

ONE HUNDRED FOURTEENTH CONGRESS
Congress of the United States
House of Representatives
COMMITTEE ON ENERGY AND COMMERCE
2125 RAYBURN HOUSE OFFICE BUILDING
WASHINGTON, DC 20515-6115
Majority (202) 225-2927
Minority (202) 225-3641

November 13, 2015

Mr. Mark Merrit
President and CEO
Pharmaceutical Care Management Association
325 7th Street, N.W.
Washington, DC 20004

Dear Mr. Merrit:

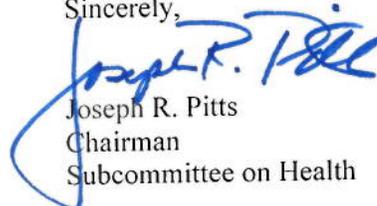
Thank you for appearing before the Subcommittee on Health on October 21, 2015, to testify at the hearing entitled "Examining the Medicare Part D Medication Therapy Management Program."

Pursuant to the Rules of the Committee on Energy and Commerce, the hearing record remains open for ten business days to permit Members to submit additional questions for the record, which are attached. The format of your responses to these questions should be as follows: (1) the name of the Member whose question you are addressing, (2) the complete text of the question you are addressing in bold, and (3) your answer to that question in plain text.

To facilitate the printing of the hearing record, please respond to these questions with a transmittal letter by the close of business on November 27, 2015. Your responses should be mailed to Graham Pittman, Legislative Clerk, Committee on Energy and Commerce, 2125 Rayburn House Office Building, Washington, DC 20515 and e-mailed in Word format to graham.pittman@mail.house.gov.

Thank you again for your time and effort preparing and delivering testimony before the Subcommittee.

Sincerely,



Joseph R. Pitts
Chairman
Subcommittee on Health

cc: The Honorable Gene Green, Ranking Member, Subcommittee on Health

Attachment

Attachment --- Additional Questions for the Record

The Honorable Representative G.K. Butterfield

1. It is clear that utilization of the Part D Medication Therapy Management program has been quite low since its inception. There may be a number of reasons contributing for this, but it seems that Part D plans have high eligibility criteria for their covered beneficiaries resulting in low participation. Why is it that most plans require 3 or more chronic conditions and 8 or more prescription drugs?
2. It seems like a way to significantly limit people's eligibility for the program. Can you comment on this?