

LEADERSHIP COUNCIL

of
AGING ORGANIZATIONS
Edward F. Coyle, *Chair*

April 2, 2004

Mark McClellan
Administrator
Centers for Medicare & Medicaid Services
Humphrey Building
200 Independence Avenue, SW
Washington, DC 20201

Dear Dr. McClellan:

The undersigned members of the Leadership Council of Aging Organizations (LCAO) appreciate the daunting task faced by the Centers for Medicare & Medicaid Services in implementing the Medicare Modernization Act (MMA) of 2003, with a prescription drug benefit for Medicare beneficiaries by 2006. We offer our assistance to CMS as this work progresses, to help ensure that Medicare beneficiaries have access to needed and appropriate medications.

As you develop draft regulations to implement the drug benefit, we offer the following principles that are of the highest priority to our organizations and the millions of Americans we represent.

Principle 1: Medicare beneficiaries are an extremely diverse population, with widely varying needs. Therefore, a critical element in the Medicare drug benefit is a liberal physician formulary override process.

The Medicare drug benefit cannot be designed around the needs of a younger, relatively healthy elderly population. The fastest growing segment of the Medicare population is individuals over the age of 85. These individuals often have three or more chronic conditions, take six or more medications, and may have liver or kidney impairment that affects drug metabolism and elimination. A narrow and tightly controlled formulary would deny access to needed medications to many Medicare beneficiaries.

Principle 2: Older adults, especially the frail elderly, need access to a wide variety of medications and dosage forms, especially injectable drugs and medications for “high-risk” conditions, to ensure their medical needs are met.

Many older adults have difficulty swallowing or have feeding tubes, and thus need liquid or other dosage forms. Injectable dosage forms, including intravenous hydration and IV antibiotics, should also be included in the drug benefit for beneficiaries in nursing facilities and in their homes. This will prevent the need for hospitalization to obtain these services.

For some chronic diseases, patients are at high risk of destabilization when drug therapy is unexpectedly interrupted or changed. Examples include:

- Antiepileptic drugs (AEDs) in treatment of seizure disorders
- Atypical antipsychotics in treatment of schizophrenia
- Antidepressants in treatment of depression or bipolar disorder
- Antiviral medications in treatment of HIV/AIDS

In these situations, containing medication costs by periodically switching patients to different preferred brands can result in loss of control of the condition, hospitalizations, and other costly and adverse outcomes.

Principle 3: Nursing facility residents must have access to all medically necessary medications.

The nursing facility is legally responsible and accountable for the quality of care provided to its residents. If the resident does not receive medically necessary medications, the facility is subject to fines and other penalties from the state licensing agency. If under the new Medicare law, prescription drug plans can deny access to medically necessary medications through rigid formulary restrictions, who will cover the costs of these medications for low-income beneficiaries?

Congress has mandated that the Secretary of HHS conduct a study on the provision of pharmacy services to long-term care residents. These study results should be used to guide development of CMS regulations to ensure that the special needs of this vulnerable population are met.

Principle 4: Medication Therapy Management (MTM) Services [1860D–4(c)] have a critical role in enabling Medicare beneficiaries to remain at home or in assisted living instead of having to move to a nursing facility to obtain these specialized pharmacy services.

This section of the MMA provides a mechanism to pay for special packaging and other medication management services that enable Medicare beneficiaries to adhere to their needed drug regimen. Medicare beneficiaries who are particularly in need of these services include assisted living residents, home-bound elderly, and others who are at high risk for medication-related problems. Residents of assisted living need access to the same special packaging and other specialized pharmacy services provided to nursing facility residents, for the same reasons: to reduce medication errors, promote efficiency in medication administration, and ensure integrity and accountability of controlled medications (e.g. morphine, oxycodone).

Thank you for your consideration of these recommendations.

Sincerely,

Alliance for Aging Research
Alliance for Retired Americans
American Association for International Aging
American Geriatrics Society
American Society of Consultant Pharmacists
Association for Gerontology and Human Development
in Historically Black Colleges and Universities
Association of Jewish Aging Services of North America
B'nai B'rith International
Catholic Health Association
Eldercare America
FamiliesUSA
Military Officers Association of America
National Academy of Elder Law Attorneys
National Adult Day Services Association
National Association of Home Care and Hospice
National Association of Area Agencies on Aging
National Association of Professional Geriatric Care Managers
National Association of Retired and Senior Volunteer Program Directors
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