

National Council on Independent Living

1710 Rhode Island Avenue, NW, 5th Floor

Washington, DC 20036 Voice: (202) 207-0334 TTY: (202) 207-0340 FAX: (202) 207-0341 E-mail: ncil@ncil.org Website: www.ncil.org

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John Lancaster **Executive Director**

January 10, 2007

The Honorable John D. Dingell Chairman Energy & Commerce 2328 Rayburn House Office Building Washington, D.C. 20515

Congresswoman JoAnn Emerson 2440 Rayburn House Office Building Washington, D.C. 20515

The Honorable Charles Rangel Chairman Ways and Means Committee 2328 Rayburn House Office Building Washington, D.C. 20515

Dear Chairman Dingell, Chairman Rangel, and Congresswoman Emerson:

The National Council on Independent Living (NCIL) would like to express its strong support for The Medicare Prescription Drug Price Negotiation Act of 2007 by Mr. Dingell and Mrs. Emerson to negotiate lower covered Medicare Part D drug prices on behalf of Medicare beneficiaries. NCIL has supported similar bi-partisan legislation in the past such as HR376 in the 109th Congress.

NCIL is the oldest cross-disability, national grassroots organization run by and for people with disabilities. Our membership is comprised of centers for independent living, state independent living councils, people with disabilities and other disability rights organizations. As a membership organization, NCIL advances independent living and the rights of people with disabilities through consumer-driven advocacy. NCIL envisions a world in which people with disabilities are valued equally and participate fully.

Millions of people with disabilities rely on Medicare and prescription drugs in order to maintain their health and quality of life. For too long, people with disabilities and the elderly have been forced to decide what to pay for, food, shelter or prescription drugs?

We concur with AARP and other consumer advocacy organizations in support of the proposal. The Veterans' Administration, which filled more than 120 million prescriptions last year has effectively leveraged negotiation authority to contain prescription drug cost. Polling by the Kaiser Family Foundation has found widespread public support for giving HHS the same authority.

Since the MMA went into effect, many people who are dual eligibles have for the first time had to pay cost sharing on their prescription drugs and/or became subject to additional resource or assets test in order to qualify for "extra help". The federal government owes it to low income beneficiaries with disabilities to maximize Medicare's purchasing power to obtain high quality prescription drugs at affordable prices.

Respectfully,

John Lancaster **Executive Director** President