Dear Administrator Verma:

Prescriptions for a Healthy America (P4HA) appreciates the opportunity to comment on the *Modernizing Part D and Medicare Advantage to Lower Drug Prices and Reduce Out-of-Pocket Expenses* proposed rule. P4HA is a multi-stakeholder alliance representing patients, providers, pharmacies, and life science companies. We joined together to raise awareness of the growing challenges posed by medication nonadherence and to advance public policy solutions that will help reduce health care costs and improve the lives of patients across the nation. To that end, we strongly support the Centers for Medicare and Medicaid Services’ (CMS’) proposal to adopt a real-time benefit tool as a means to increase transparency, which will ultimately improve medication adherence and patient outcomes. While the proposed rule addresses several issues, our comments focus exclusively on the real-time benefit tool.

**Proposed Adoption of a Real-Time Benefit Tool**

P4HA supports CMS’ proposal to require Part D sponsors to implement a real-time benefit tool (RTBT) capable of integrating with prescribers’ e-prescribing and electronic health record (EHR) systems. The cited ability of RTBT to “provide complete, accurate, timely, clinically appropriate, and patient-specific real-time formulary and benefit information to the prescriber” is a prime example of how technology can be leveraged to improve care and lower costs.

Prescribers that have real-time access to information related to a patient’s insurance coverage – including drug formularies and out-of-pocket costs – can meaningfully engage the patient about medication options. Without this tool, patients are often blindsided by prescription costs at the pharmacy counter, which can lead to medication non-adherence. In fact, 75 percent of patients report they have received a prescription that costs more than they expected.\(^1\) Further, according to a survey of 1,000 patients, half did not fill a prescription because it cost too much when they arrived at the pharmacy.\(^2\)

Poor medication adherence, or non-adherence, limits effective management and control of both acute and chronic illnesses. Non-adherence increases the likelihood of preventable disease progression, increased hospitalizations, avoidable doctor and emergency room visits, and other problems arising from poor health, which can all significantly increase costs. A study published in the *Annals of Internal Medicine*.

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\(^2\) Ibid.
Medicine found that medication nonadherence causes an estimated 125,000 deaths per year and up to 10 percent of all hospitalizations.\(^3\) We know that as adherence declines, emergency room visits and hospital stays increase. Indeed, nonadherence to prescribed therapies is responsible for up to 69 percent of medication-related hospital admissions in the United States, at a cost of roughly $100 billion per year.\(^4\) While solving this problem will require a multi-pronged effort, RTBTs can and should be employed as a key step in solving this preventable public health crisis. These tools can provide patients with upfront information on cost-sharing responsibilities before leaving the doctor’s office, avoiding surprises at the pharmacy counter that lead to medication abandonment and empowering patients to make informed, cost-effective treatment decisions in consultation with their providers.

As CMS considers which data sources power the RTBT, P4HA suggests utilizing a transmission system similar in form to the claim adjudication process currently used by pharmacists so that benefits are as accurate as possible and obtained in real-time. Additionally, P4HA urges CMS to require inclusion of cost information for all options available to patients, including: retail, cash pay, and mail order. We expect these tools to mature and evolve over time as all technologies do, and we encourage CMS to set these requirements as a base on which innovators can build new and enhanced tools over time.

While we understand that there is not one set industry standard for RTBTs at this time, we believe it is feasible that plans would be able to meet the proposed January 1, 2020 deadline. Currently, 73 percent of EHR vendors have a RTBT that uses existing industry standards.\(^5\) CMS should support the adoption of solutions that work within the real-time benefit framework and prescriber workflow until a standard and clear guidelines are established. Given the wide availability of RTBTs today, we support CMS moving forward on the January 1, 2020 deadline with flexibility for plans and vendors to adopt new industry standards as they are available.

**Conclusion**

P4HA appreciates the opportunity to comment on this proposed rule and we look forward to continuing our work with CMS to ensure Medicare providers and beneficiaries have necessary information to make informed medical decisions.

Sincerely,

Sloane Salzburg  
Executive Director

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