



# Highlights from the Hill

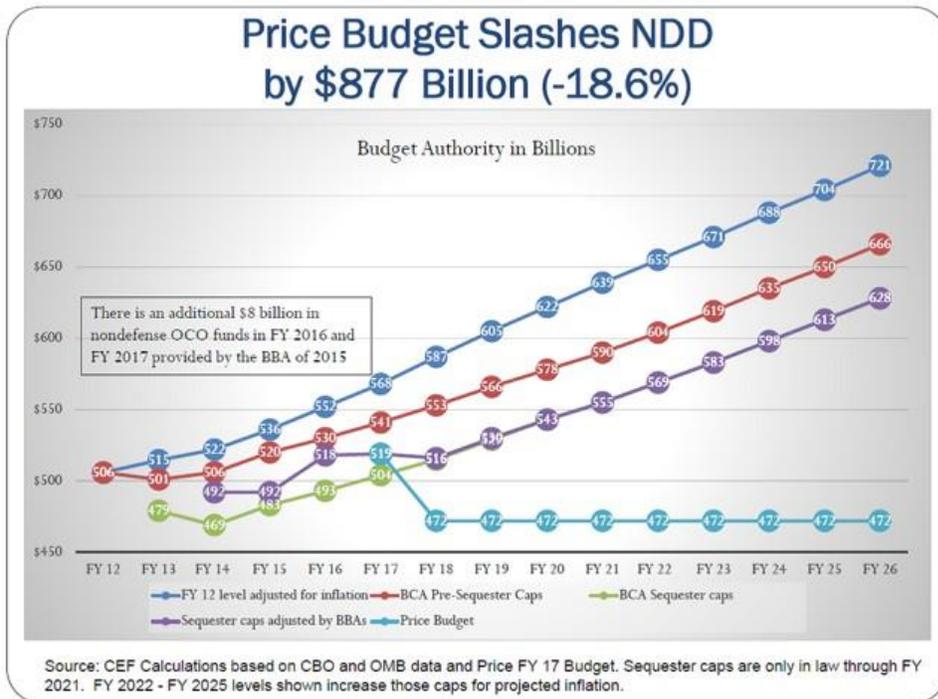
March 2016

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### Proposed House Budget Threatens Non-Defense Discretionary Funding

The House of Representatives Budget Committee has released their budget blueprint for the next ten years. These blueprints outline intended funding for various programs. We are very concerned because non-defense discretionary funding will experience a cut of \$877 billion over the next ten years, seriously threatening programs at the Centers for Disease Control and Prevention and the National Institutes of Health.



We will continue to monitor this budget blueprint and urge Congress to support appropriate funding for programs that help those living with epilepsy and other chronic conditions.

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### **MedPAC Recommends Weakening Access to Care in Medicare**

The Medicare Payment Advisory Commission (MedPAC) has issued a recommendation to remove two of the six protected classes in Medicare Part D. While anticonvulsants would remain a protected class, we are deeply concerned by the move to restrict access to physician directed care for the most vulnerable Medicare beneficiaries. The Epilepsy Foundation strongly opposes any proposals that weaken the six protected classes policy and we have urged MedPAC to reconsider their recommendation. The Partnership for Part D Access, a coalition of which we are a member, and which focuses on preserving the six protected classes policy, issued press release opposing the proposed cuts. You can read the press release and learn more about this issue at [www.epilepsy.com/medicare](http://www.epilepsy.com/medicare).

Support our advocacy efforts by sending a letter to MedPAC to let them know how important it is to preserve the six protected classes policy to ensure the most vulnerable Medicare beneficiaries have access to their medications. You can take action at <http://bit.ly/MedPACAlert>.

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### **Epilepsy Foundation Urges Continued Improvements to Medicare Advantage and Part D Plans**

The Centers for Medicare & Medicaid Services (CMS) recently released a letter with guidelines for insurers to run their Medicare Advantage and Part D plans in 2017. We joined comment letters by Medicare Access for Patients Rx (MAPRx) and the Coalition to Preserve Rehabilitation (CPR) to the Centers for Medicare and Medicaid Services regarding this draft letter. We do support some of the proposals but are also concerned that others would limit access to care for those living with epilepsy and other chronic conditions. You can read the comments letters at [www.epilepsy.com/medicare](http://www.epilepsy.com/medicare).

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### **In The States**

#### **New State Pages Highlighting Important Epilepsy Issues**

We have relaunched our grassroots engagement system. As part of the relaunch, we are building out our state pages to help bring more information to our advocacy communities in each state. You can view your state, as well as pages for the rest of the country, at [www.cqrcengage.com/efa/States](http://www.cqrcengage.com/efa/States).

#### **Arizona Considering Expanding Health Insurance for Low Income Children**

The Epilepsy Foundation and Epilepsy Foundation of Arizona wrote to State Senate President Andy Biggs urging him to support reinstating KidsCare for the thousands of low income children in Arizona without healthcare. Without health insurance coverage, low-income children go without care or turn to emergency rooms for non-urgent care. These children need health insurance to gain meaningful access to lifesaving medications to maintain their quality of life.

The bill to reinstate KidsCare, HB 2309, needs to have a hearing by Friday, March 18<sup>th</sup> in order to move forward. You can read the letter and urge your Senator to support this important bill by going to [www.cqrcengage.com/efa/Arizona](http://www.cqrcengage.com/efa/Arizona).

### **Connecticut Legislature Looks to Improve Access to Care and Epilepsy Foundation of Connecticut Holding Advocacy Day**

The Epilepsy Foundation and the Epilepsy Foundation of Connecticut have worked closely together to support two bills that would improve access to medications in Connecticut. The first bill, RB 5517, would limit the cost of a 30-day supply of a prescription to \$100 for plans that are not high deductible plans. The second bill, RB 5434, would help ensure timely access to epilepsy medications by exemption Schedule V non-opioid medications, which are epilepsy medications, from the state's drug monitoring program. Both of these bills would remove barriers to care for people living with epilepsy and other chronic conditions in Connecticut. You can learn more and read our support letters at [www.cqrcengage.com/efa/Connecticut](http://www.cqrcengage.com/efa/Connecticut).

The Epilepsy Foundation of Connecticut is holding an advocacy day on March 22 to raise awareness with legislators about issues important to the epilepsy community. If you would like to register for this event, please email [efct@sbcglobal.net](mailto:efct@sbcglobal.net) by the end of the day on March 18. Please be sure to share your full name, address (for coordinating the legislative visits), phone number, whether you are a person living with epilepsy or the parent/caregiver of a child with epilepsy, the age of the child (if applicable), and any special needs accommodations you may need.

### **Proposals would Jeopardize Access to Epilepsy Medications in Texas**

The Texas legislature is considering a proposal to allow Medicaid managed care companies to create their own formularies, instead of following the state's current single formulary that includes protections for epilepsy medications. We joined with our Texas affiliates, the Epilepsy Foundation Central & South Texas and the Epilepsy Foundation Texas - Houston/Dallas-Fort Worth/West Texas, in support of preserving a single formulary for the Texas Medicaid program to ensure continued access to physician directed care for people living with epilepsy and other chronic conditions. You can read the letter and our press release following the March 8 hearing at [www.cqrcengage.com/efa/Texas](http://www.cqrcengage.com/efa/Texas).

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