

**CMS-1325-IFC4-1 Medicare Part B - Competitive Acquisition of Outpatient Drugs and Biologicals**

**Submitter :** Jean

**Date & Time:** 08/04/2006

**Organization :** Jean

**Category :** Congressional

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

In answer to the e-mail received written below:

I cannot believe that cuts would be made on these services. We have come a long way; but still not long enough. Breast Cancer and Osteoporosis are still being seen at a high rate. It cost so much more to try and cure someone that has been inflicted with these diseases. Sad to say, women are not the only ones that contract and suffer from these. More and more men are also being diagnosed with breast cancer.

There should be a way for these preventive tests to cost less and be available to every citizen in the United States, men and women alike. We are the richest country in the world; yet we have one of the worst health systems. We need to put a cap on law suits so that the best doctors do not feel that they have to retire at an early age because the premiums for malpractice insurance are outrageous. This also goes for others in the field of medicine: Nurses, Veterinarians, Technicians, etc. **WE NEED MORE AFORDABLE HEALTH CARE** for every citizen in this United States. We need to take a long hard look at where our hard earned tax dollars are being spent.

Social Security benefits do not allow seniors to survive. Yes, I know that we should have saved for our senior years. I did, but never was told that I needed to. At this time in our lives many have to chose between, a place to live, food on the table (for some inexpensive cat or dog food is what they eat), or taking the medicine we need. Children do not feel they have any obligation to take care of their parents as they did not ask to be brought into this world (sad statement).

Jean

Dear Friends,

>

>The Centers for Medicare and Medicaid Services (CMS) are proposing serious, and I think dangerous, cuts to reimbursements for Computer Assisted Detection (CAD) for mammography and for DXA scans for osteoporosis. I am sending the attached letter to CMS and hope that you will read it and decide if you can send a similar letter before the DUE DATE OF 5 pm on MONDAY AUGUST 21, 2006.

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>We are protesting these reimbursement cuts because of the dreadful impact they will have on older women who are most in need of these screening technologies. How will we - and our older sisters -- afford them without

Medicare reimbursement?

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>If you do want to send a letter, there are two ways to do it:

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>**ELECTRONICALLY** - go to <http://www.cms.hhs.gov/eRulemaking> and click on the link "submit electronic comments on CMS regulations with an open comment period." Attachments should be in Microsoft WORD.

**CMS-1325-IFC4-2 Medicare Part B - Competitive Acquisition of Outpatient Drugs and Biologicals**

**Submitter :** Ms.

**Date & Time:** 08/09/2006

**Organization :** NASW

**Category :** Congressional

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

A 14 percent reimbursement cut will affect your practice and you as a Medicare provider;  
Request that CMS not reduce work values by 7 % for clinical social workers effective January 1, 2007;  
Request CMS to withdraw the proposed increase in evaluation and management codes until they have the funds to increase reimbursement for all Medicare providers; and Request that CMS not approve the proposed "Top down" formula to calculate practice expense. I request you select a formula that does not create a negative impact for mental health providers.

**CMS-1325-IFC4-3 Medicare Part B - Competitive Acquisition of Outpatient Drugs and Biologicals**

Submitter : Dr. Daniel Suez

Date &amp; Time: 09/24/2006

Organization : Daniel Suez, M.D., Allergy, Asthma &amp; Immunology

Category : Physician

## Issue Areas/Comments

GENERAL

GENERAL

My name is Daniel Suez and I am an allergist/immunologist for more than 20 years. I have been involved in treating patients with primary immune deficiency (PID) cases, patients who were born with a defective immune system leading multiple and serious infections of potential life threatening nature. One of the most common conditions of primary immune deficiency is termed Common Variable Immune Deficiency (CVID) for which the main life sustaining and preventive treatment is intravenous immunoglobulins (IVIG). Ever since the introduction of this form of therapy in the late 70's it has been a life saving. Due to the possibility of serious reactions that may occur with this form of treatment, the intravenous route of the treatment, and the fact that we are dealing with a biological human product extracted from donors it has been well established that the safest way to treat these patients should be under medical supervision with an expert personnel. Patients receiving this form of therapy require a special infusion protocol, strict supervision and an knowledgeable expert healthcare providers available nearby to intervene in case of necessity. These PID conditons are certainly very rare and not well understood by most healthcare providers and require frequently the assistance of their expert healthcare providers. Since the new guidelines for IVIG reimbursement by Medicare entered into effect last year almost all of the expert healthcare providers, the immunologists who were taking care of PID Medicare patients, lost control of the most fundamental treatment for these patients. In my particular case, I had thirteen patients with Medicare that I have lost control of their IVIG in my office. I tried very hard to place find alternative venues for these patients IVIG treatment yet with no success for most of them. Two local hospitals where I have privileges refused to take them and the only infusion company that accepted to treat them was only able to take three patients who are receiving their treatments only intermittently when the infusion company can put their hands on available product. Most of the time these patients can receive what is available which means that they receive different products as they can find without taking into considerations which are the products that are most suitable to each patient according to the patient tolerance. In addition, these patients now receive their IVIG products without the appropriate immunology expert supervision which make these patients and me the expert who prescribe the treatment, very uncomfortable potentially liable in case of complications which is out of my control. For the other 60% of my Medicare patients I have found a temporary solution in an IVIG clinical study whereby the patients can get the treatment for free during the 12 months period of the study and recieve it in my office where they feel much more secure. About 25% of do not receive their IVIG treatment and I am very concerned for their future well being. At present, other insurance companies are starting to implement the Medicare reimbursement on this matter and I am afraid this will bring a major problem for the entire community of these patients at large. I am not sure how EMS is calculating their reimbursment rate yet I can assure you that there is no way that healthcare providers can continue and assure this most imprtant and life sustaining treatment to these patients. These patients require colnstant attention of our expert personel for hours at a time and with the rising and frequently changing costs of the various products on the market and the increasing overhead costs it is impossible to continue and provide expsert quality care. This is the reason why these patients are lost to quality care and unfortunately due to the small community of these patiets they do not have a strong advocacy voice and unfortunately their demands are not heard. <PLease see attachment for my final comments >

CMS-1325-IFC4-3-Attach-1.DOC

CMS-1325-IFC4-3-Attach-2.DOC

Daniel Suez, M.D.,  
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**Docket: CMS-1325-IFC4 - Medicare Part B - Competitive Acquisition of  
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**Continued comment:**

**I hope that in your upcoming meeting you are going to study this subject of IVIG at depth and look at the consequences of your last year changes and hopefully you are going to realize that your proposal to further reduce the reimbursement for this treatment is going to have devastating consequences. I believe very sincerely that CMS should revise their policy of reimbursement on the this particular issue and raise the reimbursement on IVIG therapy so that this small group of patients who were inflicted with a serious and only few years ago frequently fatal disease should be able to receive their life sustaining IVIG treatment on a regular basis by the immunology expert healthcare providers without fear for their life.**

**Sincerely,  
Daniel Suez, M.D.**