

May 20, 2026

The Honorable Susan Collins  
413 Dirksen Senate Office Building  
Washington, DC 20510

Dear Senator Collins:

On behalf of the National Organization of Rheumatology Management (NORM), we appreciate the opportunity to share concerns over recent conversations around a **Most Favored Nations** drug pricing model. NORM promotes education, expertise and advocacy for rheumatology managers and their practices. The Organization's members manage the day-to-day operations of rheumatology practices and have firsthand experience navigating regulatory obstacles facing successful healthcare practices and supporting the financial sustainability of rheumatology practices. NORM provides value across the nation by cultivating a thriving community of rheumatology managers and physicians who are focused on supporting our patients and pursuing excellence in medical practice management.

Through a Most Favored Nations model, the United States would establish a target price for prescription medications based on a target price in an Organisation for Economic Co-operation and Development (OECD) country. We understand the overall goal of this proposal is to lower the cost of prescription medications in the United States. However, we believe these concepts do not fully account for all of the ripple effects this type of model would have within our healthcare system, which operates very differently from the national health service systems run by OECD nations.

In addition to the clinical services rheumatology practices provide and are reimbursed for, rheumatology practices also generate revenue through the administration of prescription drugs that patients are not able to self-administer, including injections administered by a health care provider and infusions. Rheumatology infusions are intravenous treatments that manage and treat autoimmune and inflammatory conditions, such as rheumatoid arthritis. These infusions are administered by a licensed healthcare provider and can be a valuable option when oral medications or other treatments are not effective or clinically appropriate.

Medicare Part B reimburses rheumatology practices for these administered drugs based on manufacturer-reported average sales prices (ASPs), plus an add-on payment to account for practice acquisition costs. Through a Most Favored Nations model, this ASP would significantly drop and would lead to a detrimental cut to the add-on payment, which is based on a percentage of the ASP. Rheumatology practices already experience insufficient ASP-based payments for select biologic drugs, which are putting these practices "underwater" and making it extremely difficult for practices to offer these medications. Therefore, we have a very clear understanding of what underwater reimbursement due to MFN would do to rheumatology practices across the country.

A far-reaching policy, like Most Favored Nations, would make it nearly impossible for rheumatology practices to continue to administer these medications without a *significant* change to the way in which the provider add-on payment is calculated. Underwater reimbursement forces practices to choose between administering therapies at a loss or referring patients to hospital outpatient departments, which increases Medicare program spending and worsens patient access to care. They may also drive prescriptions to be

filled by specialty pharmacies, further lining the pockets of pharmacy benefit managers that continue to drive up the price of prescription drugs.

Without adequate reimbursement that keeps pace with the actual cost of running a physician practice, our offices—particularly in rheumatology—face growing financial instability and even staff layoffs. Rising expenses for staffing, technology, medical supplies, and rent are compounded by increasing administrative burdens, placing significant strain on already stretched resources. These challenges are especially acute in smaller or rural settings, where margins are thin and resources are limited.

Unfortunately, Most Favored Nation would exacerbate problems within the existing system that already increasingly disadvantages community-based rheumatology practices. Independent medical practices are under incredible financial pressure, which has contributed to medical practice consolidation and created access challenges for patients across the country. According to the American Medical Association, Medicare physician payment has declined 33% since 2001, adjusted for inflation. Insufficient reimbursement challenges also contribute to continued consolidation in the healthcare system, as physician practices are increasingly acquired by hospitals and large health systems with greater financial resources. The result is a shift of services into more expensive settings—raising total costs for the Medicare program and its beneficiaries, while reducing patient access and choice.

On behalf of rheumatology managers and their practices, we strongly urge you to refrain from advancing any Most Favored Nation drug pricing proposal with reconciliation, as it could further jeopardize medical practices across the country. Should you have any questions or would like to set a time to discuss our comments in more detail, please contact Andrea Zlatkus, CPM, CRMS, CRHC, Executive Director of NORM, at [andrea@normgroup.org](mailto:andrea@normgroup.org).

Sincerely,

A handwritten signature in black ink, appearing to read "Michelle A. Owen", followed by a long horizontal flourish.

Michelle A. Owen, CPC  
President, NORM