

Friday, September 16, 2011

Tell Your Representative to Oppose Medicare Cuts to Cancer-Fighting Drugs

Ask Them to Sign the Reps Lance / Pascrell Letter Now!

House Representatives Leonard Lance (R-NJ) and Bill Pascrell (D-NJ) have authored a bipartisan letter asking that the members of the Joint Select Committee on Deficit Reduction (Select Committee) ensure that cancer patients across the nation continue to have access to community cancer care. The letter calls on the members of the Select Committee to reject potential cuts to Medicare Part B reimbursement for drugs and biologics that fight cancer and other serious diseases.

In addition, a coalition letter from The US Oncology Network and other organizations representing and supporting health care providers and cancer patients was sent to the Select Committee and the leadership of both parties in the House and Senate. This letter strongly urges that the members oppose any additional cuts to Medicare payments for cancer care.

The letter was signed by the following organizations:

American Association of Clinical Urologists	Community Oncology Alliance Health Coalition, Inc.
American Society of Clinical Oncology	Healthcare Distribution Management Association
American Urological Association	Large Urology Group Practice Association
AmerisourceBergen/ ION Solutions	Leukemia and Lymphoma Society McKesson Corp.
Association of Community Cancer Centers	National Patient Advocate Foundation
Association of Physician Assistants in Oncology	Society of Gynecologic Oncologists
BDI Pharma	The US Oncology Network
Cardinal Health	UPMC Cancer Centers

A \$3.2 billion cut to the reimbursement for Medicare Part B drugs has been discussed both in the context of the national debt ceiling negotiations and, most recently, in a memo released by the minority staff at the Ways and Means Committee. Such a massive cut to the Average Sales Price (ASP) for drugs reimbursed under Medicare Part B (from ASP + 6% to ASP + 3%) would put serious financial strain on community oncology practices, which provide treatment to more than 80 percent of the nation's cancer patients.

It is critical that you now take a moment to contact your Representative by email or phone.

To contact your member of Congress [click here](#).

To read the coalition letter opposing the cuts [click here](#).

To read the Reps. Lance & Pascrell letter [click here](#).

To read a 2-page summary of the issue [click here](#).

MedPAC Releases SGR Replacement Draft Recommendations

On September 15, the Medicare Payment Advisory Commission (MedPAC) released its draft recommendations for replacing Medicare's sustainable growth rate formula (SGR). Its recommended approach would exchange the existing SGR with 10 years of statutory fee schedule updates – estimated to cost \$200 billion to the Medicare program, compared to the \$300 billion estimated cost of freezing physicians' pay at current rates.

The recommendations, which are subject to change, include:

- Retain current pay rates for primary care physicians (defined as those whose primary care services make up 60 percent of their Medicare charges) for 10 years.
- Cut other physician services by 5.9 percent for three years, then freeze these rates for the next seven years.
- Require the Centers for Medicare and Medicaid Services (CMS) to collect data from efficient practices on physician service volume and work time, among other factors, in order to determine more accurate practice expense values. MedPAC's intention is for Congress to ask CMS to use this data to identify overpriced fee-schedule services and reduce their relative value units (RVU) accordingly.

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MedPAC Releases SGR Replacement Draft Recommendations (*cont'd*)

- Increase bonus payments to physicians who join or lead “two-sided risk” accountable care organizations (ACOs), which penalize providers that do not meet defined quality and cost targets.

MedPAC has proposed \$235 billion in offsets for the new payment structure in order to provide a cushion for the potential gap between MedPAC’s cost estimates and the Congressional Budget Office (CBO) score for the proposal. This package of offsets under consideration is said to include cuts to various health care sectors as follows: pharmaceutical, \$75 billion; post-acute care, \$49 billion; beneficiaries, \$33 billion; hospitals, \$26 billion; labs, \$21 billion; durable medical equipment, \$14 billion; and Medicare Advantage \$12 billion.

Of the \$235 billion cost, \$50 billion is to come from past MedPAC recommendations that have not been passed by Congress. The remaining savings would come from proposals MedPAC has analyzed but not yet recommended and “proposals from other sources,” including the CBO, Department of Health and Human Services (HHS) Office of the Inspector General (OIG) and the Government Accountability Office (GAO).

