

June 1, 2015

The Honorable Fred Upton  
Energy and Commerce Committee  
Washington, DC 20515

The Honorable Frank Pallone  
Energy and Commerce Committee  
Washington, DC 20515

The Honorable Paul Ryan  
Ways and Means Committee  
Washington, DC 20515

The Honorable Sander Levin  
Ways and Means Committee  
Washington, DC 20515

The Honorable Orrin Hatch  
Finance Committee  
Washington, DC 20510

The Honorable Ron Wyden  
Finance Committee  
Washington, DC 20510

**Re: Supporting HR 793/S 1190**

Dear Chairman Upton, Ranking Member Pallone, Chairman Ryan, Ranking Member Levin, Chairman Hatch and Ranking Member Wyden:

We write to voice our support for H.R. 793/S. 1190, the Ensuring Seniors Access to Local Pharmacies Act, sponsored by Representatives Morgan Griffith (R-Va.) and Peter Welch (D-Vt.) in the House and Senators Shelly Moore Capito (R-W.Va.), Sherrod Brown (D-Ohio), Tom Cotton (R-Ark.) and Joe Manchin (D-W.Va.) in the Senate. This legislation would benefit seniors and people with disabilities in medically underserved areas by giving them more convenient access to discounted or “preferred” cost-sharing in Medicare Part D prescription drug plans (PDPs). It is identical to H.R. 4577 in the 113<sup>th</sup> Congress which garnered 80 co-sponsors, Republicans and Democrats alike.

**Many patients require additional pharmacy choices**

The proliferation of “preferred pharmacy” PDPs has been accompanied by a wave of confusion and uncertainty among Part D beneficiaries and their caregivers. Distinctions between “preferred” and “network” pharmacies are not easily understood and may not be properly disclosed or communicated by PDP sponsors.

Furthermore, a recent study by the Centers for Medicare and Medicaid Services (CMS) found that more than half of these Medicare Part D drug plans (54 percent) failed to meet the government’s threshold for reasonable access to pharmacies in urban areas (in this case those authorized to offer “preferred” copay discounts). CMS said that the findings reinforced its concerns surrounding access to “preferred” pharmacy discounts.

Additionally in many rural communities, beneficiaries may be forced to travel 20 miles or more to access a “preferred” pharmacy or pay higher co-pays.

**Fresh evidence of beneficiary confusion**

Moreover, in early 2015 there was great confusion among those enrolled in Aetna/Coventry drug plans. Specifically, larger pharmacy networks were advertised on Medicare plan finder and on Aetna's own website during the open enrollment period than was actually the case. This caused confusion, delays and higher copays for many beneficiaries and caregivers in obtaining their medications.

We have heard disturbing examples of patient harm. For example, 25 patients of one pharmacy in Montana were expected to switch to a "network" pharmacy, the closest of which was 85 miles away (one way) in North Dakota. A Native American in California accustomed to receiving his medications from his Tribal pharmacy for \$5 was instead asked to pay \$918 because the pharmacy is now out of network.

When Congress enacted Part D it sought to preserve patient access and choice by permitting any willing pharmacy to participate in a network so long as it met the plan's reasonable terms and conditions. That is the principle behind H.R. 793/S. 1190.

### **Conclusion**

H.R. 793/S. 1190 is truly bipartisan in nature and we urge its swift passage. If you have any questions or need more information, feel free to contact us.

Signed,

The AIDS Institute  
Alliance for Retired Americans  
Center for Medicare Advocacy, Inc.  
Families USA  
HealthHIV  
Justice in Aging (formerly National Senior Citizens Law Center)  
LeadingAge  
Medicare Rights Center  
National Consumers League  
National Grange  
National Rural Health Association  
Services and Advocacy for Gay, Lesbian, Bisexual and Transgender Elders (SAGE)  
US Pain Foundation