



**National Coalition on Mental Health and Aging Response to
Proposed CMS Rule Changes on the
Medicare Prescription Drug Benefit Programs (CMS-4159-P)**

The National Coalition on Mental Health and Aging (NCMHA) is pleased for the opportunity to comment on The Centers for Medicare and Medicaid Services proposed rule that would eliminate protected status for antidepressants and antipsychotics in Medicare Part D prescription drug plans. NCMHA is comprised of over 80 members representing professional, consumer and government organizations with expertise in mental health and aging issues as well as 20 state and local mental/behavioral health and aging coalitions. Its goal is to work together towards improving the availability and quality of mental health preventive and treatment services to older Americans and their families. Information about the Coalition can be obtained on our website www.ncmha.org.

The proposed rule revises prior CMS policy that required Medicare Part D plans to cover “all or substantially all” medications within six classes and categories: antidepressants, antipsychotics, anticonvulsants, antineoplastics, and immunosuppressants. This policy, known as the “six protected classes” policy, has been in effect since the inception of Part D, and has strong congressional support.

The NCMHA opposes the rule change to exclude antidepressants and anti-psychotics from protected status as this proposal is harmful to the quality of life of older adults with mental health challenges. Given the prevalence of mental health disorders among older Americans, CMS ought to do everything in its power to ensure the broadest possible access to psychotropic medications for these individuals. For many mental health consumers, access to psychiatric medications is a crucial component of successful treatment and recovery and living a satisfying life in the community.

Mental disorders are uniquely complex conditions that require skilled, individualized treatment. Physicians must carefully determine an individual’s treatment regimen and make changes to suit the dynamic nature of the illness. To be most effective, prescribers must be granted some flexibility in matching appropriate treatments with illnesses. When proper drug access is impaired, a consumer’s ability to adhere to a mental health regimen is impaired, thus placing consumer’s health and quality of life at risk. Ultimately, this results in an unintended

consequence of increased health care expenditures to other parts of the system in emergency room visits, hospitalizations, homelessness, and incarceration¹.

¹ West, J.C., et al. (2009). Medicaid prescription drug policies and medication access and continuity: Findings from ten states. *Psychiatric Services*, 60 (5), 601-610.

Medicare Program: Contract Year 2015 Policy and Technical Changes to the Medicare Advantage and the Medicare Prescription Drug Benefit Programs

To be assured consideration, comments must be received at one of the addresses provided below, no later than 5 p.m. on March 7, 2014.

Instructions for Submitting Comments

In commenting, please refer to file code CMS-4159-P. Because of staff and resource limitations, we cannot accept comments by facsimile (FAX) transmission.

You may submit comments in one of four ways (please choose only one of the ways listed):

1. *Electronically*. You may submit electronic comments on this regulation to <http://www.regulations.gov>. Follow the “Submit a comment” instructions.

2. *By regular mail*. You may mail written comments to the following address ONLY: Centers for Medicare & Medicaid Services, Department of Health and Human Services, Attention: CMS-4159-P, P.O. Box 8013, Baltimore, MD 21244-8013.

Please allow sufficient time for mailed comments to be received before the close of the comment period.

3. *By express or overnight mail*. You may send written comments to the following address ONLY: Centers for Medicare & Medicaid Services, Department of Health and Human Services, Attention: CMS-4159-P, Mail Stop C4-26-05, 7500 Security Boulevard, Baltimore, MD 21244-1850.

4. *By hand or courier*. Alternatively, you may deliver (by hand or courier) your written comments ONLY to the following addresses prior to the close of the comment period: a. For delivery in Washington, DC—Centers for Medicare & Medicaid Services, Department of Health and Human Services, Room 445-G, Hubert H. Humphrey Building, 200 Independence Avenue SW., Washington, DC 20201.

(Because access to the interior of the Hubert H. Humphrey Building is not readily available to persons without federal government identification, commenters are encouraged to leave their

Although drug costs are not part of the formal criteria, CMS indicated that Part D plans' inability to negotiate protected class drug prices was a main reason it proposed to remove anti-depressants and antipsychotics from the protected class status. While we understand the argument to curb Medicare drug expenditures, drug cost should not solely drive medication treatment decisions - optimal consumer care should.

We urge CMS to preserve full access to anti-depressant and anti-psychotic medications needed by older adult mental health consumers across the country to lead healthy and productive lives.

comments in the CMS drop slots located in the main lobby of the building. A stamp-in clock is available for persons wishing to retain a proof of filing by stamping in and retaining an extra copy of the comments being filed.) b. For delivery in Baltimore, MD—Centers for Medicare & Medicaid Services, Department of Health and Human Services, 7500 Security Boulevard, Baltimore, MD 21244-1850.

If you intend to deliver your comments to the Baltimore address, call telephone number (410) 786-9994 in advance to schedule your arrival with one of our staff members.

Comments erroneously mailed to the addresses indicated as appropriate for hand or courier delivery may be delayed and received after the comment period.

For information on viewing public comments, see the beginning of the **SUPPLEMENTARY INFORMATION** section.