MedPAC is expected to unveil the specific payment offsets for its proposal the week of September 19, and vote on the recommendations at its next meeting October 6-7.

Community Oncology Alliance Hosting “Stop Cancer Care Cuts Day” on Capitol Hill

On September 22, Community Oncology Alliance (COA) is hosting its Capitol Hill “Stop Cancer Care Cuts Day” to urge Congress say to no to additional Medicare reimbursement cuts to cancer care.

The day will include in-person visits with members of Congress and their staff in order to show opposition to potential cuts to medical oncology, diagnostic imaging, and radiation therapy in the 2012 Physician Fee Schedule; the scheduled SGR cut of 29.5% effective January 1, 2012 if Congress does not act to avert it; and the reimbursement cuts to ASP under consideration by the Select Committee.

If you are interested in participating in COA’s advocacy day, please [visit COA’s website](#) for more details.

You can also show support by “liking” COA’s [Facebook page](#) for the campaign.

Government Officials, Stakeholders Gather to Discuss Nation’s Drug Shortages

On September 9, Health and Human Services (HHS) officials and drug industry stakeholders gathered to discuss possible solutions to address the national shortages of medically important drugs, including several drugs used in cancer treatment.

As concerns over drug shortages have reached a peak in recent months, lawmakers, government officials, industry experts and drug manufacturers are working together to develop a multifaceted solution to address the issue.

According to Food and Drug Administration (FDA) Commissioner Margaret Hamburg and HHS Assistant Secretary for Health Howard Koh, the FDA plans to soon release a detailed analysis of the drug shortage problem and outline possible solutions, which could include some form of an early notification system that would create a mechanism for manufacturers to report anticipated supply disruptions or discontinuations.

In addition, the FDA says it will continue to work with drug manufacturers to avoid future shortages by expediting the approval processes for new manufacturing sites, production lines and raw material suppliers.

The “Preserving Access to Life-Saving Medications Act,” legislation co-sponsored by Sen. Amy Klobuchar (D-MN) and Sen. Bob Casey (D-PA) in the Senate and Rep. Diana DeGette (D-CO) and Rep. Tom Rooney (R-FL) in the House, would require drug companies to alert the FDA of anticipated shortages.

Such a requirement would allow the FDA to then notify providers, allowing them to find another source of the drug or select another course of treatment.

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Government Officials, Stakeholders Gather to Discuss Nation's Drug Shortages (*cont'd*)

Specifically, the bill would:

- Require manufacturers of all prescription drugs to notify the FDA of any discontinuance or interruption in the production of a drug at least six months in advance;
- In the event of an unplanned discontinuance or interruption, require manufacturers to notify the FDA as soon as possible;
- Instruct the FDA to publish these notifications and any actual drug shortages on its website, and work to distribute this information to appropriate health care providers and patient organizations; and
- Direct a GAO study to examine the possible causes of drug shortages, including manufacturing problems, breakdown in supply chains and delivery systems and restrictive regulatory requirements

While Hamburg and Koh both stated that the Sept. 9th meeting was a step in the right direction, there are more necessary discussions to come.

The Senate health committee is expected to soon hold a hearing on the drug shortage problem and the House Energy and Commerce Committee is planning a hearing for later this month. Additionally, the FDA has scheduled a public workshop on the issue for September 26.

New Poll: Uninsured Have Limited Knowledge of Health Reform Law Offerings

According to an August poll by the Kaiser Family Foundation, the majority of the nation's uninsured are not aware of how the Affordable Care Act (ACA) may help them purchase insurance coverage.

Specifically, the poll found that 47 percent of the uninsured said the law "won't make much difference" to them, and another 14 percent said the law would hurt them. Only 31 percent of those surveyed said they thought it would help them.

Additional findings included:

- Approximately half of the uninsured did not know about the reform law's tax credits for low- and middle-income individuals.
- Fifty-three percent of the uninsured did not know about the reform law's expansion to Medicaid eligibility.

Among the public overall, 39 percent of those polled reported having a favorable view of the legislation – the lowest approval rating since the law's passage last March – with 54 percent reporting having an unfavorable view.

[Read more](#) about the poll.