

The Pharmaceutical Industry Labor-Management Association (PILMA) has been steadfast in its commitment to providing accessible and affordable health care coverage for its workers and their families.

As stated in PILMA's 2014 resolution concerning patients' access to affordable health care coverage and transparency in insurance market exchanges:

WHEREAS any barriers to access for patients likely result in decreased utilization of medical services and treatment which could ultimately result in higher overall costs, and;

WHEREAS high deductibles and cost sharing may limit patients' access to treatments, reduce adherence, and result in poor health outcomes; and,

WHEREAS any barriers to access for patients likely result in decreased utilization of medical services and treatment which could ultimately result in higher overall costs, and;

BE IT RESOLVED that the union and industry trustees of the Pharmaceutical Industry Labor-Management Association (PILMA) support access to quality health care for all Americans,

BE IT RESOLVED that PILMA strongly opposes any barriers to access for patients; and,

BE IT RESOLVED that PILMA calls on policymakers to support policies and legislation supporting affordable access to quality medical coverage as outlined above.

Based on the principles outlined above, PILMA joins members of both parties in raising significant concerns regarding CMS' new 'Medicare Part B Payment Model'. We believe this rule has the potential to have unintended consequences on Medicare beneficiaries' access to care, therefore posing a significant barrier to access for patients to obtain vital medications.

PILMA reiterates the letter signed by Senator Heitkamp and eight other Democratic Senators expressing concerns that "the proposed changes to the ASP-based payment methodology may put some physicians in a position where they take a financial loss for providing certain Part B prescription drugs, likely impacting and potentially disrupting beneficiaries' access to needed medications."

We also raise concerns that under this rule it is likely that patients would have to travel further to obtain needed medications. According to the Senate Finance Committee letter sent to CMS Administrator Andy Slavitt, "In the event that their acquisition costs exceed the Medicare payment available under the model, community-based physicians may refer their patients to hospital outpatient departments (HOPDs) to receive Part B medications. [This] would result in higher overall costs for both beneficiaries and the Medicare program." This could also result in higher out of pocket costs for patients due to inconveniences and travel expenses.

As expressed by 316 organizations representing Medicare patients, health care providers, and other stakeholders, this rule has the potential to reduce access to caregivers by placing the greatest pressure on providers that treat complex conditions like cancer, rheumatoid arthritis, hemophilia, and autoimmune diseases. These pressures may lead providers to stop accepting Medicare patients and/or refer patients elsewhere for their care, resulting in reduced access to specialists in affected communities and longer travel distances to receive care. The rule also has the potential to lead to higher out-of-pocket costs for patients, another barrier to access. (CMS' Proposed Part B Drug Payment Model: Implications for Patients)

We urge CMS to address the above concerns before proceeding with implementation of the Part B Payment Model demonstration. If CMS fails to do so it could have far reaching negative implications for patients access to needed medications.