

June 8, 2017

The Honorable Thomas E. Price
Secretary
U.S. Department of Health and Human Services
200 Independence Ave., SW
Washington, DC 20201

Dear Secretary Price:

The undersigned 269 organizations are writing to urge you to protect the Medicare Part B program for reimbursing providers for drugs and biologics administered by physicians. The Medicare Payment Advisory Commission (MedPAC), Center for Medicare and Medicaid Innovation (CMMI), and others have recently recommended policies to change Part B that would jeopardize access to care, force community clinics to close, and could even increase costs for seniors. The common theme in these proposals is that all would further diminish patient access, drive health care consolidation, and impede physicians' ability to practice medicine and provide personalized care. We urge you to reject these proposals and others that would undermine the Medicare program and harm patients.

As you know, Medicare Part B is vital to maintaining the health of seniors and individuals with disabilities. Not only does the program cover routine medical care provided in a doctor's office, it also covers medications administered in an outpatient setting. These medications are administered to some of the most vulnerable patients enrolled in Medicare since they typically treat serious conditions including cancer, macular degeneration, hypertension, rheumatoid arthritis, mental illness, Crohn's disease, ulcerative colitis, and primary immunodeficiency diseases. These medications are essential for the seniors who use them, and reflect a very small percentage of Medicare spending, just three percent.

The Part B program is working well to give patients and doctors the flexibility they need. In addition, Part B providers are transitioning to new value-based payment systems. The new Quality Payment Program provides incentives for physicians to participate in qualifying Alternative Payment Models (APMs). Physicians are already participating in APMs that include Part B drug spending (e.g., Oncology Care Model). Layering on additional programmatic changes to Part B would impede efforts to transition to these new payment models.

We greatly appreciate the leading role you played last year to raise awareness of the harmful impact that the Obama Administration's Part B Drug Payment Model "experiment" would have had on physicians and patients. This model is problematic for many reasons, including pushing mandatory, disruptive, and near-nationwide policy changes under the guise of a "demonstration" that could have significantly hurt the sickest and most vulnerable patients. While the "experiment" was abandoned last year due to the strong opposition from patients and physicians and strong, bipartisan opposition from you and your colleagues, we urge you to formally withdraw the Part B Drug Payment Model to ensure that patients cannot be subject to these harmful policies.

Given the large opposition to the Part B Drug Payment Model last year, we were deeply disappointed and concerned to see MedPAC approve recommendations on Part B in April 2017 that could make it more difficult for physicians, particularly those in small practices and in rural settings, to administer Part B medications in their communities, further driving consolidation. Some patients already face access challenges because the budget sequester has eroded reimbursements to physicians, and MedPAC's

recommendations would exacerbate these problems. As outlined in our April 3, 2017 letter to MedPAC, patients would be left with fewer locations where they could receive care, resulting in less access and higher costs. A growing number of patients would then have to seek care in a hospital, which may require traveling a longer distance to receive care and would result in higher out of pocket costs, particularly in rural communities. Further, changes to payment structures could necessitate altering treatment plans that are currently working well for patients, creating an unnecessary and damaging burden. In particular, MedPAC's "Drug Value Program" would create a middleman between doctors and their patients by placing new restrictions on treatment decisions that currently do not exist within Part B. We urge you to reject the use of the MedPAC proposals and any such proposals that over-bureaucratize Part B.

Due to the harm the Part B Drug Payment Model and similar recommendations from MedPAC could mean for patients, we urge you to establish strong patient protections within the CMMI, such as limiting the size and scope of future demonstrations, engaging with patients, providers, and other stakeholders prior to launching demonstrations, keeping them voluntary, and including safeguards for patients to access the therapies they need.

Medicare is an incredibly important program, and overseeing it is a monumental, difficult and critical duty that you have been appointed to perform. We greatly appreciate the commitment you have shown to patients through every phase of your professional career – as a doctor, a Member of Congress, and now Secretary of Health and Human Services. We look forward to working with you to protect the Part B program and urge you to withdraw the Part B Drug Payment Model, eschew harmful proposals like MedPAC's, and implement safeguards to ensure the principles of patient protection extend beyond your tenure.

Sincerely,

1 in 9: The Long Island Breast Cancer Action Coalition

Action CF

ADAP Advocacy Association (aaa+)

Advocates for Responsible Care (ARxC)

AIDS Response Seacoast

Alabama Academy of Ophthalmology

Alabama Cancer Congress

Alabama Society for the Rheumatic Diseases

Alaska Rheumatology Alliance

Alliance for Patient Access (AfPA)

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

Alliance of Specialty Medicine

Alzheimer's and Dementia Alliance of Wisconsin

American Academy of Allergy, Asthma & Immunology (AAAAI)

American Academy of Ophthalmology

American Association of Clinical Urologists

American Autoimmune Related Diseases Association (AARDA)

American Behcet's Disease Association

American College of Rheumatology

American Gastroenterological Association

American Senior Care Centers, Inc.

