



November 27, 2017

Seema Verma, Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Room 445-G
Hubert H. Humphrey Building
200 Independence Avenue SW.
Washington, DC 20201.

RE: Patient Protection and Affordable Care Act; HHS Notice of Benefit and Payment Parameters (NBPP) for 2019

Dear Ms. Verma,

The Coalition of State Rheumatology Organizations, or CSRO, is a group of state and regional professional rheumatology societies formed to advocate for excellence in rheumatologic disease care and to ensure access to the highest quality care for the management of rheumatologic and musculoskeletal diseases. Our coalition serves the practicing rheumatologist.

Today, we are writing to express concerns with CMS' intent to establish a national benchmark plan standard for prescription drugs in future years. We elaborate on those concerns below.

Essential Health Benefits (EHB) Package

In the 2019 NBPP, CMS proposes to provide States with additional flexibility in their selection of an EHB-benchmark plan for plan year 2019 and later plan years. For plan years further in the future, CMS is considering establishing a Federal default definition of EHB that would aim to better align medical risk in insurance products by balancing costs to the scope of benefits.

In the rule, CMS explains that, "[t]he benefits of a Federal default could outweigh the potential impact on flexibility afforded to States, but we are also considering allowing States continued flexibility to adopt their own EHB-benchmark plans, provided they defray costs that exceed the Federal default...We understand that in developing this type of default definition there are trade-offs in adjusting benefits and services. For instance, as part of this approach, we could establish a national benchmark plan standard for prescription drugs that could balance these tradeoffs and provide a consistent prescription drug default standard across States."

CSRO is concerned that a national benchmark plan standard for prescription drugs amounts to a national formulary, with all of the access problems that entails. As rheumatologists and their patients know from experience in the commercial and Medicare Advantage market, formulary design is not driven by clinical considerations, but rather by rebates and other discounts paid to the various middlemen in the drug supply chain. We are concerned that a national formulary for Marketplace plans would enable these deleterious practices to become even more widespread.

Patients suffering from rheumatologic disease have benefited greatly from pharmaceutical innovations in the last decade, including biologics and biosimilars. However, rheumatoid arthritis (RA) is a complex disease; it can take a few “trials” to find the medicine that is best suited based on the patient’s clinical circumstances and characteristics. In fact, the American College of Rheumatology has promulgated an RA guideline,¹ to “*serve as a tool for clinicians, patients, and payers when determining the appropriate course of treatment for a given patient.*” Moreover, the guidelines, “*...recommendations are not prescriptive and the treatment decisions should be made by physicians and patients through a shared decision-making process taking into account patients’ values, preferences, and comorbidities.*” Rather than having the Administration make treatment decisions in the form of a national formulary, we urge deference to clinical guidelines.

Patients and their physicians are in the best position to determine the most appropriate pharmaceutical therapies for a multitude of diseases based the clinical evidence and the clinician’s expertise and medical judgement; not the federal government. To that end, ***we oppose efforts to establish a national benchmark plan standard for prescription drugs.***

Thank you for considering our comments, and we look forward to working with you as the Innovation Center continues to evolve. Should you have any questions, please contact Emily L. Graham, RHIA, CCS-P at 703-975-6395 or egramham@hhs.com.

Sincerely,

Coalition of State Rheumatology Organizations

¹ <https://www.rheumatology.org/Portals/0/Files/ACR%202015%20RA%20Guideline.pdf>.