



## **The Part D Prescription Drug Program: Americans Need a Public Option**

### **Problem: The Part D Program Is Not Like Original Medicare**

- 1. Unlike Original Medicare, Part D drug coverage is available only through private plans, which do not have the same power to negotiate lower drug prices as the federal government.** People with Medicare must still pay high drug prices under Part D, particularly during the “doughnut hole,” the gap in coverage that is built in to the benefit.
- 2. Unlike Original Medicare, Part D plans cannot guarantee access to all prescriptions that are medically necessary.** Private Part D plans have a financial incentive to deny coverage of expensive medicines, even if denying coverage can put someone in the hospital at a greater cost to Medicare.
- 3. Unlike Original Medicare, every year Part D plans change which drugs they cover, what restrictions they impose on coverage and how much they charge.** For over 40 years, Original Medicare has provided stable coverage of hospital and doctor care for people with Medicare of all income levels. By contrast, the list of covered drugs and the rules for coverage vary widely among Part D plans and no plan guarantees stable coverage from year to year. This instability is a particular problem for low-income people with Medicare, many of whom are randomly reassigned each year to a new Part D drug plan if their current plan will no longer qualify for a full premium subsidy.
- 4. Unlike Original Medicare, Part D hands billions of taxpayer dollars to private insurance companies and the pharmaceutical industry.** While Original Medicare has lower administrative costs than any private insurance company, the Part D program uses private insurers as middlemen and prohibits the government from negotiating drug prices, wasting billions of taxpayer dollars.

### **Solution: A Drug Benefit Under Original Medicare**

**Americans deserve affordable prescription drug coverage that meets our changing health care needs and that covers the drugs we need today and tomorrow. A drug benefit administered directly by Medicare:**

- is one without the waste that comes with private health insurers as middlemen;
- can negotiate more effectively, so costs are reasonable and affordable;
- provides one decent drug benefit that adapts to our needs now and in the future. People will no longer have to choose from among multiple plans that force us to gamble that our medicines will be covered;
- provides simple, stable and comprehensive drug coverage that can be accessed with the red, white and blue Medicare card.

**Ask your Senators and Representatives to co-sponsor the Medicare Prescription Drug Savings and Choice Act of 2009 (H.R. 684 in the House of Representatives and S. 330 in the Senate). Give people with Medicare the one choice we really need: stable drug coverage based on clinical evidence and lower prescription drug prices.**