



FOR IMMEDIATE RELEASE
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Partnership Praises Bipartisan Letter Urging Maintenance of Six Protected Classes Policy

Washington, D.C. – The Partnership for Part D Access, a broad-based coalition of health care stakeholders dedicated to preserving access to the full range of medications available under Medicare Part D, today applauded the bipartisan pair of Sens. Sherrod Brown (D-OH) and Chuck Grassley (R-IA) for their [letter](#) to the Centers for Medicare and Medicaid Services (CMS) urging the agency to maintain existing policy requiring Medicare prescription drug plans to carry six categories of specialized drugs for all participating beneficiaries. The letter, addressed to CMS Acting Administrator Andy Slavitt, outlined the senators’ “serious concerns” with the Medicare Payment Advisory Commission’s (MedPAC) recent proposal to remove two drug classes from the six currently protected, and recommended that CMS maintain the six protected classes policy “regardless of potential savings.”

“MedPAC’s recommendation to remove antidepressants and immunosuppressants from the classes protected by federal law would compromise the treatment of thousands of patients with serious physical and mental illnesses,” said **Chuck Ingoglia, Senior Vice President of the National Council for Behavioral Health**, a core member of the Partnership for Part D Access. “We are pleased that Senators Brown and Grassley recognize the severe consequences that such a change in policy could produce and that they have proactively voiced their concerns to CMS.”

“For beneficiaries battling chronic illnesses such as HIV, reducing access to drugs in the immunosuppressant and antidepressant classes would mean uprooting years of successful treatment and risking the possible side effects of a new drug therapy,” said **Carl Schmid, Deputy Executive Director of The AIDS Institute**. “MedPAC’s recommendation undercuts the Part D Program’s proven success over the past decade, and more importantly, threatens the care of thousands of future patients.”

“Undermining access to immunosuppressants and antidepressants would jeopardize care for the vulnerable patient populations that have come to rely on the full range of drugs available in the six protected classes. MedPAC’s proposal fails to consider the serious impact a change to the six protected classes policy would have on patient adherence to their treatment regimen, and Senators Brown and Grassley are right to wholeheartedly reject its conclusions. We at the Epilepsy Foundation add our voices in urging CMS to enshrine the six protected classes policy as a critical part of the Medicare Part D program,” said **Angela Ostrom, Chief Operating Officer and Vice President Public Policy, Epilepsy Foundation.**

“Since its inception, beneficiaries have relied on the Medicare Part D program to provide access to the medications they need to battle serious illnesses and debilitating diseases. Any policy change from CMS that would weaken that vital protection runs contrary to the spirit of the Part D program and would bring significant harm to the patients the agency is intended to protect,” said **Andrew Sperling, Director of Legislative Advocacy, National Alliance on Mental Illness (NAMI).**

The letter is the latest example of a bipartisan consensus in Congress opposed to a change in the six protected classes policy. The Senate Finance Committee, which counts both Sens. Brown and Grassley as members, [unanimously opposed](#) CMS’ proposal to alter the policy in 2014.

Sen. Grassley’s press release on today’s letter is available [here](#).

About the Partnership for Part D Access:

The [Partnership for Part D Access](#) is a coalition of leading national patient groups, pharmaceutical industry participants and other advocates committed to maintaining open access to all available medications under Medicare Part D. The coalition has come together to urge the Centers for Medicare and Medicaid Services (CMS) and MedPAC to withdraw their proposals to reduce the number of “protected classes” of medication in Medicare Part D. In addition to raising awareness of how these proposals will jeopardize the health of some of our nation’s most vulnerable patients, the Partnership for Part D Access also aims to mobilize patients and concerned citizens by providing a means for them to speak out against the proposed limitations on their access to appropriate care. For more information and a full list of members, visit www.partdpartnership.org.