to medicine jeopardizes patient health, puts patients at greater risk for poor clinical outcomes, and increases costs for patients and taxpayers. The Partnership for Part D Access opposes MedPAC's ill-advised proposal to limit access to essential medications, and will continue to fight for the most vulnerable Medicare beneficiaries to have access to the full range of

therapeutic options,” said **Chuck Ingoglia, Executive Director of the Partnership for Part D Access and Senior Vice President of the National Council for Behavioral Health.**

“Over the past 22 years of living with the gift of a donated heart, my success has been the result of great medical team support with very smart doctors guiding my lifetime regimen of immunosuppressant medications needed to protect this heart,” said **Jim Gleason, President of Transplant Recipients International Organization (TRIO).** “When, over time those meds gave assault to my kidneys (as is often the case with those kidney toxic meds), they were able to switch me to newer immunosuppressants that took over that job of keeping my native immune system under control and thus not rejecting that heart. It is lifesaving to keep that flexibility of medication choices in the transplant doctors control. With those 22 years (and hopefully many more) protected by my doctors with their ability to select the right meds for my situation – and with each patient so unique, speaking for tens of thousands of other transplant recipients – I have enjoyed a full and active life of family, career and community service, thanks to that drug flexibility. Don’t tie the hands of the professionals who see and treat each unique patient with the full spectrum of modern medical drugs at their disposal, keeping lives like mine and those many others alive and engaged in life daily.

Since its inception in 2008, Medicare Part D has been effective at both improving health outcomes and lowering costs for patients. Despite the success of the program, and without offering evidence that such a policy would either protect patient health or save the program money, MedPAC has issued a recommendation to change Medicare’s current policy requiring Part D plans to include all medications within the six protected classes on their formularies.

“This is a program that has proven time and again that it keeps patients healthy so they don’t have to turn to costly hospital stays for care. For those with mental health issues, Part D provides access to the specific life-saving medications that their doctors prescribe. This is vital to our most vulnerable citizens because it gives them the ability to live healthy lives,” said **Andrew Sperling, Director of Federal Legislative Advocacy for the National Alliance on Mental Illness (NAMI).**

“Medicare Part D, including the six protected classes, is working,” said **Carl Schmid, Deputy Executive Director of The AIDS Institute.** “Beneficiaries, including those with HIV, are currently able to access the therapies that their providers prescribe, and maintaining access to the full range of formulations on the market is essential to their health. We don’t understand why MedPAC would

propose a policy that diminishes that access.”

“The Epilepsy Foundation is extremely troubled by MedPAC’s proposed changes to the protected classes. We strongly urge Congress to reject their recommendation and to instead consider strengthening the protected classes to ensure there are no unnecessary administrative barriers to care,” said Angela Ostrom, Chief Operating Officer and Vice President of Public Policy of the Epilepsy Foundation.

Despite today's MedPAC recommendation, Congress has already demonstrated overwhelming bipartisan support for the *current* protected classes policy. In a February 5, 2014 [letter](#) to the Centers for Medicare & Medicaid Services (CMS) concerning its previously offered (and rescinded) proposed rule to eliminate certain protected classes, every member of the Senate Finance Committee expressed opposition to the proposed restrictions on the protected classes and strongly urged CMS to continue providing access to these drug classes exactly as it does today. Additionally, on February 19, 2014, Senate Finance Committee Chairman Orrin Hatch (R-UT), House Energy and Commerce Committee Chairman Fred Upton (R-MI), and House Ways and Means Committee Chairman Dave Camp (R-MI), sent a [letter](#) to CMS requesting that CMS reject harmful changes to the Part D program and withdraw the proposed rule. Further, a March 4, 2014 [letter](#) from 50 bipartisan members of the House Energy & Commerce and Ways & Means Committees urged CMS to rescind the controversial proposal.

#### **About the Partnership for Part D Access:**

The [Partnership for Part D Access](#) is a coalition of leading national patient groups, pharmaceutical industry participants and other advocates committed to maintaining open access to all available medications under Medicare Part D. The coalition has come together to urge the Centers for Medicare and Medicaid Services (CMS) and MedPAC to withdraw their proposals to reduce the number of “protected classes” of medication in Medicare Part D. In addition to raising awareness of how these proposals will jeopardize the health of some of our nation’s most vulnerable patients, the Partnership for Part D Access also aims to mobilize patients and concerned citizens by providing a means for them to speak out against the proposed limitations on their access to appropriate care. For more information and a full list of members, visit [www.partdpartnership.org](http://www.partdpartnership.org).