

Lawmakers and advocates prompt CMS to reverse decision on Medicare proposal

AAGP joined advocacy groups and consumer organizations in applauding the March 10 decision by the Centers for Medicare and Medicaid Services (CMS) to reverse its plans to eliminate mental health medications from its protected classes. It was feared that the proposed CMS regulations would cause Medicare beneficiaries with a serious mental illness to have limited access to appropriate medications and impede access to affordable health plans.

CMS had issued a proposed rule on January 6, for contract year 2015, that called for the removal of antidepressants and immunosuppressant medications from the protected status they received under Medicare Part D. The proposal also called for the removal of antipsychotics from that protected status in 2016. The classes of drugs have had a protected status since the Medicare prescription drug benefit program was launched in 2006. The deadline for the comment period on the CMS proposed regulations was March 7, and CMS withdrew the proposal just one business day after that deadline.

In a March 10 letter to lawmakers, CMS Administrator Marilyn Tavenner said that despite changes in the Affordable Care Act, CMS sees “many opportunities to improve the programs to promote greater transparency to reduce fraud, to simplify the benefits for beneficiaries, and to reduce the costs to the program.” “To ensure that the Medicare program remains solvent and affordable for beneficiaries, we believe we need to continuously review the benefits and premiums,” Tavenner wrote.

“During the rule’s comment period, we received numerous concerns about some elements of the proposal from Members of Congress and stakeholders,” wrote Tavenner. “In particular, we heard concerns about the proposals to lift the protected class definition on three drug classes, to set standards on Medicare Part D plans’ requirements to participate in preferred pharmacy networks, to reduce the number of Part D plans a sponsor may offer, and clarifications on the non-interference provisions.”

Tavenner noted that given the complexities of these issues and stakeholder input, CMS does not plan to finalize these proposals at this time. “We will engage in further stakeholder input before advancing some or all of the changes in these areas in future years,” she wrote.

Members of Congress and stakeholders voiced strong opposition to the CMS proposals. On February 5, the Senate Finance Committee sent a letter to Tavenner expressing concerns that removing the drugs from protected classes “would force beneficiaries to rely, if only temporarily, on medication that simply does not work or result in adverse side effects.” On March 6, Representative Renee Ellmers (R-North Carolina) introduced H.R. 4160, the Keep the Promise to Seniors Act of 2014, which would block the prescription drug provisions in the proposed rule and ensure that older adults keep the Part D plans they chose and like. According to the legislation, the Part D program has maintained stable, affordable average monthly premiums, enjoys a 90 percent approval rating among beneficiaries, and has program costs that are more than 40 percent below original Congressional Budget Office (CBO) projections.

During the comment period on the proposed rule, AAGP sent a letter to Tavenner urging CMS to withdraw the proposed rule, stating that it would “undermine the success of the Medicare Part D program and force patients to deviate from their current stable and clinically effective interventions. Decreased access to antidepressant medications for our nation’s elderly will lead to disruptions in the delivery of quality health care.” The letter stated that “as an advocate for improving the mental health of older adults, AAGP believes that access to safe, tolerable and effective medications, including antidepressants and antipsychotic medications, is crucial.”