

January 18, 2018

The Honorable Greg Walden  
Chairman  
Committee on Energy and Commerce  
2125 Rayburn House Office Building  
Washington, DC 20515

The Honorable Frank Pallone  
Ranking Member  
Committee on Energy and Commerce  
2322A Rayburn House Office Building  
Washington, DC 20515

The Honorable Kevin Brady  
Chairman  
Committee on Ways and Means  
1102 Longworth House Office Building  
Washington, DC 20515

The Honorable Richard Neal  
Ranking Member  
Committee on Ways and Means  
1139E Longworth House Office Building  
Washington, DC 20515

Dear Chairmen Walden and Brady and Ranking Members Pallone and Neal:

The undersigned 109 organizations are committed to working with Congress and the Centers for Medicare and Medicaid Services (CMS) on the successful implementation of Medicare Access and CHIP Reauthorization Act (MACRA). To that end, **we are seeking your intervention this year with a technical correction that ensures the Merit-based Incentive Payment (MIPS) score adjustment is not applied to Part B drug payments. Since the 2018 MIPS year has begun, it is imperative that Congress acts quickly to ensure that patient access to critical treatments is not negatively impacted.**

MACRA was bi-partisan Congressional action meant to promote and incentivize both quality and value for patients. Under MACRA, Congress clearly established a range of bonuses and penalties to which providers could be subjected through the MIPS adjustments. Included in the final Quality Payment Program rule released in November, CMS is moving forward with applying MIPS adjustments to Part B drugs in addition to fee schedule services. This application of the adjustment is not in line with the goals of MACRA, is a significant departure from current policy, and would disproportionately affect certain specialties.

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.

We believe this policy could make it more difficult for physicians and other healthcare providers, particularly those in small practices and in rural settings, to administer Part B medications in their communities, creating a dire patient access issue. Some patients already face access challenges because the budget sequester has eroded reimbursements to physicians, and this policy would exacerbate these problems. 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 would result in higher out of pocket expenses and, particularly in rural communities, may require traveling a longer distance to receive care.

Further, changes to reimbursement structures could necessitate patients receiving care in other locations or from other physicians, altering carefully established treatment plans that are currently keeping patients stable, ultimately creating undue burden and safety concerns for patients who depend on these life changing, physician-administered drugs. We believe this policy is not consistent with Congressional goals in the bipartisan passage of MACRA. In the final rule, CMS states that the statute leaves them no flexibility in how to implement policy. If left as is, this policy will negatively impact patients' access to critical life and sight-saving treatments by putting specialties that provide high cost drugs at risk. It will significantly amplify the range of bonuses and penalties intended by MACRA, only for certain specialties.

Given the substantial Congressional support for a message to CMS to reevaluate their interpretation of the MACRA statute, we were deeply disappointed that CMS did not heed that request. We now need Congress to act swiftly to correct this policy and ensure patients have access to all the services and treatments they need. We stand ready to work with you on ensuring the implementation of MACRA is successful. Thank you for your consideration.

Sincerely,

Alabama Cancer Congress  
American Academy of Allergy, Asthma & Immunology  
American Academy of Dermatology Association  
American Academy of Neurology  
American Academy of Ophthalmology  
American Academy of Physical Medicine and Rehabilitation  
American Association of Neuromuscular & Electrodiagnostic Medicine -AANEM  
American College of Gastroenterology  
American College of Rheumatology  
American Gastroenterological Association  
American Society of Cataract and Refractive Surgery  
American Society of Clinical Oncology  
American Society of Retina Specialists  
American Urological Association  
Arizona Clinical Oncology Society  
Arkansas Rheumatology Association  
Arthritis Foundation  
Association of Community Cancer Centers  
Association of Northern California Oncologists  
Cancer Support Community  
Coalition of State Rheumatology Organizations  
Community Oncology Alliance

Connecticut Oncology Association  
Delaware Society for Clinical Oncology  
Denali Oncology Group (Alaska)  
Digestive Health Physicians Association  
Dystonia Medical Research Foundation  
Empire State Hematology & Oncology Society (New York)  
Florida Society of Clinical Oncology  
GBS|CIDP Foundation International  
Georgia Society of Clinical Oncology  
Hawaii Society of Clinical Oncology  
Haystack Project  
Idaho Society of Clinical Oncology  
Illinois Medical Oncology Society  
Immune Deficiency Foundation  
Indiana Oncology Society  
Infectious Diseases Society of America  
International Myeloma Foundation  
Interstitial Cystitis Association  
Iowa Oncology Society  
Kansas Society of Clinical Oncology  
Kentuckiana Rheumatology Alliance  
Kentucky Association of Medical Oncology  
Large Urology Group Practice Association  
Leukemia & Lymphoma Society  
Louisiana Oncology Society  
Lupus and Allied Diseases Association, Inc.  
Macula Society  
Maryland/D.C. Society of Clinical Oncology  
Massachusetts Society of Clinical Oncologists  
McKesson Specialty Health  
Medical Oncology Association of Southern California, Inc.  
Medical Oncology Society of New Jersey  
METAvivor  
Michigan Society of Hematology and Oncology  
MidWest Rheumatology Association  
Minnesota Society of Clinical Oncology  
Mississippi Arthritis and Rheumatism Society  
Mississippi Oncology Society  
Missouri Oncology Society  
Montana State Oncology Society  
National Alopecia Areata Foundation  
National Infusion Center Association  
National Psoriasis Foundation  
Nebraska Oncology Society  
NephCure Kidney International

Nevada Oncology Society  
New Jersey Rheumatology Association  
New Mexico Society of Clinical Oncology  
New York State Rheumatology Society  
North Carolina Oncology Association  
North Carolina Rheumatology Association  
Northern New England Clinical Oncology Society  
Ohio Association of Rheumatology  
Ohio Hematology Oncology Society  
Oklahoma Society of Clinical Oncology  
Oncology Nursing Society  
Oregon Society of Medical Oncology  
Pennsylvania Society of Oncology and Hematology  
Prevent Blindness  
Puerto Rico Association of Hematology and Oncology  
Pulmonary Hypertension Association  
Restless Legs Syndrome Foundation  
Rheumatism Society of the District of Columbia  
Rheumatology Alliance of Louisiana  
Rheumatology Association of Iowa  
Rheumatology Association of Minnesota and the Dakotas  
Rocky Mountain Oncology Society (Colorado)  
Scleroderma Foundation  
Society of Rhode Island Clinical Oncologists  
Society of Utah Medical Oncologists  
South Carolina Oncology Society  
South Carolina Rheumatism Society  
Tennessee Oncology Practice Society  
Tennessee Rheumatology Society  
Texas Society of Clinical Oncology  
The Marfan Foundation  
The Retina Society  
The US Oncology Network  
U.S. Hereditary Angioedema Association- US HAEA  
U.S. Pain Foundation  
Virginia Association of Hematologists and Oncologists  
Washington Rheumatology Alliance  
Washington State Medical Oncology Society  
West Virginia Oncology Society  
West Virginia Rheumatology Society  
Wisconsin Association of Hematology and Oncology  
Wisconsin Rheumatology Association