

April 3, 2017

Francis J. Crosson, M.D.
Chairman
Medicare Payment Advisory Commission
425 I Street NW
Suite 701
Washington, DC 20001

Dear Dr. Crosson:

The Medicare Payment Advisory Commission (MedPAC) is currently considering recommendations to change the way that Medicare pays for Part B medicines. We write to express our concern that the changes under consideration could make it more challenging for physicians to offer medicines typically administered in their offices and affect seniors' access to quality care. We stand with physicians, patients and health care stakeholders, and urge the Commission to oppose policies that would compromise access to care under Medicare Part B.

Medicare Part B medicines are critical for patients living with serious conditions, such as cancer, macular degeneration, hypertension, rheumatoid arthritis, mental illness, Crohn's disease, ulcerative colitis, and primary immunodeficiency diseases. These patients are some of the sickest and most vulnerable patients in Medicare. They must often try multiple prescription drugs and/or biologics before finding the appropriate treatment for their complex condition. These patients need immediate access to the right medication, which is already challenged by the fact that treatment decisions may change on a frequent basis. Patients and the providers who care for them already face significant complexities in their care and treatment options, and must be safeguarded from unnecessary and disruptive changes.

During the presentation at the March Public Meeting, MedPAC indicated that its draft recommendations would "decrease program spending" and are "not expected to affect beneficiaries' access to needed medicines." We respectfully disagree. Reducing Part B payments for providers, whether through reductions in the Part B payment rate or another mechanism, will make it more difficult for providers, particularly small practices and those in rural settings, to purchase certain drugs at the payment rate. In cancer care in particular, where Part B medicines are an essential component of treatment for many patients, care is increasingly shifting to hospital outpatient departments where it is more costly for beneficiaries and for the Medicare program.¹ The recommendations MedPAC is proposing could accelerate the problem in ways that make care more difficult to obtain, potentially forcing changes to treatment plans that are working well for patients.

Currently, Medicare Part B offers beneficiaries broad access to infused therapies, allowing patients and their doctors to decide which treatments are best. The MedPAC proposals would come between patients and their doctors by limiting a physician's ability to offer certain therapies. Of note, we are concerned that:

¹ Cost Drivers of Cancer Care: A Retrospective Analysis of Medicare and Commercially Insured Population Claim Data 2004-2014. Milliman, April 2016.

- Some providers, particularly those in small or rural practices would be unable to provide certain medicines if reimbursements are reduced or blended through consolidated billing codes. The assumption that the ASP add on encourages the use of more expensive products fails to take into account the many factors that impact providers' decisions such as individual patient characteristics, and the complex needs of Medicare beneficiaries.
- Patient safety could be harmed if proposals to blend coding and reimbursement for biologics or therapeutically similar treatments go forward because it will be more difficult to track and attribute adverse events. Further, CMS should not be put in a position to determine or decide what is "therapeutically similar." That complicated and extremely individual decision should be left in the hands of providers and patients.
- Proposals to blend coding and reimbursement for Part B medicines or establish arbitrary reimbursement caps through an inflation limit could stifle innovation in the next generation of Part B treatments, including biosimilars, which are expected to generate savings for beneficiaries and the Medicare program.
- Finally, the MedPAC proposal to create a new "Drug Value Program" leaves a number of critical questions unanswered, and as proposed could harm patient access by imposing new restrictions on Part B therapies.

It is imperative that recommendations put forward by the Commission preserve access to care for patients. However, many of the options that MedPAC is currently discussing would make drastic changes in the name of cutting costs while giving little consideration to the effects on patients. As MedPAC works towards a vote on these recommendations, we encourage Commissioners to place patient needs and access to quality care at the heart of their recommendations and reconsider the proposed Medicare Part B changes.

