National
Multiple Sclerosis
Society

November 8, 2023

The Honorable Ron Wyden
Chairman
Committee on Finance
U.S. Senate
221 Dirksen Senate Office Building
100 Constitution Avenue, NE
Washington, DC 20510-3703

The Honorable Mike Crapo
Ranking Member
Committee on Finance
U.S. Senate
239 Dirksen Senate Office Building
100 Constitution Avenue, NE
Washington, DC 20510-1205

Dear Chairman Wyden and Ranking Member Crapo:

On behalf of the National Multiple Sclerosis Society (Society), thank you for the opportunity to provide feedback on the latest discussion draft from the Committee that includes policies and provisions to expand mental health care and reduce prescription drug costs for Medicare and Medicaid beneficiaries.

We are encouraged by the Committee's commitment to addressing the policy changes needed to ensure that people can get access to life-changing healthcare and medications when they need them. The Society endorsed the Modernizing and Ensuring PBM Accountability Act (MEPA), which passed out of Committee in July. Additionally, we are supportive of the changes proposed in the latest discussion draft and believe these changes will make a real difference for those living with MS and other chronic conditions.

Multiple sclerosis (MS) is an unpredictable disease of the central nervous system. Currently, there is no cure. Symptoms vary from person to person and may include disabling fatigue, mobility challenges, cognitive changes, and vision issues. An estimated 1 million people live with MS in the United States. Early diagnosis and treatment are critical to minimize disability. Significant progress is being made to achieve a world free of MS. The Society, founded in 1946, is the global leader of a growing movement dedicated to creating a world free of MS. To fulfill this mission, we fund cutting-edge research, drive change through advocacy, facilitate professional education, collaborate with MS organizations around the world, and provide services designed to help people affected by MS move their lives forward.

<u>Pharmacy Benefit Manager Provisions:</u>

Assuring Pharmacy Access and Choice for Medicare Beneficiaries
The Society is supportive of these provisions that require Plan D sponsors to contract with any willing pharmacy that meetings their standard contract terms and conditions.

Ensuring Accurate Payments to Pharmacies Under Medicaid

Additionally, the Society supports this provision to include mail-order and specialty pharmacies as "applicable non-retail pharmacies" and require participation in the National Average Drug Acquisition

Cost study to help inform reimbursement to pharmacies within the Medicare program. Most people with MS who are using MS DMTs to manage their disease are utilizing these pharmacies, and ensuring appropriate reimbursement rates necessitates participation from these pharmacies. Appropriate reimbursement rates impact adherence to medication; therefore, determining accurate reimbursements is critical to ensuring better health outcomes for people with MS and other chronic diseases.

Requirements for PDP sponsors of prescription drug plans and Medicare Advantage organizations offering MA–PD plans that use formularies under part D of the Medicare program

The Society is supportive of this provision that would require that Part D plans to include at least one high-discount biosimilar on a tier with lower cost-sharing than the higher-WAC product. We appreciate that the discussion draft language moves beyond the focus of ensuring that lower cost alternatives can get to market, towards ensuring that beneficiaries have access to those therapies and incentives for utilizing them. Our organization would encourage the Committee to consider expanding this language to include high-cost generic medications as well as high-discount biosimilars.

The Society has long supported legislation to create a specific generic and biosimilar formulary tier in Medicare Part D and prescription drug plans. Generic medications play a critical role in prescription drug affordability, yet generics for specialty drugs, like MS DMTs, are still unaffordable for many people with MS and may even have higher out-of-pocket costs for individuals than their brand counterparts. These generics are often covered by health plans more like specialty medications rather than other generics, resulting in high cost-sharing for people with MS. This has occurred within the MS space with the increased influx of MS generic medications. In fact, perverse incentives within the Part D program have resulted in generics for both glatiramer acetate and dimethyl fumarate being largely unavailable for Medicare Part D beneficiaries with MS. Currently, the brand products, despite their significantly higher prices, receive favorable or equal treatment in specialty tiers. This practice disincentives the use of the lower-cost generic alternatives and offers no cost incentive or savings for Medicare beneficiaries[i].

