

MEDIA RELEASE

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Lawmakers seek relief for chronically ill seniors

WASHINGTON, D.C. — A bipartisan group of lawmakers introduced legislation today to allow Medicare Part D beneficiaries to request lower co-pays for high-cost specialty drugs used to treat chronic illnesses.

The proposal, the Part D Beneficiary Appeals Fairness Act, is spearheaded by Sens. Bill Nelson (D-FL) and Susan Collins (R-ME) in the Senate and U.S. Reps. Hank Johnson (D-GA), Walter Jones (R-NC), David McKinley (R-WV) and Bruce Braley (D-Iowa) in the House. The Senate bill is S. 1365; the House measure is H.R. 2827.

The lawmakers' legislation was filed in response to the rapid rise of tiered prescription benefit plans that shift high-cost medications to a specialty category that requires Medicare Part D beneficiaries to pay a larger share of the drug's cost. Insurers use the tiers to differentiate among generic, brand name and "non-preferred" brand name drugs. For medications costing more than \$600, many insurers place those drugs on a specialty tier that requires patients to pay from 25 to 33 percent of the drug's total cost – rather than a flat copayment rate. Currently, Medicare Part D beneficiaries are prohibited from seeking exemptions from their plans that could lower their cost-share for specialty drugs - a basic right beneficiaries have throughout the rest of the program.

For many seniors on a fixed income, these life-saving drugs for everything from cancer to rheumatoid arthritis, lupus and multiple sclerosis can cost upwards of \$3,000 per month. Seniors who can't afford the medication report they often go without treatment.

"This change could help thousands of seniors afford their needed medications, saving them hundreds of dollars over time," said Sen. Nelson, who

chairs the Senate Special Committee on Aging. “They should not be forced to choose between treating their ailments or meeting other basic needs.”

“The bipartisan Part D Beneficiary Appeals Fairness Act represents a commonsense approach to ensuring that seniors have better access to life-saving specialty medications needed to treat cancer, multiple sclerosis, rheumatoid arthritis and other serious conditions,” Sen. Collins said. “Seniors with chronic illnesses should be concerned with what drugs provide the best treatment for their conditions, not with how those drugs are classified under Medicare Part D.”

“How can we look our seniors in the eye – people suffering from leukemia, Crohn’s disease or multiple sclerosis – who are required to pay more in prescriptions than they bring home each month – and say ‘sorry, you’re out of luck. It’s either food on the table and roof over your head or the life-saving drugs – you can’t have both,” said Rep. Johnson.

“Over the past two years, hearing the stories of patients struggling to pay for medications that would dramatically improve their lives has been heartbreaking,” noted Rep. McKinley. “After talking with a number of people in these situations, it was clear action was needed.”

“Seniors shouldn’t have to wonder if they have to go without treatment because the cost is too high. They deserve to know they can afford the medicine they need each month,” Rep. Braley said. “By lowering costs, our most vulnerable seniors will save hundreds, or even thousands, of dollars on the life-saving medicine they desperately need.”

More than 30 national groups support the bill, including: The National Council on Aging; MAPRx; Pfizer; RetireSafe; National Health Council; National Multiple Sclerosis Society; National Hemophilia Foundation; The Lupus Foundation of America; The AIDS Institute; National Alliance for Caregiving; National Kidney Foundation; National Organization for Rare Disorders; The ARC of the United States; United Cerebral Palsy; National Osteoporosis Foundation; Parkinson’s Action Network; Arthritis Foundation; Alzheimer’s Association; Men’s Health Network; National Alliance for the Mentally Ill; Epilepsy Foundation; Asthma and Allergy Foundation of America; American Society of Consultant Pharmacists Foundation; Mental Health America; WomenHeart: The National Coalition for Women with Heart Disease; National Council for Community Behavioral Healthcare; National Association of Area Agencies on Aging; AARP; Medicare Rights Center; Center for Medicare Advocacy, Inc.; and, the Alliance for Retired Americans.