

## Lawmakers must support doctors, patients

Commentary//January 9, 2025//



Access to health care is critical to keeping Marylanders healthy and living fulfilling lives. However, far too often patients are forced to make tough decisions when deciding how to pay for their prescription medications.

Unfortunately, while patients are desperately seeking lower health care costs and improved access to treatments, new federal laws intended to alleviate high health care costs could have the opposite effect for Marylanders. As Congress begins to assess priorities for this year, federal lawmakers should put our local health system first by reexamining policies that could impact physicians' ability to deliver effective and timely care to our patients.

In an attempt to lower barriers to health care, Congress signed the Inflation Reduction Act into law in 2022, which contains several policies impacting patient access to care. As a part of the IRA, the federal government can negotiate drug prices with manufacturers and set a price cap for certain Medicare drugs with high out-of-pocket costs for patients, including treatments that are administered in a doctor's office or outpatient clinic starting in 2028.

However, policies that impose a maximum cost for medications could actually put necessary treatments out of patients' reach.

As a rheumatologist based here in Maryland, my priority is serving my community and ensuring my patients can access the treatments that keep them healthy. Many of my patients live with chronic diseases, such as rheumatoid arthritis, osteoporosis or lupus, and they rely on consistent infused medications or injections that are administered directly to the patient by their health care provider.

Starting in 2028, it's going to be increasingly more difficult for patients to access these infused medications from their provider at a local outpatient facility because of unintended consequences of the IRA. While the law currently only caps the price of pills and other

medications that patients can take on their own, in four years infused Part B medications will also be eligible for these price caps.

The goal of the price caps is to drive down what the patient pays out-of-pocket for their medications. But the unintended consequence is that it will plummet physician reimbursement and make it hard for doctors to purchase the drugs without going underwater.

Medicare drug price negotiations will likely cause reimbursement rates to drop below what physicians must pay to acquire, stock, maintain, and administer in-office treatments. If providers are not adequately reimbursed for treatments, medical practices like mine could suffer from financial instability and may not be able to afford to provide patients with access to medications best suited for their unique needs.

The convoluted route drugs pass through from manufacturer to patient is complex. Middlemen use that complexity to their advantage and hijack the prices, which will make it difficult for physicians like me to purchase Part B medications at a price below this new Medicare ceiling.

If we can't purchase the drug for less than the ceiling, then we'll be forced to discuss difficult decisions with our patients – like changing the medication that's currently working for them or asking them to go to a different, and possibly more expensive, health care setting, like hospitals.

When patients are unable to access treatments and cannot adhere to their prescribed treatment plan, they are more likely to experience poor health outcomes and increased medical costs due to unforeseen hospitalizations or additional doctor's appointments.

Up to 10% of hospital admissions are due to poor adherence to prescribed medications. Protecting physicians' ability to deliver consistent care will help patients manage their conditions in the long term and maintain a better quality of life.

As we start the 119th Congress, we can fix this problem without costing Medicare or – more importantly – patients an extra dime. The Protecting Patient Access to Cancer and Complex Therapies Act will leave intact the Medicare Drug Price Negotiation Program but will remove physicians from the middle by requiring drug manufacturers to reimburse Medicare directly.

This cuts out the costs of those middlemen, and it ensures that patients can access their medications as the IRA intended.

Maryland physicians and elected officials alike are committed to serving patients in our state and building a healthier future for us all. Federal drug price control policies pose a

direct threat to rheumatologists and other doctors and their ability to serve our communities, jeopardizing patient access to medications that allow them to manage their chronic conditions.

To ensure that Marylanders remain healthy, lawmakers must commit to advancing policies that support both patients and the physicians they rely on.

*Dr. Erinn Maury is a practicing rheumatologist in Millersville. She is a serving member of MedChi, The Maryland State Medical Society, as well as the Coalition of State Rheumatology Organizations.*