



June 22, 2015

Senator Orrin Hatch, Chairman
Senator Ron Wyden, Ranking Member
United States Senate Committee on Finance
Washington, D.C. 20510

Dear Chairman Hatch and Ranking Member Wyden:

Thank you for the opportunity to assist the Finance Committee in chronic care reform policy development. On behalf of the undersigned members of the MAPRx Coalition (MAPRx), we respectfully submit that access to needed medications is one of the best ways to improve outcomes for Medicare patients with chronic conditions.

For over 10 years, MAPRx has brought together beneficiary, patient advocacy, family caregiver and health professional organizations committed to improving access to prescription medications and safeguarding the well being of beneficiaries with chronic diseases and disabilities under the Medicare prescription drug benefit (Part D). On behalf of millions of Medicare beneficiaries with chronic conditions who rely on Part D for essential medications, we urge you and the Committee to consider the strengths and weaknesses of Part D, and use lessons learned from this program as you pursue improved outcomes for Medicare patients with chronic conditions.

While not perfect, Part D's success and popularity suggests that the program is working well for many Medicare beneficiaries. As we enter a new era of healthcare, it is imperative that policymakers and key stakeholders work together to design prescription drug benefit programs that meet the needs of people with chronic diseases and disabilities.

MAPRx urges the Senate Finance Committee to learn from the experience with Medicare Part D - build on its successes and continue to improve on areas where there are still challenges. To that end, we encourage you to use the attached MAPRx *Principles for Prescription Drug Benefit Design* as a guide for examining Part D. Robust formularies, coverage of the six-protected classes, strong oversight, and transparency for consumers are among the design principles essential to meet the needs of Medicare beneficiaries. In addition, a process for notice of non-coverage, appeals and exceptions is critical to providing access to needed drug therapies.

We also encourage the Finance Committee to examine and improve the benefit. Medicare Part D is by no means perfect. There are challenges that prevent beneficiaries from taking full advantage of the benefits of prescription drug therapy such as gaps in coverage, onerous cost-shifting created by specialty tiers, and restrictive utilization management tools. We also urge you to be attentive to issues related to program effectiveness for beneficiaries receiving low income subsidies.

Thank you for considering our comments. Should you have questions related to MAPRx or the principles, please contact Bonnie Hogue Duffy, MAPRx Coalition convener, at (202) 429-4017 or by email at Bonnie@maprxinfo.org

Sincerely,

Allergy & Asthma Network

American Association on Health and Disability

American Autoimmune Related Diseases Association

Association of Community Cancer Centers

Caregiver Action Network

COPD Foundation

Depression and Bipolar Support Alliance

Epilepsy Foundation

GIST Cancer Awareness Foundation

International Foundation for Autoimmune Arthritis

Lupus Foundation of America

Men's Health Network

Mental Health America

National Alliance on Mental Illness

National Council for Behavioral Health

National Kidney Foundation

National Multiple Sclerosis Society

National Organization for Rare Disorders

National Psoriasis Foundation

RetireSafe

Society for Women's Health Research

The AIDS Institute

The ALS Association

United Spinal Association