



A PATIENT-CENTERED FORUM OF NATIONAL ADVOCACY ORGANIZATIONS ADDRESSING PUBLIC POLICY ISSUES IN CANCER

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October 3, 2001

**Hand-Delivered**

Thomas A. Scully  
Administrator  
Centers for Medicare & Medicaid Services  
Department of Health & Human Services  
Room 443-G Hubert H. Humphrey Building  
200 Independence Avenue, S.W.  
Washington, D.C. 20201

Re: Comments on Medicare Program: Changes to the Hospital Outpatient Prospective Payment System and Calendar Year 2002 Payment Rates (CMS-1159-P)

Dear Mr. Scully:

The undersigned organizations, representing cancer patients, providers, and researchers, are writing to express our concerns about potential reductions in outpatient prospective payment system reimbursement for cancer drugs, biological agents, and brachytherapy devices and for innovative drugs, biologicals, and medical devices. If significant payment reductions for breakthrough products are implemented, as suggested by your agency in the proposed 2002 update to the outpatient prospective payment system, access to quality cancer care in the outpatient setting may be at risk. We urge restraint in adopting such payment changes.

Congress intended that pass-through payments be available to ensure patients access to important cancer drugs, biologicals, and devices and to certain new therapies. We were distressed that the Centers for Medicare and Medicaid Services (CMS) suggested that substantial reductions may be applied to pass-through payments in 2002, because such cuts may have a serious impact on the quality of care for cancer patients and others with serious and life-threatening illnesses. CMS indicated that it has constructed an extensive database on which it will base decisions about pass-through payments. Because the agency did not share the data it has collected, we cannot comment on whether the warning regarding 2002 payments is warranted.

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We urge that CMS collect and make public the data on pass-through payments. We also recommend that any potential reductions in the rate of pass-through payments be delayed until all interested parties -- including patients and their health care providers -- have adequate opportunity to evaluate and comment on the data and proposed changes. This is a matter of great consequence to the cancer community, and we recommend that CMS proceed with deliberation and with the full participation of those who will be affected by reimbursement changes. We share the goal of a payment system that assures access to quality health care.

Sincerely,

**Cancer Leadership Council**

Alliance for Lung Cancer Advocacy,  
Support, and Education  
American Cancer Society  
American Society of Clinical Oncology  
American Society for Therapeutic Radiology  
& Oncology, Inc.  
Cancer Care, Inc.  
Cancer Research Foundation of America  
Coalition of National Cancer Cooperative Groups  
Colorectal Cancer Network

Kidney Cancer Association  
The Leukemia & Lymphoma Society  
Multiple Myeloma Research Foundation  
National Coalition for Cancer Survivorship  
National Prostate Cancer Coalition  
Oncology Nursing Society  
Ovarian Cancer National Alliance  
The Wellness Community  
US TOO! International, Inc.  
Y-ME National Breast Cancer Organization