January 25, 2019

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

Dear Administrator Verma,

The American Psychiatric Nurses Association (APNA) is a national professional membership organization committed to the specialty practice of psychiatric-mental health nursing and wellness promotion, prevention of mental health problems and the care and treatment of persons with substance use and/or psychiatric disorders. APNA’s membership is inclusive of all psychiatric mental health registered nurses including associate degree, baccalaureate, advanced practice (comprised of clinical nurse specialists and psychiatric nurse practitioners), and nurse scientists and academicians (PhD). As the largest organization in the US committed to psychiatric-mental health nursing, APNA serves to both further the practice of and give voice to the profession.

On behalf of the psychiatric-mental health nurses who provide care to persons with substance use and mental health needs across the country, we are writing to express concern regarding sections of the Centers for Medicare and Medicaid Services’ (CMS) Proposed Rule: Modernizing Part D and Medicare Advantage to Lower Drug Prices and Reduce Out-of-Pocket Expenses (CMS-4180-P). While we appreciate the work being done to address the affordability of prescription drugs, we have serious concerns regarding the proposed changes to the protected classes. The extensive exceptions to Part D plans that are included in this proposed rule threaten the ability of those Part D enrollees with chronic conditions, cognitive impairments, and limitations of their activities of daily living to obtain the medications they need. Through disruptive and restrictive utilization management practices, CMS will limit these patients’ access to the full range of treatment options they need for their complex conditions. Further, the proposal to allow for prior authorization and step therapy would not only threaten the ability of patients stabilized on a treatment to continue this treatment, it would also add new barriers to patients seeking to initiate lifesaving treatment. Disrupting access to treatment for stabilized patients and restricting it for those starting treatment will only incur more costs in the long-term.

As a health care organization that is dedicated to the promotion of mental health and wellbeing, we reiterate our serious concerns regarding the proposed changes to the protected classes policy in the proposed rule. We urge you to collaborate with stakeholders in order to ensure that Medicare continues to provide access to vital medications for enrollees with chronic conditions, cognitive impairments, and limitations of their activities of daily living.

Be Safe,

Nicholas Croce Jr., MS
Executive Director