

June 1, 2023

The Honorable Chiquita Brooks-LaSure  
Administrator  
Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
7500 Security Blvd  
Baltimore, MD 21244

**Re: Solicitation for Feedback on IRA Part D Redesign**

Dear Administrator Brooks-LaSure:

Thank you for the opportunity to provide comments on programmatic policies for calendar year 2025 and beyond impacted by the Inflation Reduction Act's (IRA) Part D redesign.

The American Lung Association is the oldest voluntary public health association in the United States, representing the more than 34 million individuals living with lung disease. The Lung Association is the leading organization working to save lives by improving lung health and preventing lung disease through research, education and advocacy.

The Lung Association strongly supported the out-of-pocket (OOP) cap in Medicare Part D and related policies to smooth patients' prescription drug costs over the year included in the IRA. We look forward to working with you on the implementation of these policies to reduce OOP costs for patients in the Medicare program.

Incorporating patient perspectives will be critical throughout the implementation process. Especially since this comment opportunity came through the Health Plan Management System, a website primarily geared towards health plans, we encourage you to provide additional opportunities for beneficiary and patient advocacy organizations to provide input on these and other important implementation issues. In the interim, we offer the following comments on this solicitation for feedback on the IRA Part D redesign:

**Defining Meaningful Difference**

The IRA's cap on OOP costs will impact current methods for calculating meaningful differences between basic and enhanced prescription drug plans. We encourage CMS to collect additional perspectives from patients and patient advocacy organizations on what metrics would be most significant to beneficiaries. Possible factors to consider may include the number of drugs offered by a plan or within classes, the number of drugs subject to copays versus coinsurance, and metrics related to utilization management.

**Tiering and Cost Sharing**

Many patients with moderate spending will not reach the OOP cap, and changes in cost-sharing, moving drugs from copay to coinsurance, or moving drugs to higher tiers could increase OOP costs for these individuals. CMS should closely monitor the impact of the Part D redesign in these areas to address potential unintended consequences and ensure that patients with different prescription drug needs are not experiencing higher OOP costs for the medications they need to treat lung diseases.

**Other Implementation Issues**

The Medicare Part D program is about to undergo significant changes, and it is critical that CMS have a robust education and awareness strategy to ensure patients and other stakeholders understand the OOP cap and their ability to spread payments out over a calendar year. This should include standardized communication materials developed with the input of patient and beneficiary advocates. We specifically urge you to work with patient advocacy group leaders to maximize their networks and outreach. Patients must be able to opt-in to smoothing at the point-of-sale and/or pharmacy and to do so at any point in the year, as is required by the statute. We would welcome additional opportunities to provide feedback of these important implementation issues.

**Conclusion**

Thank you for the opportunity to provide these comments. We look forward to continuing to partner with you on the implementation of these critical policies to help reduce patients' prescription drug costs in Medicare.

Sincerely,

A handwritten signature in black ink that reads "Harold Wimmer". The signature is written in a cursive, flowing style.

Harold Wimmer  
President and CEO