Sincerely,

(WECAHN) Wellness and Education Community Action Health Network

1 in 9: The Long Island Breast Cancer Action Coalition

Action CF

ADAP Advocacy Association (aaa+)

Advocates for Responsible Care (ARxC)

Alabama Council for Behavioral Healthcare

Alliance for Patient Access (AfPA)

Alliance for the Adoption of Innovations in Medicine ("Aimed Alliance")

Alliance of Specialty Medicine

American Academy of Ophthalmology

American Association of Clinical Urologists

American Autoimmune Related Diseases Association (AARDA)

American College of Rheumatology

American Liver Foundation, Pacific Coast Division

American Liver Foundation, Upper Midwest Division

American Senior Care Centers, Inc.

American Society of Cataract and Refractive Surgery

American Society of Clinical Oncology (ASCO)

American Society of Nuclear Cardiology

American Urological Association

AmerisourceBergen
Arthritis and Rheumatology Clinics of Kansas
Arthritis Foundation
Association of Community Cancer Centers (ACCC)
Association of Northern California Oncologists (ANCO)
Association of Women in Rheumatology (AWIR)
BioForward Wisconsin
BioHouston Inc.
BioKansas
BioNJ
bionorthTX
BioUtah
California Academy of Eye Physicians and Surgeons
California Hepatitis C Task Force
California Life Sciences Association (CLSA)
California Senior Advocates League
Cancer Support Community Central Ohio
CancerCare
Caregiver Action Network
Cascade AIDS Project
Center for Healthcare Innovation
Clinica Sierra Vista
CNY HIV Care Network
Coalition of State Rheumatology Organizations (CSRO)
Colorado BioScience Association
Colorado Gerontological Society
Colorado State Grange
Community Access National Network (CANN)
Community Health Charities of Nebraska
Community Liver Alliance
Community Oncology Alliance (COA)
Dia de la Mujer Latina
Digestive Health Physicians Association (DHPA)
Easter Seals Colorado
Easter Seals Massachusetts
Epilepsy California
Epilepsy Foundation of Louisiana
Epilepsy Foundation of Western Wisconsin
Familia Unida Living with MS
Florida Society of Rheumatology
Florida State Hispanic Chamber of Commerce
Georgia Society of Rheumatology
Global Healthy Living Foundation
H.E.A.L.S of the South
H.O.P.E. (Hepatitis, Organ Transplant, Patient Education)

Health Coalition, Inc.
Healthcare Institute of New Jersey (HINJ)
Hematology Oncology Associates, PC
Hematology/Oncology Pharmacist Association (HOPA)
Hepatitis Foundation International
Illinois Biotechnology Innovation Organization
Indiana Health Industry Forum (IHIF)
International Cancer Advocacy Network (ICAN)
International Foundation for Autoimmune Arthritis (IFAA)
International Institute For Human Empowerment
ION Solutions
Iowa Biotechnology Association
Iowa Nurses Association
Kentuckiana Stroke Association
Kentucky Association of Medical Oncology (KAMO)
Kentucky Life Sciences Council
Kentucky Pharmacists Association
Large Urology Group Practice Association (LUGPA)
Life Sciences Pennsylvania
Los Angeles Wellness Station
LUNGeVity
Lupus and Allied Diseases Association, Inc.
Lupus Foundation New England
Lupus Foundation of America
Lupus Foundation of Florida
Lupus Foundation of Southern California
Lupus LA
Massachusetts Association for Mental Health
MassBio
Matthew25 AIDS Services
McKesson
Medical Oncology Association of Southern California, Inc. (MOASC)
Medical Society of the State of New York
Mental Health America of Louisiana
Mental Health America of Montana
Metro Denver Oncology Nursing Society
Michigan Biosciences Industry Association (MichBio)
Michigan Osteopathic Association
Michigan Rheumatism Society
Montana BioScience Alliance
Multiple Sclerosis Resources of Central New York
Nashville CARES
National Alliance on Mental Illness (NAMI)
National Alliance on Mental Illness Alabama (NAMI)
National Alliance on Mental Illness Buffalo & Erie County (NAMI)

