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July 8, 2019

The Honorable Michael Burgess, Ranking Member
Subcommittee on Health
U.S. House of Representatives
2161 Rayburn House Office Building
Washington, DC 20515-4346

Dear Representative Burgess:

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 Subcommittee on Health on the following
two bills.

H.R. 1034, Phair Pricing Act of 2019. As you know,
under Medicare Part D, pharmacy benefit managers
(PBMs) act as middlemen between pharmacies and
insurers, negotiating price concessions that they are
supposed to pass on to patients to lower the cost of
drugs. However, the Centers for Medicare and
Medicaid Services (CMS) has noted that these price
concessions are rarely used to lower patients' costs at
the point of sale. The savings usually end up in the
PBMs' profits.

H.R. 1034 directs all price reductions, incentive
payments and adjustments between a PBM and a
pharmacy be included at the point of sale to decrease
the patients' costs. Furthermore, this legislation directs
the Secretary of Health and Human Services (HHS) to
establish a working group of stakeholders to create
quality standards based on a pharmacy's
practice. These standards will help PBMs prioritize
patient care.

The NRLN believes a more effective way to reduce
Medicare prescription drug costs would be for
Congress to enact policy mandating that HHS
implement a "competitive bidding" model used in
business and industry that will permit direct purchasing
of prescription drugs from drug manufacturers.
Competitive bidding should be allied applied wherever
two or more FDA approved generic drugs, or two or
more brand drugs, or a generic and brand drugs (upon
patent expiration) treat the same medical condition.
Competitive bidding will not create bigger government,
it will make HHS more efficient and save Medicare and
beneficiaries billions annually!

H.R. 1948, Lymphedema Act of 2019. Lymphedema (chronic lymphatic system failure) affects an estimated 3 to 5 million men, women and children in the United States. There is no cure, but it can be effectively managed. Two-thirds of all cases are the result of cancer treatments that remove lymph nodes or damage the lymphatic system, making it a significant survivorship issue. Lymphedema affects 40 percent of all breast cancer survivors, which has the highest incidence rate.

Untreated or undertreated lymphedema results in increased complications, hospitalizations and disabilities. Passage of **H.R. 1948** would provide for Medicare coverage of certain lymphedema compression treatment items as items of durable medical equipment. As demonstrated by the 61 Republican and Democrat Senators who are cosponsors for this bill, it's time to pass the **Lymphedema Treatment Act**.

To learn more about why the NRLN supports these two bills, please ask a member of your staff to contact me or Alyson Parker, the NRLN's Executive Director in Washington, DC at 813-545-6792 or executivedirector@nrln.org.

The NRLN's full Legislative Agenda and detailed whitepapers can be found at www.nrln.org. Your consideration on these issues would be appreciated.

Sincerely,



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