



March 1, 2024

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 (CY) 2025 for Medicare Advantage (MA) 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) 2025 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. 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 perspectives have shaped our advocacy work.

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. 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. **With the ongoing implementation of the Inflation Reduction Act (IRA), which passed in 2022 with USofCare's support, we support components of this year's Advance Notice that reduce out-of-pocket costs and lower prescription drug costs more broadly.**

"We need to regulate costs of health care, especially prescriptions. My husband and I were on the same drug at one point, and I was paying \$25 for it, and he was paying \$2 for it. It's the same drug."

~ White Woman, Alabama

We strongly support the IRA's provision to lower the out-of-pocket costs cap to \$2,000 for next year and applaud CMS' actions to implement provisions found in the IRA to help people more generally. The need for action here is clear: we know that people cite affordability as their [top concern](#) with the health care system and that [high out-of-pocket costs](#) have caused people to [delay or even skip](#) needed care. [More than 6.8 million](#) Part D enrollees paid out-of-pocket prescription drug costs in excess of \$2,000 for at least one year since the

beginning of the Part D benefit. Collectively, beneficiaries stand to save millions of dollars thanks to the changes found in the IRA implemented through this Advance Notice.

“I would make prescriptions a lot easier to afford, especially for people who are on fixed incomes. Some of the medicines that people are put on, they can't afford, and it's hard, whether you're on diabetic or blood pressure medication or any other meds.”

~ White Woman, Connecticut

More broadly, USofCare applauds the continued implementation of the IRA's Medicare Drug Price Negotiation program, which allows CMS to negotiate with drug manufacturers to lower prescription drug costs for beneficiaries. We know that nearly [1 in 3](#) Americans are unable to take their medication as prescribed due to cost, and that people with low incomes, people without insurance coverage, and people of color are [disproportionately impacted](#) by this.

The Medicare Drug Price Negotiation program will expand access to medications by [lowering costs](#) for people by thousands of dollars a month. Nationwide, the program is expected to yield [\\$100 billion](#) in projected federal savings by 2031 and decrease the cost for people of the ten selected drugs, on average, by at least [63%](#). **We are pleased by actions taken by CMS last year to identify the first set of ten drugs selected for negotiation and are, in particular, encouraged that several of the drugs selected are for conditions, such as diabetes and heart disease, that are [experienced disproportionately](#) by people of color.** We continue to urge CMS to prioritize the equitable implementation of the IRA by prioritizing outreach and consideration of concerns from communities that have historically lacked access to affordable, reliable prescription drugs, including Black and Latino people.

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. If you have any questions or are interested in further discussion of the proposed updates, please reach out to Eric Waskowicz, Senior Policy Manager, at ewaskowicz@usofcare.org.



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