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September 17, 2021

Submitted electronically via www.regulations.gov

Chiquita Brooks-LaSure, Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
7500 Security Boulevard
Baltimore, MD 21244-1859

RE: CMS-1753-P, Medicare Program: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs; etc.

Dear Administrator Brooks-LaSure:

The Conference of Boston Teaching Hospitals, on behalf of our 12 member hospitals, appreciates the opportunity to comment on the Centers for Medicare & Medicaid Services' (CMS) hospital outpatient prospective payment system (OPPS) proposed rule for calendar year (CY) 2022.

We are particularly concerned about the administration's proposal to continue the inappropriately steep cuts to the 340B Drug Pricing Program by continuing reimbursement at ASP minus 22.5%. The 340B program is intended to help participating hospitals and other health care providers stretch limited federal resources to reduce the price of drugs for low-income patients and expand services available to the vulnerable populations they serve. COBTH hospitals use their 340B savings to provide free care, offer free vaccinations, and make other investments in the health of their communities.

Hospitals that participate in the 340B program are pillars of their communities. In fact, an American Hospital Association (AHA) study in 2020 found that 340B hospitals provided more than \$64.3 billion in community benefits in 2017.¹ Congress created the 340B program to assist hospital efforts to provide essential services to vulnerable communities. Continuing the cuts to the 340B program is contrary to Congressional intent and perpetuates unnecessary harm on vulnerable communities by limiting funding for critical services.

We also want to note that limiting Medicare reimbursement to 340B hospitals does not advance the administration's goal of reducing prescription drug prices. According to the Health Resources and Services Administration (HRSA), the 340B program comprises a mere 4.3% of the total U.S. drug market, and the program is not driving up the cost of prescription drugs. Rather, reducing Medicare reimbursement for 340B drugs serves only to reduce access to services that support vulnerable populations.

¹ <https://www.aha.org/system/files/media/file/2020/09/340b-community-benefits-analysis-report.pdf>



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On another topic, CMS requests comment on whether to continue to allow direct supervision requirements to be met for certain services through the use of telehealth technology. COBTH's member hospitals have successfully used the flexibility provided by CMS to safely and effectively provide direct supervision to physician trainees during the public health emergency. While we agree that virtual supervision may not be appropriate in every instance, we do believe there are a wide variety of low-risk services that can be appropriately supervised via telehealth. We encourage CMS to consider continuing this flexibility, perhaps with appropriate limitations to ensure patient safety and quality of care, beyond the public health emergency.

Thank you for your consideration of our comments. COBTH's member hospitals are also members of the Association of American Medical Colleges (AAMC) and strongly support the in-depth comments submitted by AAMC on behalf of the nation's academic medical centers and teaching hospitals. Please do not hesitate to be in touch with any questions or if we can provide additional information on these or other matters.

Sincerely,

A handwritten signature in blue ink that reads "Patricia McMullin". The signature is fluid and cursive, with the first name "Patricia" and last name "McMullin" clearly legible.

Patricia McMullin
Executive Director
Conference of Boston Teaching Hospitals