



August 7, 2019

The Honorable Thomas R. Carper
U.S. Senate
Washington, DC 20510

Dear Senator Carper,

The Part B Access for Seniors and Physicians (ASP) Coalition thanks you for your leadership on behalf of the over 59 million seniors and persons with disabilities reliant on Medicare Part B for essential treatments. Your vote on the Senate Finance Committee against a potentially disruptive and harmful coverage model from the Centers for Medicare & Medicaid Services (CMS), known as the “International Pricing Index,” illustrated your commitment to workable solutions that focus on patients and providers. We encourage you to continue fighting to protect the critical access that the Medicare Part B program provides to patients.

We support the use of the Center for Medicare & Medicaid Innovation (CMMI) to test patient-centered, voluntary, small-scale reforms that can be fully evaluated but the International Pricing Index falls short of these goals. Mandatory CMMI models are fundamentally an experiment on patient care. As such, they must be thoroughly tested before they expand to encompass a majority of Medicare beneficiaries. CMS has not adequately tested how these proposed reforms would impact patient care and access – with many analyses predicting several issues in this regard.

The ASP Coalition previously explained its concerns with this model in a December [letter to leadership from 339 organizations](#). As you know, CMS’ unprecedented, mandatory experiment affecting Part B-covered drugs would import foreign-based price controls and impose decisions made in countries such as Greece or Japan on approximately half of all independent physicians and hospital providers, as well as their patients. The model also looks to insert new middlemen between physicians and patients. Tying the American health care system to these countries, risks replicating the access restrictions to innovative medications that plague other countries. These barriers may delay or undermine seniors’ new and existing treatment regimens, causing disruptions in care. Additionally, by empowering vendors, or middlemen, with no clinical or medical expertise to make decisions related to patients’ care, we believe this model trades quality care for private-sector profit.

We also would like to reiterate our concerns that this model will have a negative effect on the innovation pipeline. A report for the U.S. Department of Commerce found that international reference pricing and other foreign price controls suppress worldwide private research and development investment by 11-16 percent annually, impacting the number of new and innovative medicines brought to market. Medical progress is essential to the success of the Medicare Part B program and must be preserved.

Thank you for standing up to defend patients, physicians and hospitals from this wide-scale demonstration that could fundamentally alter the Part B program. We look forward to continuing work with you to halt implementation of this model and find actionable solutions that put patients first.

Sincerely,

The Part B Access for Seniors and Physicians (ASP) Coalition



August 7, 2019

The Honorable Bill Cassidy
U.S. Senate
Washington, DC 20510

Dear Senator Cassidy,

The Part B Access for Seniors and Physicians (ASP) Coalition thanks you for your leadership on behalf of the over 59 million seniors and persons with disabilities reliant on Medicare Part B for essential treatments. Your vote on the Senate Finance Committee against a potentially disruptive and harmful coverage model from the Centers for Medicare & Medicaid Services (CMS), known as the “International Pricing Index,” illustrated your commitment to workable solutions that focus on patients and providers. We encourage you to continue fighting to protect the critical access that the Medicare Part B program provides to patients.

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Sincerely,

The Part B Access for Seniors and Physicians (ASP) Coalition



August 7, 2019

The Honorable John Cornyn
U.S. Senate
Washington, DC 20510

Dear Senator Cornyn,

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Sincerely,

The Part B Access for Seniors and Physicians (ASP) Coalition



August 7, 2019

The Honorable Mike Crapo
U.S. Senate
Washington, DC 20510

Dear Senator Crapo,

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The Part B Access for Seniors and Physicians (ASP) Coalition



August 7, 2019

The Honorable Steve Daines
U.S. Senate
Washington, DC 20510

Dear Senator Daines,

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The Part B Access for Seniors and Physicians (ASP) Coalition



August 7, 2019

The Honorable Michael B. Enzi
U.S. Senate
Washington, DC 20510

Dear Senator Enzi,

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Sincerely,

The Part B Access for Seniors and Physicians (ASP) Coalition



August 7, 2019

The Honorable Johnny Isakson
U.S. Senate
Washington, DC 20510

Dear Senator Isakson,

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Sincerely,

The Part B Access for Seniors and Physicians (ASP) Coalition



August 7, 2019

The Honorable James Lankford
U.S. Senate
Washington, DC 20510

Dear Senator Lankford,

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Sincerely,

The Part B Access for Seniors and Physicians (ASP) Coalition



August 7, 2019

The Honorable Rob Portman
U.S. Senate
Washington, DC 20510

Dear Senator Portman,

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Sincerely,

The Part B Access for Seniors and Physicians (ASP) Coalition



August 7, 2019

The Honorable Pat Roberts
U.S. Senate
Washington, DC 20510

Dear Senator Roberts,

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Sincerely,

The Part B Access for Seniors and Physicians (ASP) Coalition



August 7, 2019

The Honorable Tim Scott
U.S. Senate
Washington, DC 20510

Dear Senator Scott,

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The Part B Access for Seniors and Physicians (ASP) Coalition



August 7, 2019

The Honorable John Thune
U.S. Senate
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August 7, 2019

The Honorable Patrick J. Toomey
U.S. Senate
Washington, DC 20510

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The ASP Coalition previously explained its concerns with this model in a December [letter to leadership from 339 organizations](#). As you know, CMS’ unprecedented, mandatory experiment affecting Part B-covered drugs would import foreign-based price controls and impose decisions made in countries such as Greece or Japan on approximately half of all independent physicians and hospital providers, as well as their patients. The model also looks to insert new middlemen between physicians and patients. Tying the American health care system to these countries, risks replicating the access restrictions to innovative medications that plague other countries. These barriers may delay or undermine seniors’ new and existing treatment regimens, causing disruptions in care. Additionally, by empowering vendors, or middlemen, with no clinical or medical expertise to make decisions related to patients’ care, we believe this model trades quality care for private-sector profit.

We also would like to reiterate our concerns that this model will have a negative effect on the innovation pipeline. A report for the U.S. Department of Commerce found that international reference pricing and other foreign price controls suppress worldwide private research and development investment by 11-16 percent annually, impacting the number of new and innovative medicines brought to market. Medical progress is essential to the success of the Medicare Part B program and must be preserved.

Thank you for standing up to defend patients, physicians and hospitals from this wide-scale demonstration that could fundamentally alter the Part B program. We look forward to continuing work with you to halt implementation of this model and find actionable solutions that put patients first.

Sincerely,

The Part B Access for Seniors and Physicians (ASP) Coalition