



June 6, 2019

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

The Honorable Frank Pallone, Jr  
Chairman, Energy and Commerce Committee  
2125 Rayburn House Office Building  
United States House of Representatives  
Washington, DC 20515

The Honorable Kevin Brady  
Ranking Member, Ways and Means  
Committee  
1139 Longworth House Office Building  
United States House of Representatives  
Washington, DC 20515

The Honorable Greg Walden  
Ranking Member, Energy and Commerce  
Committee  
2322 Rayburn House Office Building  
United States House of Representatives  
Washington, DC 20515

Dear Chairman Pallone, Chairman Neal, Ranking Member Walden, and Ranking Member Brady:

We appreciate the opportunity to comment on the discussion draft released by the Committees that seeks to address patient cost sharing in the catastrophic phase of the Medicare Part D benefit. While Part D has been a huge success for millions of seniors and American taxpayers, unfortunately, the sickest patients with significant drug needs, who fall beyond the coverage gap and into the catastrophic coverage phase, are often forced to bear intolerable financial costs to access the drugs they need. We applaud and support your efforts to modernize the Part D benefit so that these patients are no longer burdened with high cost-sharing.

When Part D was created, the marketplace for prescription medicines was far less advanced than today. The possibility that many specialty medicines could be taken at home rather than infused in physician offices or hospitals was not really contemplated when the Part D benefit was designed.

Today, significant breakthroughs in innovative medicines are helping patients live longer and lead more productive lives -- and with less spending on hospitalizations and other inpatient interventions, as CBO has repeatedly recognized. But the required patient cost sharing for such medicines can be prohibitive. Biomedical innovation has simply out-paced the antiquated benefit design of the program.

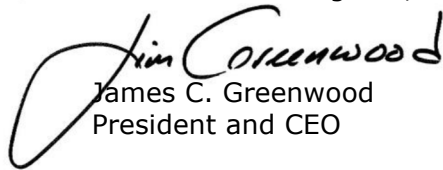
BIO believes it is time to cap the out-of-pocket expenses that seniors should be required to bear in Part D, and that all stakeholders -- manufacturers, plan administrators, and the government -- should have a role in doing so. Earlier this week the BIO Board of Directors voted to support working with the Congress to explore options to cap patient out-of-pocket expenses in Medicare Part D.

Notwithstanding this support, we have two issues related to this current proposal that we would like to raise with the Committees. First, we hope to discuss ways for the Committees to ensure this new out-of-pocket cap does not come at the expense of reduced patient access in the Part D program. More specifically, we support policies to ensure that utilization management techniques are based on sound medical science, do not interfere with the practice of medicine and, ultimately serve patients' best interests.

Additionally, we urge the Committees to consider strategies to assist those whose spending occurs at a concentrated time of the year, e.g., a single month or two, to pay their remaining cost sharing over the course of the year rather than all at once. This monthly 'smoothing' could have a profound effect on patients' costs and well-being.

We support the Committees' ideas and look forward to engaging further as this process evolves.

With Sincerest Regards,

A handwritten signature in black ink that reads "Jim Greenwood". The signature is fluid and cursive, with a large loop at the beginning of the word "Jim".

James C. Greenwood  
President and CEO