

I AM ESSENTIAL

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81 LEADING PATIENT GROUPS URGE HHS SECRETARY TO ABANDON PRESCRIPTION DRUG COVERAGE RESTRICTIONS FOR EXPANDED MEDICAID BENEFICIARIES

The AIDS Institute, American Lung Association, Epilepsy Foundation, Lupus Foundation, National Alliance on Mental Illness, National Minority Quality Forum, and Parkinson's Action Network urge Secretary Sebelius to reverse radical changes to Medicaid that limit access to prescription medications

Washington, DC— As part of the “I Am Essential” coalition, 81 leading patient groups representing millions of patients sent a [letter](#) to Secretary Kathleen Sebelius today in response to a final [rule](#) issued last month that radically changes the Medicaid program by limiting access to prescription medications.

In the [letter](#), the groups, who are committed to implementation of the Affordable Care Act (ACA), voice their “extreme disappointment in how prescription drug coverage was addressed in the final rule on essential health benefits for the Alternative Benefit Plans (ABPs)” and write it marks “a distinct change from what was outlined in the proposed rule and will substantially limit access to prescription medications for some of the most vulnerable patient populations.”

Medicaid beneficiaries have historically been able to access all drugs manufactured by companies that participate in the drug rebate program, which has included most medications. The final rule for the Medicaid expansion population radically departs from the proposed rule that appeared to carry forward this historical practice.

“Much to our surprise,” commented Carl Schmid, Deputy Executive Director of The AIDS Institute, “the final rule limits drug coverage by requiring plans to cover only the greater of one drug per class or the same number of drugs as contained in each class of drugs in the state selected benchmark.” He continued, “We are in strong opposition to this approach because it narrows access to medications for beneficiaries who commonly have multiple chronic medical conditions and few resources. **We urge the Secretary to reverse this decision and restore drug coverage for expanded Medicaid plans to include all drugs that participate in the drug rebate program.**”

The groups also write, “in addition to the formula restrictions, state Medicaid programs can impose additional restrictions on drug coverage, including quantity and duration limits, prior authorization requirements, and other utilization management techniques. These mechanisms create even more barriers and limit access to lifesaving treatment.”

In the letter, the patient groups **ask HHS to closely review plan adequacy as states develop their expanded Medicaid plans for coverage of prescription drugs and other services** that are necessary to meet the needs of patients with chronic conditions and **not approve plans that limit coverage**. They also ask there be an **adequate public opportunity for patient groups to review and comment on plans**.

Finally, the groups ask HHS to **closely monitor and report on drug access, denials, and outcomes as the expanded Medicaid program is implemented and issue a report that details and totals prescription denials by July 1, 2014**.

Schmid concluded, “It will be critical to identify any failures of the drug benefit early on, before people’s health is unnecessarily jeopardized. We cannot risk patients facing denials to lifesaving treatment or interruptions in their drug regimens.”

Signatories of the letter include: The AIDS Institute, American Lung Association, Asthma and Allergy Foundation of America, Epilepsy Foundation, Lupus Foundation of America, National Alliance on Mental Illness, National Hemophilia Foundation, National Minority Quality Forum, National Multiple Sclerosis Society, National Viral Hepatitis Roundtable, and the Parkinson's Action Network

You can also access the full text of the [letter](http://bit.ly/14VSD2C) by going to <http://bit.ly/14VSD2C>.

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