



Headquarters:  
734 15<sup>th</sup> Street NW, Suite 300, Washington DC 20005  
202.659.9709 Phone 202.974.7999 Fax

Denver Office:  
1355 S. Colorado Blvd., C-601, Denver, CO 80222  
1-888-234-2468 Phone 202.974.7999 Fax

New York City Office:  
165 West 46<sup>th</sup> Street, Suite 805, New York, NY 10036  
917.305.1200 Phone 212.967-8717 Fax

Research & Training Institute:  
520 Walnut Street, Philadelphia, PA 19106  
267.295.3000 Phone 215.883.2580 Fax

June 6, 2019

The Honorable Richard Neal  
Chairman  
Ways and Means Committee  
United States House of Representatives  
Washington, DC 20515

The Honorable Frank Pallone  
Chairman  
Energy and Commerce Committee  
United States House of Representatives  
Washington, DC 20515

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

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

Dear Chairman Neal and Pallone and Ranking Members Brady and Walden:

On behalf of the Cancer Support Community (CSC), an international nonprofit organization that provides support, education, and hope to people impacted by cancer, we applaud your efforts to reform and improve the Medicare Part D prescription drug program by establishing an out-of-pocket cap for Medicare Part D beneficiaries.

As the largest direct provider of social and emotional support services for people impacted by cancer, and the largest nonprofit employer of psychosocial oncology professionals in the United States, CSC has a unique understanding of the cancer patient experience. Each year, CSC serves more than one million people affected by cancer through its network of over 45 licensed affiliates, more than 170 satellite locations, and a dynamic online community of individuals receiving social support services. Overall, we deliver more than \$50 million in free, personalized services each year to individuals and families affected by cancer nationwide and internationally.

Additionally, CSC is home to the Research and Training Institute (RTI)—the only entity of its kind focused solely on the experiences of cancer patients and their loved ones. The RTI has contributed to the evidence base regarding the cancer patient experience through its Cancer Experience Registry, various publications and peer-reviewed studies on distress screening, and the psychosocial impact of cancer, and cancer survivorship. This combination of direct services and research uniquely positions CSC to gather and provide valuable patient feedback.

Medicare Part D beneficiaries confronting cancer and other serious medical conditions often exceed the current \$5100 out-of-pocket threshold and enter the catastrophic phase, sometimes early in the calendar year. Contrary to the intent of lessening the financial burden imposed on beneficiaries in the catastrophic phase, the lower 5 percent cost-sharing is increasingly becoming financially burdensome to many Part D beneficiaries.

Creating an out-of-pocket spending cap in the catastrophic phase would protect Medicare Part D beneficiaries from unaffordable prescription drug prices and enable cancer patients, and others confronting serious health conditions, to focus on their health and take steps towards avoiding financial toxicity.

We understand the government's interest in protecting the sustainability of Medicare by incrementally shifting the financial burden during the catastrophic phase away from the federal government and toward the plans. However, in determining how to best implement this shift, we urge careful consideration on how best to protect Medicare Part D beneficiaries from potential consequences such as increased premiums and utilization management requirements that would reduce timely access to medicines that can improve quality of life, extend survival, and even prove life-saving.

In closing, we appreciate the opportunity to submit these comments. We understand that there are additional proposals being considered to revise the current payment structure under Medicare Part D. We encourage the full consideration of all forthcoming proposals and respectfully request that the needs and best interests of Medicare Part D beneficiaries continue to remain at the forefront of all discussions and any and all eventual actions taken. We also recommend open comment periods such as this one and ample opportunity for patients and patient advocates to provide informed insights into the process. If we can serve as a resource, don't hesitate to reach out to me at [efranklin@cancersupportcommunity.org](mailto:efranklin@cancersupportcommunity.org).

Respectfully,



Elizabeth F. Franklin, LGSW, ACSW  
Executive Director, Cancer Policy Institute  
Cancer Support Community Headquarters