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**The NRLN advocates the rights of more than 2 million American retirees from...**

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September 13, 2021

The Honorable Kevin Brady, Ranking Member  
 Committee on Ways and Means  
 U.S. House of Representatives  
 1011 Longworth House Office Building  
 Washington, DC 20515-4308

Dear Representative Brady:

On behalf of the more than 2 million retirees and future retirees represented by the National Retiree Legislative Network (NRLN), I am requesting that you support calling for votes in the Committee on Ways and Means on the following three bills.

**H.R.3173 Improving Seniors’ Timely Access to Care Act of 2021**, would improve care for seniors by streamlining and standardizing the way Medicare Advantage plans use prior authorization and increase oversight and transparency around prior authorization.

When Medicare Advantage plan enrollees need critical medical care, doctors and other health care providers should be spending their time working with patients instead of going back and forth with insurers.

Passage of **H.R.3173** would require Medicare Advantage plans to (1) establish an electronic prior authorization program that meets specified standards, including the ability to provide real-time decisions in response to requests for items and services that are routinely approved; (2) annually publish specified prior authorization information, including the percentage of requests approved and the average response time; and (3) meet other standards, as set by the Centers for Medicare & Medicaid Services, relating to the quality and timeliness of prior authorization determinations.

**H.R.3554, Pharmacy DIR Reform to Reduce Senior Drug Costs Act** would ensure that all pharmacy price concessions are assessed at the point of sale and eliminate the retroactive nature of direct and indirect remuneration (DIR) clawback fees imposed by Pharmacy Benefit Managers (PBMs). The Centers for Medicare and Medicaid Services (CMS) estimates this change will save Medicare beneficiaries an estimated \$7.1 to \$9.2 billion in reduced cost sharing.

PBMs have increasingly returned to pharmacies days or even weeks after the point-of-sale to demand more in DIR fees. From 2010 to 2019, CMS documented a 91,500 percent increase in DIR fees paid by pharmacies. **H.R.3554** will increase transparency and hold PBMs accountable for retroactively assessing fees on pharmacies.

**H.R. 4158, Insulin Access for All Act of 2021**, would make insulin completely free for individuals enrolled in Medicare or Medicaid who represent some of the most vulnerable populations of diabetics. Also, this bill would eliminate the cost-sharing requirement — including deductibles, copayments, and coinsurance — for insulin under Medicare and Medicaid.

The price of insulin has soared to a point that many Americans have to decide whether they can afford their insulin or their food or housing. One in four Americans with diabetes report rationing their insulin according to the American Diabetes Association. Rationing is extremely dangerous and has caused many deaths. **H.R.4158** is a step towards ensuring that no one is forced to make the life-threatening decision to ration their insulin.

If you would like to learn more about why the NRLN supports these three bills, please contact me or Alyson Parker, NRLN Executive Director, on her cell phone at 813-545-6792 or [executivedirector@nrln.org](mailto:executivedirector@nrln.org).

Sincerely,



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