

By Electronic Submission

November 27, 2017

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-9930-P
P.O. Box 8016
Baltimore, MD 21244-8016

Re: NCPA Comments on Patient Protection and Affordable Care Act; HHS Notice of Benefit and Payment Parameters for 2019, CMS-9930-P

Dear Sir/Madam:

The National Community Pharmacists Association (“NCPA”) appreciates the opportunity to provide comments on Centers for Medicare and Medicaid Services’ (“CMS”) Proposed Rule regarding Benefit and Payment Parameters for 2019 (the “Proposed Rule”). NCPA represents the interests of America’s community pharmacists, including the owners of more than 22,000 independent community pharmacies. Together they represent an \$80 billion health care marketplace and employ more than 250,000 individuals on a full and part-time basis.

NCPA applauds CMS for working to maintain patient protections previously promulgated by the agency, but believes the changes in this Proposed Rule to essential health benefits will weaken patient care and increase beneficiaries’ out-of-pocket costs. Therefore, **we urge CMS to maintain the current process for states to select their essential health benefits or at the very least to continue CMS’ policy to prohibit the substitution of prescription drug benefits in qualified health plans.**

First, NCPA understands the need for state flexibility with respect to essential health benefits, but would like to highlight that flexibility without guardrails may reduce adequate beneficiary health benefits. Currently, essential health benefits are similarly structured to employer plans operating in a state. Allowing states to select benchmark plans from other states or to select categories from another state’s benchmark plan could encourage states to create limited and weak benefit packages for beneficiaries. As such, **NCPA encourages CMS to provide limitations on the kinds of packages states can create** to promote patient care and safeguard against an increase to beneficiaries’ out-of-pocket costs.

Further, CMS should maintain its policy of prohibiting the substitution of drug benefits within the same drug category and between drug categories as access to an array of drug benefits is fundamental to health insurance coverage. Access to medication via the prescription drug benefit

plays a critical role in reducing patients' usage of other healthcare services, staving off downstream medical conditions for patients, and ultimately resulting in savings to patients and states.¹ It is for these reasons, health insurance without access to the prescription drug benefit or to a benefit that can be substituted within the same drug category and between drug categories would be entirely counterproductive.

NCPA would also like to emphasize that allowing for the substitution of drug benefits within the same category and between categories could prevent patients from access to specific drugs necessary to treat chronic conditions. Often patients with certain conditions can only receive treatment from a specific, limited range of prescription drugs and allowing plans to substitute a drug or category for another kind of drug or category would adversely impact access to drugs for those patients. Additionally, there is no one-size-fits-all treatment for patients with the same condition. Thus, it is important for plans to maintain access to a broad formulary of prescription drugs to meet the varying needs of patients. NCPA believes CMS' current policy provides adequate coverage for the various range of prescription drugs that are necessary for patient care.

NCPA greatly appreciates the opportunity to share with you our comments and suggestions. If you have any questions, please contact Kala Shankle, Director of Policy and Regulatory Affairs, 703-683-1178, kala.shankle@ncpanet.org.

Sincerely,

A handwritten signature in cursive script that reads "Susan Pilch".

Susan Pilch, Vice President, Policy and Regulatory Affairs
National Community Pharmacists Association

¹ *Prescription Drug Insurance Coverage and Patient Health Outcomes: A Systematic Review*, Am. J Public Health, Feb. 2015, available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4318289/>.