

January 8, 2024

Honorable Chiquita Brooks-LaSure  
Administrator  
Centers for Medicare & Medicaid Services  
U.S. Department of Health and Human Services  
Attention: CMS-9895-P, Mail Stop C4-26-05  
7500 Security Boulevard  
Baltimore, MD 21244-1850

Re: CMS-9895-P

Dear Administrator Brooks-LaSure:

The Partnership to Improve Patient Care (PIPC) is pleased to specifically comment on the Notice of Benefit and Payment Parameters for 2025 related to its proposal to require Pharmacy & Therapeutics (P&T) committees to include a consumer representative. We urge the agency to, more accurately, call for a patient representative on the committee if the goal is to improve formularies by better achieving outcomes that matter to patients and people with disabilities with lived experience.

Since its founding, PIPC has been at the forefront of applying principles of patient-centeredness to the nation's health care system – from the generation of comparative clinical effectiveness research at the Patient-Centered Outcomes Research Institute (PCORI), to the translation of evidence into patient care in a manner that achieves value to the patient. Having driven the concepts of patient-centeredness and patient engagement in the conduct of research, PIPC looks forward to bringing the voices of patients and people with disabilities to the discussion of how to advance patient-centered principles throughout an evolving health care system.

PIPC has long supported policies that engage patients and people with disabilities in decisions related to reimbursement and coverage of treatments and services.<sup>1</sup> We have urged the Center for Medicare and Medicaid Innovation to create patient advisory panels to advise the agency in the development, implementation and evaluation of new payment models.<sup>2</sup> PIPC has consistently called for a shared decision-making program that achieves preference-sensitive care as called for in the Affordable Care Act.<sup>3</sup> We have urged CMS to enforce the ban on use of quality-adjusted life years (QALYs) and similar measures in Medicare, including the Medicare Drug Negotiation Program, and to implement such nondiscrimination policies consistently across federal programs such as Medicaid. PIPC has been at the forefront of calling on CMS to engage patients and people with disabilities throughout the Medicare Drug Negotiation Program process in a manner that prioritizes achieving outcomes that

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<sup>1</sup> [http://www.pipcpatients.org/uploads/1/2/9/0/12902828/pipc\\_cmml\\_comments\\_final.pdf](http://www.pipcpatients.org/uploads/1/2/9/0/12902828/pipc_cmml_comments_final.pdf)

<sup>2</sup> [http://www.pipcpatients.org/uploads/1/2/9/0/12902828/pipc\\_blueprint\\_comments\\_.pdf](http://www.pipcpatients.org/uploads/1/2/9/0/12902828/pipc_blueprint_comments_.pdf)

<sup>3</sup> <http://www.pipcpatients.org/uploads/1/2/9/0/12902828/sdm-letter-to-cms-final.pdf>

matter to them.<sup>4</sup> At the core of these policy priorities is the need for transparency in the decision-making process that includes sharing the evidence on which decisions are made and allowing for the public, including patients and people with disabilities, to comment on the quality of the evidence. Elements related to the quality and patient-centeredness of evidence could include whether its development included patient perspectives, whether it used discriminatory measures of effectiveness and whether it supports health equity by representing of all subpopulations that experience the disease or condition to be treated.

Therefore, we strongly support including the patient perspective on insurers' Pharmacy & Therapeutics (P&T) Committees. It is important to distinguish between consumers and patients.<sup>5</sup> Consumer groups may bring a perspective to P&T committees that is focused on system costs at the expense of access to care, a perspective that P&T committees already incorporate. We would propose that the final requirement use the terminology "patient representative" as opposed to "consumer representative." A patient perspective should be required to bring a focus on the patient experience of care to the P&T committee, providing additional insight into the practical use of therapies and effect on quality-of-life outcomes. Additionally, the P&T committee process should be required to engage patients and people with disabilities and the organizations representing them as advisors that have experience with the disease or condition to ensure that outcomes that matter to patients are key considerations in payer decisions. Engaged patients and people with disabilities should have an opportunity to comment on the evidence that is being reviewed by a P&T committee, including the evidence relied upon by third party contractors that provide recommendations for formularies. Too often, third party contractors make recommendations to P&T committees based on value assessments and other studies that fail to capture outcomes that matter to patients and people with disabilities.<sup>6</sup>

We appreciate efforts to bring a new perspective into the P&T committee process that represents the experience of patients and people with disabilities that are impacted by formulary decisions. Therefore, we urge you to consider final requirements that more directly call for a patient representative, as well as a process for partnership with organizations representing patients and people with disabilities and engagement of impacted patients and people with disabilities.

Sincerely,



Tony Coelho  
Chairman  
Partnership to Improve Patient Care

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<sup>4</sup> [https://www.pipcpatients.org/uploads/1/2/9/0/12902828/joint\\_comment\\_to\\_cms\\_on\\_negotiation.pdf](https://www.pipcpatients.org/uploads/1/2/9/0/12902828/joint_comment_to_cms_on_negotiation.pdf)

<sup>5</sup> <https://www.pipcpatients.org/2011.html>

<sup>6</sup> [https://www.pipcpatients.org/uploads/1/2/9/0/12902828/pipc\\_504\\_comment\\_final.pdf](https://www.pipcpatients.org/uploads/1/2/9/0/12902828/pipc_504_comment_final.pdf)