

May 1, 2024

The Honorable Robert Aderholt
Chair
House Appropriations Subcommittee on
Labor, Health and Human Services,
Education, and Related Agencies

The Honorable Rosa DeLauro
Ranking Member
House Appropriations Subcommittee on
Labor, Health and Human Services,
Education, and Related Agencies

Dear Chair Aderholt and Ranking Member DeLauro:

On behalf of the undersigned patient and provider groups, we write to ask you to include report language in the Fiscal Year 2025 Labor, Health, and Human Services Subcommittee report regarding the implementation of the Medicare Prescription Payment Plan that begins on January 1, 2025. As with the start of any new program, there is much work to be done by the Centers for Medicare and Medicaid Services (CMS) to ensure beneficiaries receive the full benefit of the program.

The [Medicare Prescription Payment Plan](#) will allow beneficiaries the option to pay their prescription drug costs in payment installments to their plan over the course of a plan year. Significant outreach and education efforts will be necessary to educate beneficiaries about the program since it is an opt-in benefit. As articulated in CMS implementation guidance, beneficiaries will not be able to opt-in at the point of sale (unlike Medicare's Low-Income Subsidy Program) when the program starts in 2025; however, multiple stakeholders and CMS continue to explore how to enable this functionality in future years. To enable appropriate oversight by Congress, CMS should provide annual updates to Congress and to the public on the implementation of the program and progress of expanding beneficiary enrollment capabilities.

Therefore, we request the inclusion of the following report language in the Fiscal Year 2025 Labor, Health, and Human Services Subcommittee report:

**Center for Medicare and Medicaid Services
Program Management**

Smoothing Out-of-Pocket Costs.—Beginning January 1, 2025, Medicare beneficiaries will have the option to “smooth” their Part D out-of-pocket costs through the Medicare Prescription Payment Plan. Because smoothing is set up as a voluntary program and beneficiaries must reenroll each year, it is critical that its availability and benefits are clearly conveyed, especially to patients with high prescription drug costs. CMS must have robust outreach and education efforts to ensure that beneficiaries are aware they can voluntarily enroll in the smoothing program. It is also vital that CMS collaborate with pharmacies to educate beneficiaries about smoothing, since the law requires plan sponsors to notify pharmacies when patients incur out-of-pocket costs that make it likely they will benefit from opting into the smoothing program. No later than

September 1, 2025, and annually thereafter, CMS is directed to report to the Committee and post on a publicly available website: (1) the number of beneficiaries who have taken up the smoothing option and the total number of beneficiaries categorized as “likely to benefit” by CMS; (2) information on the methods that CMS is utilizing to encourage participation, such as the use of Medicare.gov, the Medicare and You handbook, 1-800-MEDICARE, and provider-focused communications such as the Medicare Learning Network or Open Door Forums; and (3) additional outreach efforts that CMS is conducting with other stakeholders, including but not limited to provider associations and societies, patient and consumer advocacy groups, and pharmacy benefit managers. Additionally, CMS shall include reporting on the status of operationalizing point-of-sale enrollment for the program until such functionality is available for all Medicare beneficiaries.

Thank you for taking our request under consideration. If you have any questions, please contact Michael Ward, Vice President of Public Policy and Government Relations at the Alliance for Aging Research, at mward@agingresearch.org.

Sincerely,

AiArthritis
The AIDS Institute
Aimed Alliance
Alliance for Aging Research
Alliance for Patient Access
Alpha-1 Foundation
ALS Association
American Association on Health and Disability
Arthritis Foundation
Asthma and Allergy Foundation of America
Autoimmune Association
California Chronic Care Coalition
Cancer Support Community
CancerCare
Caregiver Action Network
CaringKind, The Heart of Alzheimer's Caregiving
Chronic Care Policy Alliance
CLL Society
EveryLife Foundation for Rare Diseases
Genetic Alliance
GI Cancers Alliance
Global Liver Institute
Haystack Project
The Headache and Migraine Policy Forum
HealthyWomen

HIV+Hepatitis Policy Institute
ICAN, International Cancer Advocacy Network
International Myeloma Foundation
Lakeshore Foundation
The Leukemia & Lymphoma Society
Lupus and Allied Diseases Association, Inc.
Lupus Foundation of America
Mental Health America
MitoAction
MLD Foundation
National Association of Nutrition and Aging Services Programs (NANASP)
National Coalition for Cancer Survivorship
National Council on Aging
National Eczema Association
National Health Council
National Organization for Rare Disorders
National Psoriasis Foundation
Neuropathy Action Foundation (NAF)
Nevada Chronic Care Collaborative
Organic Acidemia Association
Patient Access Network (PAN) Foundation
Patients Rising
PXE International
Raymond Foundation
Society of PAs in Genetics & Genomics
StopAfib.org/American Foundation for Women's Health
The Sumaira Foundation
Susan G. Komen
SYNGAP1 Foundation
Triage Cancer
Wilson Disease Association