Congress of the United States
House of Representatives
Washington, D.C. 20515

October 24, 2005

The Honorable David M. Walker
Comptroller General
U.S. Government Accountability Office
441 G Street, NW
Washington, DC 20548

Dear Mr. Walker:

The Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA) created an outpatient drug benefit under Medicare Part D, which becomes effective as early as January 1, 2006. Nearly 42 million elderly and disabled Medicare beneficiaries will have access to the Medicare drug benefit. Starting on November 15, 2005, Medicare beneficiaries who have Medicare Part A and/or Part B coverage may begin enrolling in the benefit. For those beneficiaries enrolling prior to December 31, 2005, coverage begins on January 1, 2006. While implementation and oversight responsibilities of the Medicare Part D drug benefit lie with the Centers for Medicare and Medicaid Services (CMS), the benefit is actually administered by private plans known as prescription drug plans under contract to CMS.

We believe that a timely examination as to how Medicare beneficiaries are obtaining information, both official and unofficial, provided to them by CMS and by individual prescription drug plans on the Medicare Part D drug benefit is critical to facilitate the early detection and correction of problems. Therefore, we are requesting that the Government Accountability Office (GAO) review educational and informational activities pertaining to the new Medicare Part D drug benefit. Specifically, we ask that GAO examine the extent to which information provided to prospective enrollees is easily comprehended, accurate, and comprehensive in describing the benefits and limitations of the drug coverage. We ask that you evaluate the following information outlets:

- Medicare.gov website
- 1-800 Medicare call line
- Medicare and You handbook
- Other key informational activities provided to beneficiaries (e.g., regional educational efforts, *Parade* magazine insert)
- Drug plan mailings, advertising, telephone solicitations, and other communications
- Telemarketing, both legal and illegal (if applicable)

In addition, we are requesting that GAO examine the role of State Health Insurance Programs. Specifically, we are interested in learning more about how these organizations are independently assisting Medicare beneficiaries to understand and make choices with regard to the new Medicare Part D drug benefit, whether they have appropriate and consistent staffing or volunteers and resources to handle inquiries.

Medicare beneficiaries' early experiences with the Part D drug benefit will likely have an important bearing on the overall success of the benefit. These early experiences may point to improvements that not only enhance the value of the benefit for Medicare beneficiaries, but also better ensure the appropriate use of taxpayer dollars and vigilance against fraud and scams. For this reason, we also request that GAO include recommendations based upon your findings. If you have any questions, feel free to contact staff on our respective committees.

Sincerely,

Henry A. Waxman
Ranking Minority Member
Committee on Government Reform

Charles B. Rangel
Ranking Minority Member
Committee on Ways and Means

John D. Dingell
Ranking Minority Member
Committee on Energy and Commerce

Pete Stark
Ranking Minority Member
Subcommittee on Health
Committee on Ways and Means

Sherrod Brown
Ranking Minority Member
Subcommittee on Health
Committee on Energy and Commerce