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CITIZEN POTAWATOMI NATION

September 4, 2024

Submitted via: www.regulations.gov

The Honorable Chiquita Brooks-LaSure Administrator Centers for Medicare and Medicaid Services Department of Health and Human Services 7500 Security Boulevard Baltimore, MD 21244

Dear Administrator Brooks-LaSure,

Re: Medicare Part D Addendum

The Citizen Potawatomi Nation (CPN, Nation, Tribe) appreciates the opportunity to provide comments regarding the Center for Medicare and Medicaid Services (CMS) Medicare Part D Addendum. While CPN is encouraged that CMS has incorporated some of the basic edits proposed by the CMS Tribal Technical Advisory Group (TTAG), to be effective and address the policy recommendations, the Nation recommends additional edits proposed by the CMS TTAG be included in the Part D Addendum as well. CPN is disappointed and discouraged that CMS failed to include TTAG's proposed edits intended to protect and enforce the right to reimbursement for the Nation and all Indian health care providers. The Nation strongly supports these edits and requests CMS include them as originally proposed.

CPN is the eighth largest federally recognized tribe in the United States, serving a tribal membership of over 39,000 nationally. Centrally located in Shawnee, Oklahoma, the Nation provides ambulatory health care through its self-governance compact to a substantial Indian Health Services (IHS) user population (25,344) residing within a five-county service area. The Tribe operates an accredited freestanding ambulatory health care system with two outpatient clinics providing a vast array of comprehensive health care services, including a pharmacy within each clinic.

The Tribe supports the TTAG's recommendation that the scope of the Addendum be expanded beyond Part D plans so that it applies to other pharmacy plans as well. Pharmacy Benefit Managers (PBMs) and health plan sponsors that are not Part D plans frequently refuse to offer contracts, impose undue penalties, or pay a much lesser reimbursement rate, if at all, for covered services due to the Tribe. This could be addressed through this Addendum that would enforce federal laws and provisions to protect Indian Health, Tribal, and Urban (I/T/U) providers and pharmacies

against such treatment. President Biden's December 6, 2023-dated Executive Order (EO) 14112 directs Federal agencies to implement reforms to federal funding and support programs to make them more accessible, flexible, and equitable to better embrace the federal government's trust responsibilities. In the spirit of EO 14112, the Agency should expand the scope of the proposed Part D Addendum beyond Part D plans to allow CPN and all Indian health care pharmacies access to reimbursement due them from these other payer sources that currently ignore the federal laws and provisions created to protect I/T/U providers and pharmacies.

Additionally, there should be no impact on reimbursement regarding CPN's ability to repackage pharmaceuticals or procure pharmaceuticals and other supplies using the Federal Supply Schedule or the 340B program. PBMs frequently reduce reimbursements to I/T/U providers based on the fact that they procure pharmaceuticals at discounted rates through these programs and resources. A separate pharmacy Addendum in addition to the Part D Addendum could address these issues as well.

Finally, should the Part D program not have authority to expand the scope of the Part D Addendum beyond the Part D program, the Nation encourages the Agency to elevate these requests to a higher level for review. If CMS is unable to approve the currently proposed Part D Addendum to address these issues, CPN recommends the Agency develop a new Addendum to enforce these federal laws and provision for I/T/U providers.

Thank you for the opportunity to provide comments on this critical issue that impacts Indian Country. If you have any questions, please contact Kasie Nichols, Director of Self-Governance, at (405) 275-3121 or at kasie.nichols@potawatomi.org.

Sincerely,

Lipda Capps
Vice Chairman