

July 27, 2021

The Honorable Patty Murray  
Chair, U.S. Senate Committee on  
Health, Education, Labor and Pensions  
428 Senate Dirksen Office Building  
Washington, D.C. 20510

The Honorable Richard Burr  
Ranking Member, U.S. Senate Committee on  
Health, Education, Labor and Pensions  
648 Hart Senate Office Building  
Washington, D.C. 20510

Dear Chair Murray and Ranking Member Burr:

We, the undersigned organizations, thank you for the opportunity to provide input on legislation to prepare the nation for future public health emergencies. We write to urge the committee to include provisions to help ensure timely and consistent access to medications in public emergencies.

Early in the pandemic, the Centers for Disease Control and Prevention (CDC) recommended that people taking medications for chronic health conditions obtain extra supply of their medications as part of emergency preparedness and to comply with social distancing guidelines. Many of our organizations wrote to Congress urging action to help people with chronic conditions who take maintenance medications adhere to this advice.<sup>1</sup>

In response to the needs of people with chronic conditions to comply with public health guidance, Section 3714 of the CARES Act required that Medicare Advantage and Part D plans provide 90-day supplies, regardless of utilization management, during the public health emergency. Many states also took action to address medications access in Medicaid and state-regulated health plans, including early refills and waivers of prior authorization.<sup>2</sup>

We urge the committee to build on the provisions made for the COVID-19 public health emergency and address medications access in future emergencies. Obtaining extra supplies of medications is often recommended as part of disaster and emergency preparedness. The Federal Emergency Management Agency (FEMA) and Ready.gov recommend an extra week-long supply of prescription medications on their page for people with disabilities.<sup>3</sup> CDC recommends an extra supply of prescription medications as part of everyday preparedness.<sup>4</sup> However, typical insurance design prohibits individuals from obtaining extra supplies or getting early refills.

Existing law addresses some emergency medications access needs but is insufficient. Some state laws allow pharmacists to dispense early fills of medications in emergencies, including up to 90-day supplies in some states,<sup>5</sup> but this does not address insurance coverage of the medication. The Emergency

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<sup>1</sup><https://www.epilepsy.com/sites/core/files/atoms/files/Medication%20Access%20in%20Third%20COVID%20Package%20Updated%203.25.2020.pdf>

<sup>2</sup> <https://www.kff.org/report-section/state-covid-19-data-and-policy-actions-policy-actions/> and <https://www.kff.org/medicaid/issue-brief/medicaid-emergency-authority-tracker-approved-state-actions-to-address-covid-19/>

<sup>3</sup> <https://www.ready.gov/disability>

<sup>4</sup> <https://www.cdc.gov/prepyourhealth/takeaction/prescriptions/index.htm>

<sup>5</sup> <https://blogs.cdc.gov/publichealthmatters/2019/09/prescription-preparedness/>

Prescription Assistance Program funds 30-day supplies of medications for people in federally designated disaster areas, but only for those without insurance.<sup>6</sup>

The need for action on coverage of medications in emergencies is also being recognized in the literature. In April of 2020, the Journal of the American Medical Association published an article calling for the financing of extra supplies of medications as part of a set of proposals to ensure access to medications during the pandemic.<sup>7</sup>

Rather than relying on Congress and state governments to act in the midst of a crisis—putting peoples' wellbeing, and sometimes lives, at stake, our nation should plan for the next public health emergency now. We urge the Committee to take action to help people with chronic conditions do their part to prepare for emergencies and comply with public health and emergency preparedness advice. The Committee should:

1. Ensure that people who take regular medications, regardless of their insurance coverage status, can have an extra supply on hand, at least to CDC and FEMA recommendations, to plan for known emergencies in advance, and/or;
2. Require that, at the declaration of an emergency, health plans be required to provide early refills, longer refill periods, medication synchronization, allow home delivery, and waive utilization management barriers.

Thank you for your attention to this important issue. For more information, contact Rachel Patterson, Senior Director of Government Relations & Advocacy at [rpatterson@efa.org](mailto:rpatterson@efa.org). We look forward to working with you.

Sincerely,

ACCSES  
Alaska Youth and Family Network  
Alliance for Patient Access  
American Academy of Neurology  
American Academy of Physical Medicine & Rehabilitation  
American Association of People with Disabilities  
American Association on Health and Disability  
American Behcet's Disease Association (ABDA)  
American Cancer Society Cancer Action Network  
American Council of the Blind  
American Urological Association  
Angelman Syndrome Foundation  
Arthritis Foundation  
Association of University Centers on Disabilities  
Autism Society of America  
Autistic Self Advocacy Network  
CancerCare  
Caregiver Action Network

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<sup>6</sup> <https://www.phe.gov/Preparedness/planning/epap/Pages/default.aspx>

<sup>7</sup> <https://jamanetwork.com/journals/jama/fullarticle/2764562>

Child Neurology Foundation  
Cutaneous Lymphoma Foundation  
Dravet Syndrome Foundation  
Dup15q Alliance  
Epilepsy Alliance North Carolina  
Epilepsy Foundation Iowa  
Epilepsy Foundation North Carolina  
Epilepsy Foundation Washington  
Families on the Move of New York City  
Family Voices  
Global Colon Cancer Association  
Global Healthy Living Foundation  
GO2 Foundation for Lung Cancer  
Idaho Federation of Families for Children's Mental Health  
International Pemphigus Pemphigoid Foundation  
Justice in Aging  
Lakeshore Foundation  
Leukemia and Lymphoma Society  
Lupus and Allied Diseases Association, Inc.  
Lupus Foundation of America  
Mended Hearts & Mended Little Hearts  
National Association of Councils on Developmental Disabilities  
National Association of State Head Injury Administrators  
National Council on Independent Living  
National Down Syndrome Congress  
National Multiple Sclerosis Society  
National Organization for Rare Disorders  
New Jersey Association of Mental Health and Addiction Agencies, Inc.  
Noah's Hope  
Parents Helping Parents  
Prevent Blindness  
SynGAP Research Fund (SRF)  
Texas Parent to Parent  
The Arc of the United States  
The Parents' Place of MD  
TSC Alliance  
United Ostomy Associations of America, Inc.  
UPLIFT  
Vasculitis Foundation