## Congress of the United States Washington, DC 20515

November 8, 2024

The Honorable Chiquita Brooks-LaSure Administrator Centers for Medicare and Medicaid Services 200 Independence Avenue, S.W. Washington, DC 20201

Dear Administrator Brooks-LaSure:

With the 2025 Medicare open enrollment beginning, we write regarding forthcoming changes to the Medicare Part D program and request that the Centers for Medicare and Medicaid Services (CMS) take action to ensure transparency for patients due to the implementation of the Part D redesign reforms from the Inflation Reduction Act.

Beginning in Calendar Year (CY) 2025, part of the Inflation Reduction Act will require health plans to cover drug costs in the catastrophic phase in a different manner. Because PDPs have limited financing flexibilities and no ability to recoup medical cost offsets, they have fewer choices to adjust to changing liability except by controlling costs through utilization management (UM) tools and other formulary controls or changing premiums.

We are concerned with many of the provisions in the Inflation Reduction Act, but we specifically are interested in the broader application of UM tools and techniques that could restrict access to needed therapies and increase out-of-pocket costs for beneficiaries.

As such, we urge CMS to be proactive in fostering PDP transparency and oversight to protect Medicare beneficiaries from unintended consequences resulting from the Part D redesign. CMS must do more to protect and inform beneficiaries with regard to the changes taking effect for the upcoming and subsequent PDP plan years.

Enhancing transparency and oversight of PDPs is critical for beneficiaries to continue receiving the proper services needed. A few ways CMS can help to increase transparency can be achieved through enhancing beneficiary education and communication on any updates to the "Medicare and You" beneficiary handbook and to the Medicare Plan Finder on Medicare.gov. By communicating these changes to beneficiaries and caregivers, this will ensure the coverage they select is aligned with their current health needs and provide enrollees with greater information about utilization management.

Since CMS has enforcement authority over plan communication and materials, it is important for plans to disclose and provide accurate information to beneficiaries regarding PDP benefits. We ask that you please respond to the below questions no later than November 25, 2024.

- 1. What additional review of bids, if any, is CMS doing in light of Part D redesign implementation? For example, plans must provide a formulary list, exclusions, tiers, copay amount/premiums, but should they need to include information on UM tools on therapies or classes of therapeutics?
- 2. How is CMS monitoring for accuracy of beneficiary materials from PDPs with respect to UM?
- 3. Given the significant changes to Medicare that take effect in 2025, what new and additional steps has the agency taken with regards to outreach and education efforts as part of 2025 open enrollment?
- 4. What targeted outreach has CMS undertaken calling attention to the need for beneficiaries to compare plans, in a way that's distinct from past open enrollment period efforts? Is this outreach communication focused on beneficiaries, and caregivers too?
- 5. Has CMS been tracking the increasing trend of utilization management? Does CMS think that the policies implemented in the Inflation Reduction Act, specifically the Part D restructure, has led to more utilization management by plans?
- 6. How has CMS partnered with community and senior organizations when implementing any changes for the 2025 plan year?
- 7. To what extent has the Agency invested in the functionality of Plan Finder to make it more user friendly and understandable for the senior population?

We recognize CMS as a crucial partner in ensuring the success of the Part D program. We look forward to working with your agency on solutions that best serve beneficiaries.

Sincerely,

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H. Morgan Griffith Member of Congress

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