



August 8, 2022

The Honorable Chiquita Brooks-LaSure  
Administrator  
Centers for Medicare & Medicaid Services  
U.S. Department of Health & Human Services  
200 Independence Avenue S.W.  
Washington, D.C. 20201

Dear Administrator Brooks-LaSure,

I firmly believe prescription drug prices and costs need more daylight.<sup>1</sup> Patients should have access to prescription drug costs, formulary alternatives, and utilization management requirements in real-time. Recent research indicates that “there is a clear role for informatics tools” to provide data on patient prescription drug costs.<sup>2</sup> I helped pass a provision in the Consolidated Appropriations Act of 2021 that requires Medicare Part D plans to increase the use of electronic real-time benefit tools (RTBT) to put some sunshine on patient prescription costs.<sup>3</sup> This was a bipartisan provision originally contained in the bipartisan Prescription Drug Pricing Reduction Act.<sup>4</sup>

Beginning in January 2021, the prescriber RTBT requirement went into effect giving Part D prescribers information in real-time about lower-cost alternative drugs available and utilization requirements under the beneficiary’s Part D plan. Furthermore, beginning January 2023, Part D plans will be required to implement a beneficiary RTBT allowing patients to “view the information included in the prescriber RTBT system, which will include accurate, timely, and clinically appropriate patient-specific real-time formulary and benefit information (including cost, formulary alternatives and utilization management requirements).”<sup>5</sup> The implementation of this transparency will benefit patients.

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<sup>1</sup> Office of Senator Chuck Grassley, “Q&A: Drug Advertising Needs More Daylight,” July 26, 2021, <https://www.grassley.senate.gov/news/news-releases/qanda-drug-advertising-needs-more-daylight>.

<sup>2</sup> Kiessling KA, Iott BE, Pater JA, Toscos TR, Wagner SR, Gottlieb LM, Veinot TC. Health informatics interventions to minimize out-of-pocket medication costs for patients: what providers want. *JAMIA Open*. 2022 Feb 24;5(1):ooac007. doi: 10.1093/jamiaopen/ooac007. PMID: 35274083; PMCID: PMC8903137.

<sup>3</sup> Public Law (P.L.) 116-260, Division CC, Title I, Sec. 119, “Increasing the use of real-time benefit tools to lower beneficiary costs.”

<sup>4</sup> U.S. Senate. Committee on Finance. Prescription Drug Pricing Reduction Act of 2019. (S. Rpt. 116-120). Washington: Government Printing Office, 2019. <https://www.finance.senate.gov/imo/media/doc/CRPT-116srpt120.pdf>.

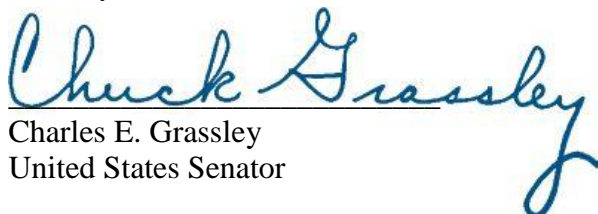
<sup>5</sup> Medicare and Medicaid Programs; Contract Year 2022 Policy and Technical Changes to the Medicare Advantage Program, Medicare Prescription Drug Benefit Program, Medicaid Program, Medicare Cost Plan Program, and Programs of All-Inclusive Care for the Elderly, 86 FR 5864-6135 (to be codified at C.F.R. Parts 405, 417, 422, 423, 455, 460).

With the implementation of the RTBT beneficiary component less than six months away, I request an update on your agency's implementation efforts with Part D plans and documentation on how Part D plans are educating beneficiaries on this new tool. I respectfully ask you to address the following questions in writing:

1. How is the current RTBT being used by prescribers under Medicare Part D for calendar (CY) 2022? If you have utilization data, can you provide an analysis of the data or an audit?
2. Are all Medicare Part D plans for CY 2022 currently compliant with the RTBT requirements including electronic health record integration?
3. For CY 2023, what action is CMS taking to ensure improved compliance? Furthermore, how is the agency conducting oversight of provider accessibility and usability of the tool? What education has CMS conducted in CY 2022 to improve use by providers?
4. Is CMS able to determine trend data or examples where the RTBT determined a lower cost, therapeutic equivalent alternative? If so, how will this information be publicized? Can you provide specific examples and trend data?
5. Is the RTBT falling short of its intention? If so, what statutory, regulatory, or guidance efforts will CMS be taking or recommending to improve the RTBT?
6. Are Medicare Part D plans prepared and compliant to offer the RTBT on January 1, 2023? Has the agency conducted surveys among beneficiaries to determine awareness or does the agency plan to conduct surveys?
7. What steps have the agency and Medicare Part D plans taken to inform beneficiaries of the RTBT availability on January 1, 2023? What actions will the agency be taking or requiring of the Medicare Part D plans between now and January 1, 2023? After January 1, 2023?
8. Are there statutory or regulatory barriers preventing the effectiveness of RTBT for beneficiaries?

The Medicare real-time benefit tool empowers prescribers and patients with critical information about prescription drug costs, formulary alternatives, and utilization management requirements in real-time. It's long past due that our health care industry operates in sunlight. I stand ready to help make sure your efforts and future congressional action ensures the Medicare real-time benefit tool's success. Transparency will bring more accountability to the health care industry. I look forward to your timely answers.

Sincerely,

  
Charles E. Grassley  
United States Senator