American Society for Gastrointestinal Endoscopy
American Society for Parenteral and Enteral Nutrition (ASPEN)
American Society of Cataract and Refractive Surgery
American Society of Clinical Oncology (ASCO)
American Society of Nuclear Cardiology
American Urological Association
AmerisourceBergen
Arizona Bioindustry Association, Inc. (AZBio)
Arkansas Rheumatology Association
Arthritis and Rheumatology Clinics of Kansas
Arthritis Foundation
Association of Black Cardiologists
Association of Community Cancer Centers (ACCC)
Association of Idaho Rheumatologists (AIR)
Association of Northern California Oncologists (ANCO)
Association of Women in Rheumatology (AWIR)
Asthma & Allergy Foundation of America, New England Chapter
Axis Advocacy
Bio Nebraska Life Sciences Association
BioForward Wisconsin
BioKansas
BioNJ
Bioscience Association of West Virginia
Biotechnology Innovation Organization (FKA Biotechnology Industry Organization)
Brain Injury Alliance of Arizona
Brain Injury Alliance of Nebraska
California Academy of Eye Physicians and Surgeons
California Hepatitis C Task Force
California Life Sciences Association (CLSA)
Cancer Support Community Arizona
CancerCare
Caregiver Action Network
Caregiver Voices United
Cascade AIDS Project
Celiac Disease Foundation
Center for Healthcare Innovation
Center for Independence of the Disabled, NY
Charleston Parkinson's Support Group
CNY HIV Care Network
COA Patient Advocacy Network (CPAN)
Coalition of State Rheumatology Organizations (CSRO)
Colorado BioScience Association
Colorado State Grange
Community Access National Network (CANN)
Community Health Action Network
Community Health Charities of Nebraska
Community Liver Alliance
Community Oncology Alliance (COA)

Community Oncology Pharmacy Association
Connecticut Hemophilia Society
Connecticut Rheumatology Association
Cutaneous Lymphoma Foundation
Delaware Academy of Ophthalmology
Delaware BioScience Association
Digestive Disease National Coalition (DDNC)
Digestive Health Physicians Association (DHPA)
Easter Seals Colorado
Easter Seals Iowa
Easter Seals Massachusetts
Easterseals Nebraska
Epilepsy California
Epilepsy Foundation of Greater Chicago
Epilepsy Foundation of Western Wisconsin
Florida Society of Rheumatology
Florida State Hispanic Chamber of Commerce
Gastroparesis Patient Association for Cures and Treatments, Inc.
Georgia Bio
Georgia Society of Rheumatology
Global Colon Cancer Association
Global Pneumonia Prevention Coalition
H.E.A.L.S of the South (Hepatitis Education, Awareness and Liver Support)
Hawaii Society of Clinical Oncology
Health Coalition, Inc.
Healthcare Institute of New Jersey (HINJ)
HealthyWomen
Hematology Oncology Associates, PC
Hemophilia Alliance of Maine
Hepatitis Foundation International
ICAN, International Cancer Advocacy Network
Illinois Biotechnology Innovation Organization
Illinois Medical Oncology Society
Indiana Health Industry Forum (IHIF)
Indiana Oncology Society
INDUNIV Research Center, Inc. - BioAlliance Puerto Rico
International Foundation for Autoimmune & Autoinflammatory Arthritis (IFAA)
ION Solutions
Iowa Academy of Ophthalmology
Iowa Biotechnology Association
Iowa Oncology Society
Iowa Osteopathic Medical Association
Iowa State Grange
Kansas City Area Life Sciences Institute
Kansas Society of Clinical Oncology
Kentucky Life Sciences Council
KidneyCancer.org
Large Urology Group Practice Association (LUGPA)

