



February 24, 2011

Danielle R. Moon, J.D., M.P.A.,
Director, Medicare Drug & Health Plan Contract Administration Group
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

Comments CMS Chapter 4 Re: MA plans 10.2 Basic Rule

Dear Ms. Moon:

Thank you for allowing comments on the proposed change to Medicare Advantage plans. The American College of Rheumatology representing 7000 physicians who treat millions of patients afflicted with rheumatoid arthritis and other rheumatic diseases is concerned about proposal to restrict access for covered Part B drugs and allow cost-sharing.

This policy is very troubling as the restriction of access to drugs is a major issue for physicians and patients who would be denied important treatment options. There is nothing that explains the rationale or potential impact to Medicare beneficiaries. It appears that this policy was drafted as a means to solely improve the bottom line for Medicare Advantage plans. The Centers for Medicare and Medicaid Services should have posted the proposal change in the Federal Register to allow for open comments, especially because the proposal violates Medicare statute that entitles Medicare beneficiaries coverage of Part B drugs.

This new proposal interferes with the physician's decision making process and restricts the patient's access to medically appropriate care without any scientific rationale. The policy creates a heavy and burdensome restriction that undermines the physician-patient relationship. The ACR supports open access to all FDA approved medications for arthritis and rheumatic diseases prescribed by the treating rheumatologist. The selection of the drug of choice remains a complex decision since maximal efficacy, safety, tolerability, drug-drug interactions, and optimal route of delivery is based on an individual patient's condition and medical history.

Cost-sharing could drastically affect patients with rheumatic disease by significantly increasing their drug payments. This is a bait-and-switch plan, where MA plans entice Medicare beneficiaries with the promise of inexpensive premiums then forcing them to pay much more through a cost-sharing plan. In particular, biologic drugs used for arthritis can cost \$15-25,000 per year, and even a modest percentage of the price puts these drugs out of reach for most patients. This is a major issue that needs to be vetted through a formal Federal Register process rather than changing the rules behind the scenes. We request that this proposal change be reviewed and posted on the Federal Register to allow for an open comment period.

If you have any questions, please contact ACR Chair on Committee on Rheumatologic Care Karen Kolba, MD, at kskolba@aol.com.

Sincerely,

Karen Kolba, MD