National Alliance on Mental Illness Central Suffolk (NAMI)
National Alliance on Mental Illness Greater Des Moines (NAMI)
National Alliance on Mental Illness Greater Kansas City (NAMI)
National Alliance on Mental Illness Iowa (NAMI)
National Alliance on Mental Illness Missouri (NAMI)
National Alliance on Mental Illness New Mexico (NAMI)
National Alliance on Mental Illness New York City (NAMI)
National Alliance on Mental Illness North Carolina (NAMI)
National Alliance on Mental Illness Ontario, Seneca & Yates (NAMI)
National Alliance on Mental Illness St. Louis (NAMI)
National Alliance on Mental Illness Texas (NAMI)
National Alliance on Mental Illness Virginia (NAMI)
National Association for Rural Mental Health
National Association of County Behavioral Health & Developmental Disability Directors (NACBHDD)
National Association of Hepatitis Task Forces
National Association of Social Workers, NC Chapter
National Council for Behavioral Health
National Hispanic Medical Association
National Infusion Center Association (NICA)
National Medical Association (NMA)
National Minority Quality Forum
National Organization for Rare Disorders
National Osteoporosis Foundation
New England Biotech Association Inc. (NEBA)
New Jersey Association of Mental Health and Addiction Agencies, Inc. (NJAMHAA)
New Jersey Mayors Committee on Life Sciences
New Jersey Rheumatology Association (NJRA)
NMBio
NORM - National Organization of Rheumatology Managers
North Carolina Biosciences Organization (NCBIO)
North Carolina Rheumatology Association (NCRA)
Ohio Association of Rheumatology
Ohio Hematology Oncology Society
Oncology Nursing Society
Oregon Bioscience Association
Oregon Rheumatology Alliance
Oregon State Grange
Oregon Urological Society
Physicians Advocacy Institute
Prevent Blindness
Prevent Blindness Texas
Prevent Blindness, Ohio Affiliate
Prospect Medical Offices
Psychosocial Rehabilitation Association of New Mexico
RetireSafe

Rheumatology Alliance of Louisiana
Rheumatology Association of Iowa (RAI)
Rocky Mountain Health Network
Rush To Live
SC Manufacturers Alliance
Society for Women's Health Research
South Dakota Biotech
Southern Arizona AIDS Foundation
State of Texas Kidney Foundation
StopAfib.org/ American Foundation for Women's Health
Survivors Cancer Action Network – Alabama
Tennessee Association of Adult Day Services
Texas Healthcare and Bioscience Institute (THBI)
Texas Life-Sciences Collaboration Center
Texas State Grange
The G.R.E.E.N. Foundation
The Medical Alley Association
The US Oncology Network
U.S. Pain Foundation
University of Iowa
Valle Del Sol
Vietnamese Social Services of Minnesota
Washington Rheumatology Alliance
Washington State Prostate Cancer Coalition
Washington State Urology Society
Wisconsin Rheumatology Association
Wyoming Epilepsy Association
Wyoming State Advocates in Leadership

cc: Hon. Kevin Brady, Chairman, House Ways and Means Committee
Hon. Richard Neal, Ranking Member, House Ways and Means Committee
Hon. Pat Tiberi, Chairman, Ways and Means Subcommittee on Health
Hon. Sander Levin, Ranking Member, Ways and Means Subcommittee on Health
Hon. Hon. Greg Walden, Chairman, House Energy and Commerce Committee
Hon. Frank Pallone, Jr., Ranking Member, House Energy and Commerce Committee
Hon. Michael Burgess, Chairman, Energy and Commerce Subcommittee on Health
Hon. Gene Green, Ranking Member, Energy and Commerce Subcommittee on Health
Hon. Orrin Hatch, Chairman, Senate Committee on Finance
Hon. Ron Wyden, Ranking Member, Senate Committee on Finance
Hon. Patrick J. Toomey, Chairman, Senate Finance Subcommittee on Health Care
Hon. Debbie Stabenow, Ranking Member, Senate Finance Subcommittee on Health Care
Hon. Phil Roe, M.D., Co-Chair, GOP Doctors Caucus