

October 16, 2015

Senator Johnny Isakson
131 Russell Senate Office Building
Washington, D.C. 20510

Senator Mark Warner
475 Russell Senate Office Building
Washington, D.C. 20510

Dear Senators Isakson and Warner:

As organizations who believe that improving medication adherence is a primary issue in addressing the growing problem of chronic health conditions in this country, we urge you to include S. 776, the *Medication Therapy Management Empowerment Act of 2015*, in draft legislation to be recommended by the Senate Finance Committee's Chronic Care Working Group.

We would like to thank you, Chairman Hatch, and Ranking Member Wyden for the efforts of the Senate Committee on Finance Chronic Care Working Group to improve care for Medicare patients with chronic conditions. Our organizations are committed to working with Congress, the Department of Health and Human Services (HHS) and other healthcare stakeholders to improve the quality and affordability of healthcare services.

We believe the importance of managing medications for beneficiaries with chronic conditions cannot be overstated. About 80% of all treatments involve medication use. For some, managing the number of prescriptions can be a challenge. In Medicare, beneficiaries with multiple chronic illnesses see an average of 13 different physicians and have 50 different prescriptions filled per year. These beneficiaries also account for 76 percent of all hospital admissions, and are 100 times more likely to have a preventable hospitalization. Despite the obvious importance and need for medication management services, such services are poorly utilized in the existing healthcare system. Given the importance of medications in achieving good patient care outcomes and lowering overall healthcare costs, the Chronic Care Working Group should be exploring ways to promote greater care integration and financial accountability for the safe and appropriate use of medications.

Evidence shows that better healthcare outcomes are achieved when healthcare providers work together. Each provider plays a key role in treating the patient, from diagnoses to recovery. As a part of the healthcare team, pharmacies in particular have a unique ability to provide a means of continuous care and oversight between scheduled doctor visits. In this role, pharmacies have for years, been providing a number of patient services, such as:

- Immunizations
- Medication Therapy Management (MTM)
- Disease-state monitoring and patient self-management,
- Medication adherence interventions,
- Medication synchronization, and
- Chronic care and wellness programs

As noted above, the proper use of medicine plays a key role along this healthcare spectrum. Medication management services provided by pharmacists help improve patient care and

outcomes. This fosters medication error prevention, reduces hospital and readmission costs, and enables patients to be more actively involved in medication self-management.

In 2013, CMS found that Part D MTM programs substantially improved medication adherence for beneficiaries with congestive heart failure, COPD, and diabetes. The study found that this led to significant savings in hospital costs, including reductions of nearly \$400 to \$525 in overall hospitalization costs for beneficiaries with diabetes and congestive heart failure. The report also showed that these services can reduce costs in the Part D program as well. The best performing plan saved an average of \$45 per diabetes patient on the Part D side.

In addition to the findings by CMS, the Congressional Budget Office (CBO) has also found that medication use reduces healthcare costs in other parts of the Medicare program. The CBO revised its methodology for scoring proposals related to Medicare Part D, recognizing that for each one percent increase in the number of prescriptions filled by beneficiaries there is a corresponding decrease in overall Medicare medical spending.

Additionally, in 2013 an Avalere Health review of medication adherence related literature concluded that patients who are adherent to their medications have more favorable health outcomes such as reduced mortality and use fewer healthcare services (especially hospital readmissions and ER visits). The studies included in the Avalere review showed that for every \$1.00 increase in costs related to prescription drug spending for adherent patients, medical cost decreases by more than \$1.00 and that the magnitude of savings varies depending on a patient's condition.

Even though the value of pharmacists and medication management has been shown, the Medicare Part D MTM Program has been greatly underutilized. CMS has made attempts over the years to increase eligibility for MTM; however, those attempts have fallen short. Of the nearly 30 million people with Medicare Part D coverage, only 3.1 million were enrolled in the MTM program.

We believe statutory changes are needed to increase access to the MTM program for beneficiaries who need it the most. This includes revising the eligibility requirements so that beneficiaries with certain single chronic conditions will be eligible for MTM. Evidence has shown that MTM can be beneficial for people with certain chronic conditions, specifically diabetes, cardiovascular disease, COPD, and high cholesterol. Part D plans have great flexibility in determining the eligibility criteria for their MTM program. Under the current design, plans are allowed to set their minimum number of chronic conditions required for eligibility at either two or three. Unsurprisingly, CMS reports that in 2014 approximately 85% of programs chose to require beneficiaries have at least three chronic diseases to be eligible for MTM.

To help beneficiaries most in need of the advantages MTM provides, we urge you to support legislation introduced by Sen. Pat Roberts (R-KS) and Sen. Jeanne Shaheen (D-NH), S. 776, the *Medication Therapy Management Empowerment Act of 2015*, for inclusion in the legislative recommendations of the Chronic Care Working Group. S. 776 will provide access to MTM for beneficiaries with diabetes, cardiovascular disease, COPD, and high cholesterol. Beneficiaries with these specific chronic conditions have demonstrated better outcomes and lower health care costs when provided MTM services. We believe the legislation would go far in addressing the needs of the millions of Americans in the Medicare Part D program that suffer from these conditions.

Thank you for consideration of our comments.

Sincerely,

The American Heart Association
American Pharmacists Association (APhA)
The Asthma and Allergy Foundation of America (AAFA)
The Food Marketing Institute (FMI)
National Association of Chain Drug Stores (NACDS)
National Community Pharmacists Association (NCPA)
National Consumers League (NCL)

cc: Senate Finance Committee Chairman, Senator Orrin Hatch;
Senate Finance Committee Ranking Member, Senator Ron Wyden