

Congress of the United States
Washington, DC 20515

April 2, 2019

The Honorable Alex Azar
Secretary
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

Dear Secretary Azar,

Thank you for your willingness to engage in the debate around the cost of prescription medications in the United States and for suggesting possible solutions. For too long, patients have faced challenges accessing their medications due to high out-of-pocket costs. We look forward to working with you to find solutions that lower the cost of prescription medications without hindering patient access to necessary medications.

However, we are concerned with the impact the proposed rule issued by the Centers for Medicare and Medicaid Services (CMS) on November 25, 2018 will have on Medicare patients. We believe the proposed changes to the six protected classes will result in negative outcomes for specific beneficiary populations that utilize drugs under these six classes. While we are ready to work with you to address the high cost of prescription medications, we believe that this particular policy proposal will have severe consequences for Medicare's most vulnerable beneficiaries. Therefore, we do not support this policy and urge you to abandon it.

Congress has long understood that patients living with mental illness, epilepsy, organ transplant, cancer, and HIV have unique health care needs that rely upon access to specific medications to maintain their health. That is why Congress, in 2003, urged leaders at the Centers for Medicare and Medicaid Services (CMS) to create a policy to provide added protections. As you know, in 2008, Congress codified the so-called "protected classes" policy to ensure that all plans ensure protected access to these life-saving, critical medicines. Medicare data clearly shows that this policy have achieved an appropriate balance between providing patients access to needed medications from the six classes and providing plans with tools needed to control costs and steer patients, when appropriate, to lower cost options. With a 91 percent overall generic utilization rate and only one percent of the more than 187 million prescriptions filled coming from specialty tier medications, we strongly believe this policy is working as currently implemented and should not be changed.

We look forward to working with you on other policies that will lower the cost of prescription medications as well as managing the Medicare beneficiaries' overall cost of care.

Sincerely,



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MEMBER OF CONGRESS



Ann McLane Kuster
MEMBER OF CONGRESS



Anthony G. Brown
MEMBER OF CONGRESS



Ben Ray Lujan
MEMBER OF CONGRESS



Bill Pascrell, Jr.
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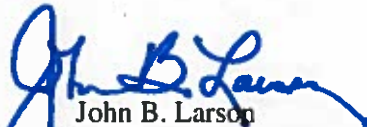
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