

A P P E N D I X

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**Commissioners' voting
on recommendations**

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In the Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act of 2000, the Congress required MedPAC to call for individual Commissioner votes on each recommendation and to document the voting record in its report. The information below satisfies that mandate.

Chapter 1: Addressing high prices of drugs covered under Medicare Part B

1-1 The Congress should require the Secretary to cap the Medicare payment rate for Part B drugs and biologics that are approved under the accelerated approval program (with limited circumstances for the Secretary to waive the payment cap) if:

- postmarketing confirmatory trials for the product are not completed within the deadline established by the manufacturer and the Food and Drug Administration,
- the product's clinical benefit is not confirmed in postmarketing confirmatory trials, or
- the product is covered under a “coverage with evidence development” policy.

In addition, the Congress should give the Secretary the authority to cap the Medicare payment rate of Part B drugs and biologics that are approved under the accelerated approval program if their price is excessive relative to the upper-bound estimates of value.

Yes: Barr, Casalino, Chernew, Cherry, Damberg, Dusetzina, Ginsburg, Grabowski, Jaffery, Kan, Navathe, Poulsen, Rambur, Riley, Ryu, Safran, Sarran

1-2 The Congress should give the Secretary the authority to establish a single average sales price–based payment rate for drugs and biologics with similar health effects.

Yes: Barr, Casalino, Chernew, Cherry, Damberg, Dusetzina, Ginsburg, Grabowski, Jaffery, Kan, Navathe, Poulsen, Rambur, Riley, Ryu, Safran, Sarran

1-3 The Congress should require the Secretary to:

- reduce add-on payments for costly Part B drugs and biologics paid based on average sales price in order to minimize the relationship between average sales price and add-on payments, and
- eliminate add-on payments for Part B drugs and biologics paid based on wholesale acquisition cost.

Yes: Barr, Casalino, Chernew, Cherry, Damberg, Dusetzina, Ginsburg, Grabowski, Jaffery, Kan, Navathe, Poulsen, Rambur, Riley, Ryu, Safran, Sarran

Chapter 2: Assessing postsale rebates for prescription drugs in Medicare Part D

No recommendations

Chapter 3: Standardized benefits in Medicare Advantage plans

No recommendations

Chapter 4: Favorable selection and future directions for Medicare Advantage payment policy

No recommendations

Chapter 5: Disparities in outcomes for Medicare beneficiaries with different social risks

No recommendations

Chapter 6: Congressional request: Behavioral health services in the Medicare program

No recommendations

Chapter 7: Mandated report: Telehealth in Medicare

No recommendations

Chapter 8: Aligning fee-for-service payment rates across ambulatory settings

8 The Congress should more closely align payment rates across ambulatory settings for selected services that are safe and appropriate to provide in all settings and when doing so does not pose a risk to access.

Yes: Barr, Casalino, Chernew, Cherry, Damberg, Dusetzina, Ginsburg, Grabowski, Jaffery, Kan, Navathe, Poulsen, Rambur, Riley, Ryu, Safran, Sarran

Chapter 9: Reforming Medicare’s wage index systems

9 The Congress should repeal the existing Medicare wage index statutes, including current exceptions, and require the Secretary to phase in new Medicare wage index systems for hospitals and other types of providers that:

- use all-employer, occupation-level wage data with different occupation weights for the wage index of each provider type;
- reflect local area level differences in wages between and within metropolitan statistical areas and statewide rural areas; and
- smooth wage index differences across adjacent local areas.

Yes: *Barr, Casalino, Chernew, Cherry, Damberg, Dusetzina, Ginsburg, Grabowski, Jaffery, Kan, Navathe, Poulsen, Rambur, Riley, Ryu, Safran, Sarran*

Chapter 10: Mandated report: Evaluation of a prototype design for a post-acute care prospective payment system

The Commission forwards to the Congress the report on a unified post-acute care payment system mandated by the Improving Medicare Post-Acute Care Transformation Act of 2014.

Yes: *Barr, Casalino, Chernew, Cherry, Damberg, Dusetzina, Ginsburg, Grabowski, Jaffery, Kan, Navathe, Poulsen, Rambur, Riley, Ryu, Safran, Sarran*

