



September 19, 2023

The Honorable Chiquita Brooks-LaSure
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
7500 Security Blvd
Baltimore, MD 21244

RE: Maximum Monthly Cap on Cost-Sharing Payments Under Prescription Drug Plans: Draft Part One Guidance on Select Topics, Implementation of Section 1860D-2 of the Social Security Act for 2025, and Solicitation of Comments

Dear Administrator Brooks-LaSure:

Thank you for the opportunity to provide comments on part one of the guidance on select topics related to the Medicare Prescription Payment Plan (MPPP).

The American Lung Association is the oldest voluntary public health association in the United States, representing the more than 34 million individuals living with lung disease. The Lung Association is the leading organization working to save lives by improving lung health and preventing lung disease through research, education and advocacy.

Approximately 25% of seniors report difficulty affording their medications and three in ten adults have not taken their medication as prescribed due to costs.¹ The Lung Association strongly supported the out-of-pocket (OOP) cap in Medicare Part D and related policies to spread patients' prescription drug costs over the year included in the Inflation Reduction Act. If implemented well, these policies will be a huge step forward in improving the affordability of medications for seniors in Medicare Part D, especially for people with lung disease who often rely on multiple medications to manage their conditions. The Lung Association looks forward to working with you on the implementation of these policies and offers the following comments on the part one guidance.

Participant Billing Requirements (Section 40)

Clear and simple billing practices will minimize the administrative burden on patients as well as the risk of missed payments. CMS should encourage plans to align MPPP billing with Part D premium billing, as well as offer autopay options and the ability to automatically deduct MPPP payments from Social Security checks. Regarding the required information for billing statements, the Lung Association encourages CMS to prioritize clear, actionable information for patients on the first page of each statement, as well as notify patients once they have reached the \$2,000 OOP cap and provide a breakdown of their monthly payments for the rest of the year. Additionally, if patients enrolled in the MPPP switch Part D plans mid-year, plans must notify consumers that they will continue to receive monthly bills from their previous plan to avoid confusion.

The Lung Association appreciates the request for comment on practices related to debt collection. As we recently outlined in comments on a request for information regarding medical payment products, millions of patients experience medical debt with devastating

consequences.² The Lung Association encourages you to use all available authorities to restrict egregious debt collection practices related to the MPPP.

Requirements Related to Part D Enrollee Outreach (Section 60)

A robust education and awareness strategy will help patients and other stakeholders understand the OOP cap and their ability to spread payments out over a calendar year. Recent polling suggests that only one third of seniors are aware of the upcoming annual OOP prescription drug limits for people with Medicare coverage.³

The Lung Association looks forward to reviewing and commenting on part two of this guidance, which will include additional information on outreach and education. We specifically urge you to work with patient groups and their call center staff, state health insurance assistance programs and other key stakeholders in the patient and consumer advocacy communities to maximize their networks and outreach. All materials must be in plain language and accessible to individuals with limited English proficiency and individuals with disabilities.

One educational tool that will be especially important to patients is a simple online calculator that allows them to input expected prescription drug costs and determine whether opting into the MPPP makes sense for them. We urge you to prioritize development of this resource so it is ready before open enrollment in fall 2024 and would be happy to provide feedback during the development process.

Finally, the guidance discusses the process for notifying enrollees who are likely to benefit from the MPPP about the program at the point of sale. We urge you to set the threshold for notifying patients no higher than \$400 and to consider setting a lower threshold. Especially in the first year of the program, notifying as many patients as possible about the program is important to ensure successful uptake.

Requirements Related to Part D Enrollee Election, Including a Request for Information on Real Time POS Election (Section 70)

Point of sale enrollment is an essential feature of successful MPPP implementation. Many patients will not decide to enroll until they are faced with a high OOP cost for a prescription. Again, this is especially true in the first of year of the program, as fewer patients will likely be aware of and understand how the program will impact their OOP costs during the first open enrollment period. Without a point of sale enrollment option, some patients unable to afford a prescription will simply not fill it, jeopardizing management of their health condition and putting them at greater risk for emergency room visits and other negative health outcomes. For these reasons, the Lung Association strongly urges CMS to implement point of sale enrollment in 2025 and not further delay it.

In general, we believe that point of sale enrollment via a clarification code entered by the pharmacist would provide the smoothest experience for patients. If this not possible for 2025, CMS should specify what technical or other barriers are blocking implementation, how and why the final timeframe was chosen, and a clear process to address the specified barriers no later than 2026. CMS should provide both telephonic and online point of sale enrollment options for 2025.

Finally, once patients affirmatively opt into the MPPP, we encourage CMS to require plans to automatically reenroll patients who remain with an existing plan. Many patients with lung

disease and other chronic conditions who benefit from the MPPP are on regular maintenance medications and will likely continue to benefit from enrollment. Auto reenrollment will help to streamline this process.

Procedures for Termination of Election, Reinstatement, and Preclusion (section 80)

The Lung Association supports the consumer protections in the procedures for termination from the MPPP, including comprehensive notice requirements, a two-month grace period for late payments, a good cause exemption, and the ability for patients to enroll in the MPPP in subsequent years after paying off outstanding balances. We urge CMS to include all of these protections in the final guidance. Additionally, CMS should provide additional detail on the good cause exemption process, including the types of reasons plans should consider for granting an exemption and clear standards for how plans inform patients about the availability of this exemption.

Other Implementation Issues

Strong monitoring and oversight will be important during this period of significant change for Medicare Part D. For example, especially for patients with moderate spending who do not reach the OOP cap, any changes in cost-sharing or utilization management like moving drugs from copay to coinsurance or moving drugs to higher tiers could actually increase OOP costs. CMS should closely monitor the impact of the MPPP and other parts of the Part D redesign in these areas to address potential unintended consequences and ensure that patients do not experience problems accessing the medications they need to treat lung diseases. Additionally, CMS should monitor uptake of the program, including collecting and releasing data on the demographics of those using the program, late payment and disenrollment rates, and other key information.

Conclusion

Thank you for the opportunity to provide these comments. We look forward to continuing to partner with you on the implementation of these critical policies to help reduce patients' prescription drug costs in Medicare.

Sincerely,



Harold Wimmer
President and CEO

¹ KFF, Public Opinion on Prescription Drugs and Their Prices. Updated August 21, 2023. Available at: <https://www.kff.org/health-costs/poll-finding/public-opinion-on-prescription-drugs-and-their-prices/>

² Partnership to Protect Coverage, Comments on Medical Payment Products RFI, September 11, 2023. Available at: <https://www.lung.org/getmedia/1aec961e-3df8-4273-b5de-e85098ca6b23/091123-PPC-Medical-Debt-RFI-FINAL.pdf>.

³ KFF, KFF Health Tracking Poll July 2023: The Public's Views Of New Prescription Weight Loss Drugs And Prescription Drug Costs. August 4, 2023. Available at: <https://www.kff.org/health-costs/poll-finding/kff-health-tracking-poll-july-2023-the-publics-views-of-new-prescription-weight-loss-drugs-and-prescription-drug-costs/>.