Our organization hears directly from people with MS and MS healthcare providers that some people with MS are unable to afford the cost-share of their generic MS DMT, which may still be several hundred dollars each month. Particularly for Medicare beneficiaries, it can be extremely difficult to obtain patient assistance funds for generic medications, which leaves people with MS and healthcare providers fewer choices. When generics become unaffordable, people with MS may switch to a different DMT, one that is higher cost to the system but may have a lower out-of-pocket cost to the person with MS due to insurance design or available patient assistance supports.

We urge the Committee to work with their counterparts on the Health, Education, Labor and Pensions Committee to ensure that access and incentives within the public and commercial markets are aligned so that people with MS can receive the cost savings from utilizing generic and biosimilar medications.

Mental Health Provisions:

The Society is pleased to see progress underway in mental health care and policy. Please find below our comments and suggested changes below on relevant provisions in the discussion draft.

We are pleased to find dedicated funding for primary care physicians to deliver behavioral health and primary care to beneficiaries. Particularly, the inclusion of technical assistance to practices seeking to adopt behavioral health integration models could narrow the gap in mental health care for beneficiaries seeking routine primary care. However, the Society questions the amount of dedicated funding currently listed at $5 million. We recommend the Committee include increased and robust funding to provide adequate assistance to providers and their practices.

For many people living with MS, getting out of the house is not easy and they may face physical barriers to care. Telehealth services are instrumental in ensuring that people with MS get the care they need, as it broadens the number of providers that people living with MS have access to while making it easier and less costly to reach those providers for routine consultations. The Society is pleased to find provisions dedicated to improving access to Medicare mental health services delivered through telehealth. We encourage the Committee members to clarify the extent to which licenses through interstate license compacts can qualify as valid and full licenses for the purpose of meeting federal requirements. Additionally, the Society recommends the inclusion of additional clarifying provisions that facilitate the accessibility of telehealth for visually and hearing-impaired communities.

In response to the Committee’s May 2023 hearing on Ghost Networks in mental health care, the Society supports draft provisions outlining requirements for updated provider directories and protections against higher out of pocket costs for patients that results from incorrect directory information. In addition to required and routine updates, the Society encourages language promoting accessibility within healthcare facilities listed on provider directories, such as accessible medical diagnostic equipment, examination tables, imaging equipment, and other vital medical devices. The lack of updated provider information, coupled with inaccessible healthcare facilities, means that people living with MS and other chronic conditions are unable to receive comprehensive care.

Lastly, the Society supports the Committee’s efforts to expand the mental health care workforce under Section 110 of the discussion draft. Increased access to education, training, and recruitment of providers focusing on mental healthcare and substance use disorders is crucial in closing the gap in access to mental health care. The Society applauds the Committee’s efforts to target rural and underserved populations by increasing the number, type, and capacity of providers.

Conclusion

Thank you again for holding this important mark up and your work to expand access to necessary mental health care for Medicare beneficiaries and address harmful PBM practices that hurt patients and raise costs for them and the healthcare system at large. The Society believes many of these proposals can and should be implemented in the commercial market and will work with your Colleagues in the Senate Health, Education, Labor and Pension’s Committee on complementary legislation to ensure all patients have access to the life-changing care and therapies they need to live their best lives.

If you have any questions about our comments or recommendations, please contact Leslie Ritter, Associate Vice President of Federal Government Relations at Leslie.Ritter@nmss.org.

Sincerely,

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[ii] 46brooklyn. “Wreck-fidera: How Medicare Part D has hidden the benefits of generic competition for a blockbuster Multiple Sclerosis treatment”. December 1, 2021. https://www.46brooklyn.com/research/2021/12/1/tecfidera (Accessed November 6, 2023)