

March 3, 2023

Chiquita Brooks-LaSure
Administrator, Centers for Medicare & Medicaid Services
Department of Health and Human Services

Submitted via [regulations.gov](https://www.regulations.gov).

RE: Advance Notice of Methodological Changes for Calendar Year 2024 for Medicare Advantage Capitation Rates and Part C and Part D Payment Policies

Dear Administrator Brooks-LaSure,

United States of Care (USofCare) is pleased to submit the following comments to the Centers for Medicare & Medicaid Services' (CMS) Advance Notice of Methodological Changes for Calendar Year (CY) 2024 for Medicare Advantage (MA) Capitation Rates and Part C and Part D Payment Policies.

[USofCare](#) is a nonpartisan nonprofit working to ensure everyone has access to quality, affordable health care regardless of health status, social need, or income. We drive change at the state and federal level in partnership with everyday people, business leaders, health care innovators, fellow advocates, and policymakers. Together, we advocate for new solutions to tackle our shared health care challenges — solutions that people of every demographic tell us will bring them peace of mind and make a positive impact on their lives.

After listening to people tell us about their needs for their health care, USofCare released a set of twelve concrete and achievable aims, known as our [United Solutions for Care](#), to help us build a better and more equitable health system. These twelve solutions are derived from four goals for the health care system that continuously rose to the top when talking to people around the country about what works and what is lacking in their health care. People want health care they can [depend on](#), [understandable and easy to navigate](#), [affordable](#), and accessible [when and how they need it](#). **We strongly believe that nobody should have to choose between affordability, access to care, or quality of care, which is why USofCare appreciates CMS's commitment to improving the quality of our health care system through this advance notice.**

Through [our work](#) in states, we are able to identify unique perspectives from people on the ground to amplify on both the state and federal levels. Where possible, we uplift voices of real people engaging with the health care system at the patient level whose input and perspectives have shaped our advocacy work.

Medicare Advantage and Part D offer important choices to beneficiaries evaluating their health care options under Medicare. As these important programs continue to evolve, we urge CMS to remain committed to prioritizing people's needs through policies that promote affordability, equity, access, and quality to provide people with the information they need to best assess their coverage options. Moreover, we encourage CMS to continue its focus on policies that promote Medicare payment accuracy, ensure a well-regulated system, avoid cuts to the program, and guard against incentives that make the program vulnerable to unscrupulous business practices.

With the ongoing implementation of the Inflation Reduction Act (IRA), which passed last year with [USofCare's support](#), we focus our comments on components of this year's Advance Notice address IRA implementation and focus on the following themes, drawing from our experience working with states on new approaches grounded in people's needs:

1. **Reducing Out-of-Pocket Costs**
2. **Lowering Prescription Drug Costs**
3. **Improving Health Equity**

1. **Reducing Out-of-Pocket Costs**

“We live in a system that's based on competition and profit; to some extent, that's good, except for when it comes at the cost of my [health] care. Especially, if I'm told a procedure or treatment is going to be way too expensive for me to afford. Then, it's basically suggested that I just limp along with whatever they can give me at a cheaper price. It's cheap. That's what concerns me - the solution sometimes comes at the cost of my care.”

-Focus Group Participant Living in Texas

The IRA represents a huge step forward in addressing people's health care needs and will better help people afford needed health care services and prescription drugs. The IRA includes several provisions to reduce out-of-pocket costs for people on Medicare, which make up an increasing percentage of people's overall health care spending and rose by [more than 10%](#) in 2021, the largest such increase in 35 years. **We support the IRA's provisions to eliminate cost-sharing for prescription drugs for people with catastrophic coverage in Medicare, as well as the requirement that all Advisory Committee on Immunization Practices (ACIP)-recommended vaccines are *not* subjected to a deductible or any form of cost-sharing.** This change will better align Medicare Part D coverage with that of private insurance and tackle the significant barrier to care posed by cost-sharing. The [research](#) is clear: when offered at no cost, a greater number of people with Medicare Part D coverage receive essential care, including immunizations such as the shingles vaccine.

2. **Lowering Prescription Drug Costs**

“My husband and I were on the same drug at one point, and I was paying \$25 for it, while he paid only \$2 for it. It's the same drug...When you start looking at things like that, it's like, wait a minute, something's wrong in the system.”

-Focus Group Participant Living in Alabama

The IRA improves access to insulin in both Medicare Parts B and D. Until now, insulin access varied in both coverage and cost, depending on the plan selected by the beneficiary. **USofCare is strongly supportive of language in the Advance Notice outlining the IRA's requirement that plans charge no more than \$35 for a month's supply of insulin and to exempt this cost from any deductible.** Since Colorado became the first state to cap monthly out-of-pocket costs for insulin in 2019, [nearly half](#) of all states, as well as Washington, DC, have implemented some sort of insulin cost cap on plans under their jurisdiction, including plans sold on the individual market and state employee health plans. We are encouraged to see Congress take action to relieve costs for the 49 million people enrolled in Part D plans.

3. Improving Health Equity

"This is an area where resources are truly needed, but we aren't getting them right now. We can blame it on a lot of things, but it is not equitable. It will never be equitable because we're so busy fighting for equality."

- Focus Group Participant Living in Rural South Carolina

Many of the provisions included in the IRA and in this year's Advanced Notice begin to address the longstanding inequities in health outcomes between different populations, including people of color and additional communities historically marginalized by the U.S. health care system. Medical debt [disproportionately affects](#) Black families, and is often driven by high health care costs due to prescription drugs. Black people with Medicare coverage are [twice as likely](#) to report problems with health care affordability as White beneficiaries and would stand to benefit from the IRA's limits on insulin to treat diabetes, which [disproportionately affects](#) communities of color, including Black people.

Furthermore, as CMS continues to implement last year's Inflation Reduction Act, we encourage the Administration to adhere to a robust public engagement process, as outlined in a [January 11 memo](#), to interested parties and stakeholders. **We agree with CMS that public comment and feedback are essential to the successful, equitable implementation of the IRA. We encourage CMS to prioritize outreach to a diverse set of voices and communities that have historically lacked access to affordable, reliable prescription drugs, including Black and Latino people.** We look forward to continued engagement with CMS as it implements additional components of the IRA in future years, including the law's Drug Negotiation Program and its \$2,000 cap on out-of-pocket costs. Both of these elements will improve affordability amongst communities of color, which have been [disproportionately harmed](#) by lack of access to needed medications.

Conclusion

Thank you for the opportunity to respond to the Advance Notice of Methodological Changes for Calendar Year 2024 for Medicare Advantage Capitation Rates and Part C and Part D Payment Policies. USofCare believes that these updates, if finalized, can build towards our mission of ensuring everyone has access to quality, affordable health care. We are grateful to share the lessons learned from our work listening to people and earned expertise from our unique approach to state work.

If you have any questions or are interested in further discussion of the proposed updates, please reach out to Lisa Hunter, Senior Director for Policy & External Affairs, at lhunter@usofcare.org.

Sincerely,



Lisa Hunter

Senior Director for Policy & External Affairs
United States of Care