

BOARD OF GOVERNORS

December 13, 2018

PRESIDENT

Duane G. Koehler, DO, FACOFP *dist.*
Miami, OK

PRESIDENT-ELECT

Robert C. DeLuca, DO, FACOFP *dist.*
Eastland, TX

VICE PRESIDENT

David J. Park, DO, FACOFP
Ivins, UT

SECRETARY/TREASURER

Nicole H. Bixler, DO, MBA, FACOFP
Spring Hill, FL

IMMEDIATE PAST PRESIDENT

Rodney M. Wiseman, DO, FACOFP *dist.*
Pearland, TX

PAST PRESIDENT

Larry W. Anderson, DO, FACOFP *dist.*
Dawsonville, GA

GOVERNORS

Greg D. Cohen, DO, FACOFP
Chariton, IA

David A. Connett, DO, FACOFP *dist.*
Anaheim Hills, CA

Gautam J. Desai, DO, FACOFP
Kansas City, MO

Brian A. Kessler, DO, FACOFP
Harrogate, TN

Ronna D. New, DO, FACOFP
Abingdon, VA

Bruce R. Williams, DO, FACOFP
Blue Springs, MO

RESIDENT GOVERNOR

Jesse D. Shaw, DO
St. Petersburg, FL

STUDENT GOVERNOR

Jaclyn Sylvain, OMS II
Okemos, MI

SPEAKER, CONGRESS OF DELEGATES

Elizabeth A. Palmarozi, DO, FACOFP
Auburn, AL

EXECUTIVE DIRECTOR

Bob Moore, MA, CAE
Arlington Heights, IL

VIA ELECTRONIC SUBMISSION

Seema Verma, Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-4187-P
P.O. Box 8013
Baltimore, Maryland 21244-8013

Dear Administrator Verma:

On behalf of the American College of Osteopathic Family Physicians (ACOFP), we appreciate the opportunity to respond to the *Medicare and Medicaid Programs; Regulation to Require Drug Pricing Transparency* proposed rule.

The ACOFP is the professional organization representing more than 20,000 practicing osteopathic family physicians, residents, and students throughout the United States who are deeply committed to advancing our nation's health care system by improving health care delivery and outcomes and ensuring that patients receive high-quality care. Overall, as an organization with many osteopathic family physicians in solo, small and rural practices, we support proposals designed to leverage primary care to improve outcomes and reduce costs and to ensure vulnerable populations have sustained access to family physicians. Our members have witnessed firsthand how the rising prices of prescription drugs adversely impact patient outcomes and lead to avoidable health care utilization and higher costs for federal health programs.

Our full comments are detailed on the following pages. Thank you for the opportunity to share these with you. Should you need any additional information or if you have any questions, please feel free to contact Debbie Sarason, Manager, Practice Enhancement and Quality Reporting at (847) 952-5523 or debbies@acofp.org.

Sincerely,



Duane G. Koehler, DO, FACOFP *dist.*
ACOFP President

ACOFPP is concerned with the rising cost of prescription drugs and strongly supports Administration efforts to increase transparency and ultimately reduce patient costs. We echo CMS' concerns that the cost of prescription drugs for beneficiaries and for the Medicare and Medicaid programs has been rising dramatically. This is especially troubling for patients with chronic conditions.

Many of our patients who suffer from chronic conditions often rely on and require strict adherence to the medications that help manage these conditions. As the cost of these medications have increased, we have found that our patients will either forgo needed medication/therapies or attempt to extend the life of their prescription (e.g., splitting doses, skipping doses). From a family medicine standpoint, these are two of the worst potential outcomes for patients with medication-controlled chronic conditions and will inevitably lead to more expensive health care costs that would have been avoided if patients adhered to their medication regimen.

ACOFPP recognizes and appreciates that increased transparency on drug pricing, especially in direct-to-consumer television advertisements can better inform patient decision making and lead to lower prices. However, we also urge CMS to consider additional steps within its statutory authority to reduce prescription drug prices. In situations where there is limited competition among manufacturers or if a drug is the most effective in its class, physicians will have no choice but to prescribe and patients will have no choice but to purchase these drugs. Thus, the changes in this proposed rule will not impact the prices of those types of drugs.

We support the agency's efforts to ensure consumers make more informed decisions. We note, however, that regardless of the information in DTC advertisements, it is imperative that patients speak with their physicians about their medications. Part of our role as family physicians is to help patients understand how best to manage chronic conditions, including through adhering to an appropriate medication regimen. This drug counseling is a key component of ensuring patients are on the appropriate medication and adhere to them as prescribed. Family physicians also invest time in helping patients find alternatives if the current medication is not working effectively. These counseling services, however, are not reimbursed. We therefore urge the agency to consider developing a new payment code for these services, either independent of this proposed rule or as a complementary measure.

Another challenge family physicians face is patients who have well-controlled and well-managed conditions but see an advertisement and ask about switching medications. In some cases, this could be a lower cost medication, but may have poorer outcomes. In other cases, this could be a higher cost medication with minimal or no additional clinical benefit. Patients with well-controlled and well-managed conditions are unlikely to obtain any clinical benefit from changing to similar or comparable prescription drugs. We are hopeful that price transparency in DTC advertisements may help to dissuade patients from requesting or demanding these advertised drugs from physicians.

Moreover, ACOFPP believes that all prescription drugs advertised on television – including medications for chronic and acute diseases – should be subject to this transparency

requirement, regardless of their price. Prescription drug manufacturers could advertise “low-cost” drugs through expensive advertisements because of certain financial incentives (e.g., the low drug price factors in a limited duration coupon or rebate, which is being offered in order to capture a larger market share). Further, to prevent any “bait-and-switch” tactics, we support including disclaimers of if or when the advertised pricing will expire. Finally, to ensure compliance, we believe some form of penalty should be applied for noncompliant manufacturers. We suggest using these funds to continue agency operations related to these rules and to fund a new payment code for drug pricing counseling.