Life Sciences Pennsylvania
Lung Cancer Alliance
LUNGevity
Lupus Alliance of Upstate New York
Lupus and Allied Diseases Association, Inc.
Lupus Foundation New England
Lupus Foundation of America
Lupus Foundation of America, Wisconsin Chapter
Lupus Foundation of Colorado
Lupus Foundation of Florida, Inc.
Lupus Foundation of Northern California
Lupus Foundation of Southern California
Lupus LA
Lupus Society of Illinois
Maryland Society for the Rheumatic Diseases (MSRD)
Massachusetts Association for Mental Health
Massachusetts Society of Eye Physicians and Surgeons (MSEPS)
Massachusetts, Maine & New Hampshire Rheumatology Association (MMNRA)
MassBio
Matthew25 AIDS Services
McKesson
Medical Alley Association
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
Metropolitan Milwaukee Association of Commerce
Michigan Biosciences Industry Association (MichBio)
Michigan Rheumatism Society
Michigan Society of Eye Physicians and Surgeons (MiSEPS)
Michigan Society of Hematology and Oncology (MSHO)
MidWest Rheumatology Society
Mindful U Arizona
Minnesota Academy of Ophthalmology
Minnesota Rural Health Association
Minnesota Society of Clinical Oncology
Mississippi Academy of Eye Physicians and Surgeons
Missouri Oncology Society
Montana BioScience Alliance
Montana Society of Clinical Oncology
Multiple Sclerosis Resources of Central New York
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 Iowa (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 Sioux Falls (NAMI)
National Alliance on Mental Illness South Dakota (NAMI)
National Alliance on Mental Illness St. Louis (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, North Carolina Chapter
National Blood Clot Alliance (NBCA)
National Grange
National Infusion Center Association (NICA)
National Medical Association (NMA)
National Minority Quality Forum
National Osteoporosis Foundation
Nevada Oncology Society
New England Hemophilia Association
New Jersey Association of Mental Health and Addiction Agencies, Inc. (NJAMHAA)
New Jersey Mayors Committee on Life Sciences
New Jersey Rheumatology Association (NJRA)
New Mexico Cancer Center
New York State Rheumatology Society
New Yorkers for Accessible Health Coverage
NewYorkBIO
NMBio
North Carolina Biosciences Organization (NCBIO)
North Carolina Oncology Association
North Carolina Rheumatology Association (NCRA)
Ohio Association of Rheumatology
Ohio Hematology Oncology Society
Ohio Ophthalmological Society (OOS)
Oklahoma Academy of Ophthalmology
Oklahoma Society of Clinical Oncology
Oncology Nursing Society
One in Four Chronic Health
Oregon Bioscience Association
Oregon Rheumatology Alliance
Oregon Urological Society
Pennsylvania Rheumatology Society
Pennsylvania Society of Gastroenterology
Physicians Advocacy Institute
Prevent Blindness
Prevent Blindness Texas
Prevent Blindness Wisconsin
Prevent Blindness, Ohio Affiliate
Psychosocial Rehabilitation Association of New Mexico
RetireSafe

Rheumatism Society of the District of Columbia
Rheumatology Alliance of Louisiana (RAL)
Rheumatology Association of Iowa (RAI)
Rheumatology Association of Minnesota and the Dakotas
Rheumatology Association of Nevada
Rheumatology Society of North Texas
Rocky Mountain Health Network
Rocky Mountain Oncology Society
Rush To Live
Sick Cells
Sickle Cell Community Consortium
Sickle Cell Disease Association of America, Inc.
South Carolina Oncology Society
South Carolina Rheumatism Society
South Dakota Biotech
Southeast Texas Rheumatology Association
Southern Arizona AIDS Foundation
Southwest Center for HIV/AIDS
State of Texas Association of Rheumatologists (STAR)
StopAfib.org/ American Foundation for Women's Health
Suicide Awareness Voices of Education
Survivors Cancer Action Network
Tennessee Association of Adult Day Services
Tennessee Oncology Practice Society (TOPS)
Tennessee Rheumatology Society
Texas Healthcare and Bioscience Institute (THBI)
Texas Ophthalmological Association
Texas Society of Clinical Oncology
Texas State Grange
Thai Health And Information Services
The Arizona Clinical Oncology Society
The G.R.E.E.N. Foundation
The Kim Foundation
The Mended Hearts, Inc.
The US Oncology Network
The Veterans Health Council
The Wisconsin Society of Pathologists
U.S. Rural Health Network, Inc.
United Ostomy Associations of America (UOAA)
United Rheumatology
Utah Ophthalmology Society
Vietnam Veterans of America
Vietnamese Social Services of Minnesota
Virginia Association of Hematologists & Oncologists
Visiting Nurse Association
Washington Academy of Eye Physicians and Surgeons
Washington State Prostate Cancer Coalition
Washington State Urology Society

West Virginia Oncology Society
West Virginia Rheumatology Society
Wisconsin Association of Hematology & Oncology
Wisconsin Association of Osteopathic Physicians & Surgeons
Wisconsin Rheumatology Association
Wyoming Epilepsy Association
ZERO - The End of Prostate Cancer

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. 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