

January 25, 2019

Comments to Centers for Medicare and Medicaid Services

Re: Proposed Changes to Medicare Part D

The Association of Nurses in AIDS Care (ANAC) represents nurses and other healthcare providers providing HIV care across the United States. I am writing these comments as the Executive Director of ANAC and on behalf of our Board of Directors and 2,000 members across the United States. We are writing in strong opposition to the proposed redefinition of “protected classes” of medications in Medicare Part D. We are very concerned about the impact on patient health and public health that these suggested changes will bring.

For more than 30 years ANAC has represented the viewpoint and expertise of nurses who directly provide care to people living with HIV. Part of our mission is to promote the health and welfare of people living with HIV. The proposed changes will jeopardize the health and welfare of people living with HIV.

The changes would allow insurance companies to restrict our patients’ access to the best treatments by implementing outdated and uncalled for measures such as prior authorization or step therapy. This would seriously threaten their health.

Step therapy is a wasted effort to reduce costs and is not a good clinical approach. Prescribing providers- physicians and nurse practitioners in discussion with their patients and using the best scientific and clinical evidence as guidelines must determine individual treatment plans and choices, not insurers. We are very concerned about the impact of this potential interference on the health of patients as they age and have already experienced multiple drug regimens. The best drug regime for them is likely to be the one of the newest, with the best resistance and side effect profile, but not necessarily the cheapest cost. People aging with HIV are most likely in this category and most likely to be Medicare beneficiaries. These proposed changes discriminate against them. With HIV treatment, any interruptions in therapy could lead to a decline in individual health, the development of illness, the potential lost to follow-up care, and the development of resistance leading to the transmission to others, further destroying the progress we have already made against the HIV epidemic.

Additionally, requiring pre-authorization is ultimately a huge waste of precious nursing resources. Pre-authorization is an insurers’ tool to lower costs and create barriers for patients and providers. Does the data prove that it lowers cost or improves patient

outcomes? We know that nurses spend way too much time on pre-authorization already, time better spent educating patients about their medications, trouble shooting challenges and gaps and developing collaborative strategies with patients for managing a lifetime on medications to maintain their health, minimize hospitalizations and ER visit (and the resultant costs) and ultimately keeping their communities healthy by lowering transmission of HIV.

Helping patients get on and stay on the optimal HIV drug regimen for them is an important part of the HIV nursing role. The goal is to assist a patient to achieve and maintain an undetectable HIV viral load. This not only guarantees their on-going health, but also prevents new HIV infections in their community. As the CDC recognizes, people living with HIV who maintain an undetectable viral load are unable to transmit HIV to others and can live long, healthy lives. This is achievable through immediate and uninterrupted access to the right treatment. As nursing professionals, we understand the need for individualized patient care determined by qualified prescribers based on the latest scientific evidence and clinical guidelines is critical to get to undetectable viral load for all people living with HIV, including people on Medicare. That's why sustaining Medicare Part D's protected classes is essential to our efforts to end the nation's HIV epidemic.

No one other than healthcare providers and people living with HIV should be able to decide the best HIV therapy. We urge you to reconsider these proposed changes to Medicare Part D and continue to protect vulnerable communities and public health – as the existing program does.

Respectfully,



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Executive Director