

June 06, 2019

The Honorable Richard E. Neal Chairman, Ways and Means Committee United States House of Representatives 1102 Longworth House Office Building Washington, D.C. 20515

The Honorable Kevin Brady Ranking Member, Ways and Means Committee United States House of Representatives 1102 Longworth House Office Building Washington, D.C. 20515 The Honorable Frank Pallone, Jr. Chairman, Committee on Energy and Commerce United States House of Representatives 2125 Rayburn House Office Building Washington, D.C. 20515

The Honorable Greg Walden Ranking Member, Committee on Energy and Commerce United States House of Representatives 2125 Rayburn House Office Building Washington, D.C. 20515

Dear Chairmen Neal and Pallone and Ranking Members Brady and Walden,

Thank you for the opportunity to comment on your draft legislation regarding the Medicare Part D Prescription Drug Program. On behalf of The Michael J. Fox Foundation for Parkinson's Research (MJFF), I write to express my support and appreciation for the establishment of an out-of-pocket cap in Medicare Part D. MJFF urges the Committees to take additional action to ensure the stability of premiums for Medicare Part D beneficiaries. It is estimated that approximately 1 million people in the United States have Parkinson's disease (PD), with an estimated annual economic burden of \$51.9 billion. MJFF is dedicated to safeguarding access to appropriate healthcare services and treatments for PD patients.

MJFF cautions against the continued implementation of unnecessary financial barriers for accessing prescription drugs for PD patients. PD is a progressive neurological disorder for which there is no treatment to slow, stop, or reverse the progression of the disease, nor is there a cure. Prompt and affordable access to medications that are effective in treating the symptoms of PD are vital to PD patients' ability to suppress symptoms while maintaining their quality of life and independence.

Currently, the catastrophic coverage threshold for Medicare Part D is \$8,140, representing \$5,100 in true out-of-pocket spending for beneficiaries. Enrollees who surpass this threshold are responsible for 5% of all additional pharmaceutical drug costs. As the costs of pharmaceuticals continue to escalate, the financial strain placed on beneficiaries dependent on prescription drugs continues to rise. Patients diagnosed with PD often experience multiple comorbidities, resulting in out-of-pocket spending that may impact the patients' ability to adhere to their prescription drug protocols.

Approximately 90 percent of all individuals diagnosed with PD obtain their insurance coverage through the Medicare program. Medicare Part D is unique in its failure to provide for an out-of-pocket spending cap. For individuals who obtain coverage through commercial insurance plans, there is a single out-of-pocket maximum for all covered services, allowing beneficiaries to maintain predictability in their out-of-pocket spending obligations throughout the plan year. Additionally, the proliferation of specialty tiers, subject to significant coinsurance and excluded from cost-sharing exceptions, forces beneficiaries to pay a percentage of a medication's cost. For pharmaceuticals covered on the specialty tiers, the coinsurance amounts often range from 25% to 33%, leaving many beneficiaries paying hundreds, if not thousands, of dollars in out-of-pocket costs for the medications necessary to maintain their quality of life and independence.



The MJFF applauds the Committees for their authorship of this important piece of draft legislation and thanks you for your continued commitment to ensuring patients' access to the prescription drugs necessary to maintain their quality of life and independence. Should you have any questions, please feel free to contact Stephanie Katz at skatz@michaeljfox.org or by phone at 202-638-4101 ext. 352

Sincerely,

Ted Thompson, JD

Senior Vice President of Public Policy