

February 9, 2015

The Honorable Orrin Hatch  
Chairman  
Committee on Finance  
U.S. Senate  
Washington, DC 20510

The Honorable Ron Wyden  
Ranking Member  
Committee on Finance  
U.S. Senate  
Washington, DC 20510

The Honorable Fred Upton  
Chairman  
Committee on Energy and Commerce  
U.S. House of Representatives  
Washington, DC 20515

The Honorable Frank Pallone  
Ranking Member  
Committee on Energy and Commerce  
U.S. House of Representatives  
Washington, DC 20515

The Honorable Paul Ryan  
Chairman  
Committee on Ways and Means  
U.S. House of Representatives  
Washington, DC 20515

The Honorable Sander Levin  
Ranking Member  
Committee on Ways and Means  
U.S. House of Representatives  
Washington, DC 20515

Dear Chairmen and Ranking Members:

We are writing on behalf of nearly 60 patient groups to urge you to oppose any legislative proposals that would increase co-pays for brand medicines used by Low-Income Subsidy (LIS) beneficiaries in the Medicare Part D program. In his Fiscal Year 2015 and 2016 budgets, the President included provisions that would double the statutory brand drug copayments for LIS beneficiaries. While these proposals are meant to encourage the use of generic drugs, if enacted, this change would have harmful effects on a particularly vulnerable patient population. Specifically, these proposals could reduce medication adherence, compromise patient outcomes, and raise overall Medicare costs.

LIS beneficiaries often have multiple chronic conditions, higher rates of disabilities, and more functional or cognitive impairments than non-LIS enrollees. As a result, any changes in medication can be particularly harmful for these beneficiaries. About half of all LIS beneficiaries qualify for Medicare before age 65 due to a disability, compared to 15 percent of non-LIS beneficiaries. Overall, LIS beneficiaries tend to be in worse health than other Medicare beneficiaries, and therefore may need multiple brand medicines to treat their chronic and often complex conditions. This means that higher copays would disproportionately penalize this population.

Since LIS enrollees by definition have incomes below 135% of the federal poverty level, they have very limited resources to pay out-of-pocket costs. Further, in many states, full benefit dual eligibles fall below 100% of the federal poverty line. Even nominally increasing cost-sharing could force them to forego, delay, or decrease use of their prescribed medications. A decline in medication adherence will only lead to poorer health outcomes, which in turn will cost the Medicare and Medicaid programs even more in avoidable hospitalizations and other unnecessary medical care. We should be encouraging

these patients to take the medications their doctors prescribe rather than giving them reasons to skip doses or switch medicines, which could disrupt their treatment plans.

Lastly, proposing changes to copayments in order to encourage the use of generic drugs is not necessary, since data from the Medicare Payment Advisory Commission (MedPAC) shows LIS beneficiaries already have high generic utilization rates. In 2011, 74% percent of prescriptions for these Part D enrollees were filled with generic drugs and that percentage is steadily increasing.

We strongly urge you to protect LIS beneficiaries – a particularly vulnerable population with high rates of disability, significant health care needs, and limited resources – by preserving their access to the medicines they need.

Sincerely,

American Association of Cardiovascular and Pulmonary Rehabilitation  
American Congress of Community Supports and Employment Services  
ADAP Advocacy Association (aaa+)  
AIDS United  
Allergy & Asthma Network  
Alliance for Patient Access  
Alpha-1 Foundation  
American Association for Respiratory Care  
American Association on Health and Disability  
American Autoimmune Related Diseases Association (AARDA)  
American Lung Association  
American Thoracic Society  
Blue Ribbon Advocacy Alliance  
CHOW Project  
Community Access National Network  
COPD Foundation  
Easter Seals  
Epilepsy Foundation  
For Grace  
The Hepatitis C Mentor and Support Group, Inc.  
HealthHIV  
Hep Free Hawaii  
Hepatitis Education Project  
HepTREC @ University of the Sciences  
Knights of Columbus  
Lupus and Allied Diseases Association, Inc.  
Lupus Foundation New England  
Lupus Foundation of America  
Lupus Foundation of Florida Inc  
Lupus Foundation of PA  
Lupus Foundation of Southern California  
Lupus LA  
Lupus Research Institute  
Lupus Society of Illinois  
Michigan Lupus Foundation

Nat Minority AIDS Council  
Nat'l Association for Medical Direction of Respiratory Care  
National Alliance of State & Territorial AIDS Directors  
National Alliance on Mental Illness  
National Association of Nutrition and Aging Services Programs  
National Black Nurses Association  
National Council for Behavioral Health  
National Minority Quality Forum  
National MS Society  
National Organization for Rare Disorders  
National Viral Hepatitis Roundtable  
Ovarian Cancer National Alliance  
Parkinson's Action Network  
Power of Pain Foundation  
Project Inform  
S.L.E. Lupus Foundation  
Society for Women's Health Research  
The AIDS Institute  
The Arc of the United States  
The Mended Hearts, Inc.  
U.S. Pain Foundation

cc: Majority Leader Mitch McConnell  
Minority Leader Harry Reid  
Majority Whip John Cornyn  
Minority Whip Richard Durbin  
Speaker John Boehner  
Majority Leader Kevin McCarthy  
Minority Leader Nancy Pelosi  
Majority Whip Steve Scalise  
Minority Whip Steny Hoyer