

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.<sup>1</sup> 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:

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<sup>1</sup> 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  
LUNGevery  
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