

Dear [Senator/Representative]:

Despite its track record of success in improving both patient access to medications and treatment adherence, the Medicare Part D Low-Income Subsidy (LIS) or Extra Help program is once again at risk of being altered. Proposed changes to the program could ultimately endanger the health outcomes of already vulnerable patients. Therefore, we strongly urge you to oppose any proposals that would weaken the LIS program for patients who rely on it.

Under Medicare Part D, the LIS program helps low-income beneficiaries afford brand and generic prescription drugs. More than 11 million Medicare beneficiaries rely on this program to access needed medications, including more than 6 million that are dual eligible for both Medicare and Medicaid. Unfortunately, some in Congress, as well as the Medicare Payment Advisory Commission (MedPAC), have proposed changes, including decreasing subsidies for brand medicines used by LIS and dual eligible beneficiaries in the hopes of cutting costs. If implemented, these changes would place the most vulnerable enrollees in the Part D program at great risk.

For one, patients that already rely on brand medications for clinical reasons would see an increase in their out-of-pocket costs in order to maintain their current treatments. It could also force medical providers to alter treatment options for beneficiaries eligible for LIS. These changes would limit patient access to crucial medications and force unnecessary changes to treatment plans that are working. Worse, changes to treatment plans can lead to a decline in adherence, which in turn can increase long-term health issues and hospitalizations among LIS beneficiaries who stop taking their medicines or take less effective medicines. If adherence decreases as a result of these changes, Medicare costs could increase over time rather than decrease.

Low-income Medicare beneficiaries living with multiple chronic medical conditions are certain to be negatively impacted by such changes to the LIS program. As organizations that represent Medicare beneficiaries, particularly those living with serious medical conditions, we know that our constituents are more likely to rely on specific treatment regimens that are tailored to the individual complexities of their disease or comorbidities. To identify the correct combination of medications, flexibility and a wide range of options are critical.

Allowing misguided changes to the LIS program would decrease access to treatment and disrupt care for the vulnerable patients who depend on them. Therefore, we encourage you to place patient needs first by opposing harmful changes to the LIS program and protecting Medicare Part D.

Sincerely,