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United States Senate

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February 28, 2014

The Honorable Marilyn Tavenner
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

Dear Administrator Tavenner,

We write you to express our strong objections to the 2015 MA and Part D Proposed Rule that was published in the Federal Register on January 10, 2015. We have serious concerns that the proposed rule would disrupt care for millions of Part D beneficiaries and unnecessarily interfere with a successful program.

In the ten years since its enactment, Medicare Part D has proven to be a stable and strong public-private health care partnership. Part D provides affordable access to necessary prescription drugs for over 36 million Medicare beneficiaries, including eleven million seniors who lacked comprehensive coverage prior to the program's construction. Beneficiary satisfaction currently exceeds 90%, and average beneficiary premiums have been stable at about \$30 in the past four years.

Part D has also exceeded budgetary expectations with the Congressional Budget Office repeatedly reducing its estimates of the program's cost, which is now roughly 45% below initial projections. The competitive bidding model established by Congress and overseen by CMS to guarantee beneficiary protections and access while containing costs has been a resounding success. Such an accomplishment can be attributed to the fact that Part D recognizes the unique needs of Medicare beneficiaries, and allows plan options to be tailored to those needs while maintaining the foundation of the program: drug coverage should be accessible, comprehensive and affordable.

Given this remarkable success, we are perplexed as to why the Centers for Medicare and Medicaid Services (CMS) would propose to fundamentally restructure Part D by requiring immediate, large-scale changes to the program that have direct consequences for beneficiaries. Many of the proposed changes are untested and unstudied and could result in significant loss of beneficiary choice, access, and consumer protections.

Therefore, we strongly oppose the implementation of these proposals. Instead, we urge you to begin a new dialogue with Congress, Medicare beneficiaries, and relevant stakeholders on how best to achieve the universal goal of a sustainable and successful Part D program.

Sincerely,

Ken Wyden

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Rob Antares

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Pat Rooney