January 18, 2018

The Honorable Orrin Hatch
Chairman
Senate Committee on Finance
219 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Ron Wyden
Ranking Member
Senate Committee on Finance
219 Dirksen Senate Office Building
Washington, DC 20510

Dear Chairman Hatch and Ranking Member Wyden:

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