

A P P E N D I X

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**Commissioners' voting
on recommendations**



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In the Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act of 2000, the Congress required MedPAC to call for individual Commissioner votes on each recommendation and to document the voting record in its report. The information below satisfies that mandate.

Chapter 1: Using competitive pricing to set beneficiary premiums in Medicare

No recommendations

Chapter 2: Medicare's new framework for paying clinicians

No recommendations

Chapter 3: Mandated report: Developing a unified payment system for post-acute care

The Commission has voted to forward to the Congress the report on the unified post-acute care payment system required by the Improving Medicare Post-Acute Care Transformation Act of 2014.

Yes: Armstrong, Baicker, Buto, Christianson, Coombs, Crosson, Gradison, Hall, Hoadley, Kuhn, Naylor, Nerenz, Redberg, Samitt, Thomas, Thompson, Uccello

Chapter 4: Medicare drug spending in its broader context

No recommendations

Chapter 5: Medicare Part B drug and oncology payment policy issues

The Secretary should reduce the Medicare Part B dispensing and supplying fees to rates similar to other payers.

Yes: Armstrong, Baicker, Buto, Christianson, Coombs, Crosson, Gradison, Hall, Hoadley, Kuhn, Naylor, Nerenz, Redberg, Samitt, Thomas, Thompson, Uccello

Chapter 6: Improving Medicare Part D

6-1 The Congress should change Part D to:

- transition Medicare’s individual reinsurance subsidy from 80 percent to 20 percent while maintaining Medicare’s overall 74.5 percent subsidy of basic benefits,
- exclude manufacturers’ discounts in the coverage gap from enrollees’ true out-of-pocket spending, and
- eliminate enrollee cost sharing above the out-of-pocket threshold.

Yes: Armstrong, Baicker, Buto, Christianson, Coombs, Crosson, Gradison, Hall, Hoadley, Kuhn, Naylor, Nerenz, Redberg, Samitt, Thomas, Thompson, Uccello

6-2 The Congress should change Part D’s low-income subsidy to:

- modify copayments for Medicare beneficiaries with incomes at or below 135 percent of poverty to encourage the use of generic drugs, preferred multisource drugs, or biosimilars when available in selected therapeutic classes;
- direct the Secretary to reduce or eliminate cost sharing for generic drugs, preferred multisource drugs, and biosimilars; and
- direct the Secretary to determine appropriate therapeutic classifications for the purposes of implementing this policy and review the therapeutic classes at least every three years.

Yes: Armstrong, Baicker, Buto, Christianson, Coombs, Crosson, Gradison, Hall, Hoadley, Kuhn, Naylor, Nerenz, Redberg, Samitt, Thomas, Thompson, Uccello

6-3 The Secretary should change Part D to:

- remove antidepressants and immunosuppressants for transplant rejection from the classes of clinical concern,
- streamline the process for formulary changes,
- require prescribers to provide standardized supporting justifications with more clinical rigor when applying for exceptions, and
- permit plan sponsors to use selected tools to manage specialty drug benefits while maintaining appropriate access to needed medications.

Yes: Armstrong, Baicker, Buto, Christianson, Coombs, Crosson, Gradison, Hall, Hoadley, Kuhn, Naylor, Nerenz, Redberg, Samitt, Thomas, Thompson, Uccello

Chapter 7: Improving efficiency and preserving access to emergency care in rural areas

No recommendations

Chapter 8: Telehealth services and the Medicare program

No recommendations

Chapter 9: Issues affecting dual-eligible beneficiaries: CMS’s financial alignment demonstration and the Medicare Savings Programs

No recommendations