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Submitted Electronically to [IRAREbateandnegotiation@cms.hhs.gov](mailto:IRAREbateandnegotiation@cms.hhs.gov)

November 13, 2023

Benjamin Stidham  
Office of Acquisitions and Grants Management  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard  
Baltimore, MD 21244

**RE: RFI: Medicare Transaction Facilitator (MTF) for the Medicare Drug Price Negotiation Program**

Dear Mr. Stidham:

The Protecting Innovation in Rare Cancers (PIRC) coalition appreciates the opportunity to submit its response to the Request for Information (RFI) seeking stakeholder input as it considers contracting with transaction facilitators to ensure access to Medicare negotiated price for selected drugs. While initially this RFI seemed designed for a more technical audience, we see the potential for choosing a Medicare Transaction Facilitator (MTF) that could also realize an immediate point-of-sale enrollment option in the Medicare Payment Program or ‘smoothing.’

PIRC is a collaborative, multi-stakeholder, patient advocacy coalition focused on improving access to and affordability of existing treatments while preserving the incentives required to advance future innovations in rare cancers. The coalition seeks to fulfill a vital role in exchanging information and collaborating toward educating our own rare cancer communities as well as policymakers on the positive impact the Inflation Reduction Act (IRA) might have on affordability of existing Part D drugs and the challenges the law presents to continuing access and innovation.

While cancer patients can face significant challenges in affording their treatments, *rare cancer* patients typically face even higher costs, fewer treatment options, and a limited set of clinicians and facilities with expertise in treating their cancer and navigating payer-related impediments to access. The IRA’s enactment of a more affordable Part D out-of-pocket cap, combined with enabling Part D enrollees to participate in a payment plan will make a real difference for Medicare beneficiaries and their families as they fight cancer.

As CMS moves toward defining the appropriate breadth of capabilities required for a Medicare transaction facilitator (MTF), we urge the Agency to keep the intent of the IRA’s Medicare drug

provisions at the forefront of its decisions. This means that MTF contracts should deliver on the IRA's promise to Americans that patients will have affordable access to innovative treatments without having to choose between necessary medical treatments and food and housing security. CMS noted in earlier guidance that it may take time to roll out a point-of-sale enrollment option, and Year 1 implementation is unlikely. This RFI sets out a thoughtful and pragmatic list of needs the Agency envisions for a Facilitator. In reviewing the capabilities needed, we note that this Facilitator will have access to the necessary data (e.g., Part D enrollment status, plan in which beneficiary is enrolled, prescribed drugs) to provide a point-of-sale option in Year 1. This is particularly important for patients as it streamlines processes with the greatest impact on reducing what Medicare beneficiaries pay at the pharmacy counter and will meet Americans where their need is greatest. Including a point-of-sale MTF communication function would also leverage efficiencies and could reduce Medicare costs for maintaining the MTF alongside platforms for payment plan enrollment and inflation discount tracking. Most importantly, the MTF could fill the crucial role of enabling beneficiaries to elect participation in the Medicare drug payment plan and receive their medication without paying out-of-pocket costs at the pharmacy.

It is of course also important that the MTF function be pragmatically defined, minimize duplication of data collection and transmission, and maximize the extent to which the IRA's drug pricing provisions enhance Medicare sustainability by reducing the program's direct and indirect costs associated with prescription drugs. Decision on MTF contracts should focus on the negotiated price access activities that are necessary to run the program effectively while prioritizing inclusion of additional functions that are most likely to have a direct impact on patients. Since cancer treatments tend to be costly, virtually all rare cancer patients on active treatment will hit the 2025 out-of-pocket maximum under Part D. Neither the drug negotiation program nor the inflation rebates will change the out-of-pocket costs for our patient communities. The opportunity to spread costs over the year, however, is *real* help, enabling beneficiaries to fill their prescriptions on time without financial stressors.

Once again, we appreciate the opportunity to contribute the perspectives of those within the rare cancer patient and caregiver communities as CMS implements the prescription drug provisions of the IRA. We look forward to a continuing dialogue throughout the IRA implementation process and welcome the opportunity to discuss our comments or the experience of rare cancer patients.

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Exon 20 Group  
Hairy Cell Leukemia Foundation  
Hope for Stomach Cancer  
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PD-L1 Amplifieds  
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