



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

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October 19, 2001

Dear Senator/Representative:

Recent years have seen remarkable advances in cancer care, not just in clinical responses to drug therapy but also in pain and symptom management and psycho-social support. These advances should not be placed in jeopardy by sudden and significant changes in the reimbursement system like those apparently under consideration by some in Congress.

Everyone in the cancer community -- patients and physicians alike -- agrees that the current system of Medicare reimbursement for cancer drug therapy is broken. But this is a problem of many years' duration, and Congress has not previously moved to address overpayments for drugs because it has recognized that it cannot do so without correcting the corresponding issue of underpayment for providing chemotherapy to cancer patients.

Now, apparently to achieve savings for other purposes, the matter has been moved to high priority status, even though studies mandated by Congress have not been performed and Congress thus lacks the tools necessary to make an informed decision.

First in 1999 and then again in 2000, Congress gave the General Accounting Office (GAO) the assignment of conducting studies to ascertain the complete costs of providing chemotherapy in the physician office setting, as well as the impact of reimbursement reductions on patient care. Specifically, GAO was instructed to develop, based on its study, recommendations for Medicare payment revision "designed to ensure that medicare beneficiaries continue to have access to health care services under the medicare program." Section 429, Benefits Improvement and Protection Act of 2000.

As reflected in GAO's recent testimony before Congress, the studies apparently have not been carried out as Congress intended, and the answers to these important questions remain unavailable. Most importantly, there is nothing to "ensure that medicare beneficiaries [will] continue to have access to health care services."

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No knowledgeable observer of cancer care believes that physicians can continue providing the same level of care if reimbursement is substantially reduced. Such reductions could create dislocations that will have an impact beyond physician offices and result in changes in patterns of care that could threaten to overwhelm hospital outpatient departments and exert a serious negative impact on access to quality cancer care.

We understand that there is impatience on the part of some in Congress about this issue and that there are many claims upon any potential savings. It is imperative, however, that savings not be achieved at the expense of patient access and quality cancer care. We therefore urge you, in the strongest possible terms, not to rush to adopt reductions in payment for cancer drugs without corresponding increases in payment for chemotherapy administration to ensure that cancer patients are not deprived of their access to optimal cancer care.

Sincerely,

### **Cancer Leadership Council**

Alliance for Lung Cancer Advocacy Support,  
and Education  
American Cancer Society  
Cancer Care, Inc.  
The Children's Cause, Inc.  
Coalition of National Cancer Cooperative Groups  
Colorectal Cancer Network  
Cure For Lymphoma Foundation  
The Foundation for the Children's Oncology  
Group  
International Myeloma Foundation  
Kidney Cancer Association  
The Leukemia & Lymphoma Society

Multiple Myeloma Research Foundation  
National Alliance of Breast Cancer Organizations  
National Coalition for Cancer Survivorship  
National Patient Advocate Foundation  
National Prostate Cancer Coalition  
North American Brain Tumor Coalition  
Ovarian Cancer National Alliance  
Pancreatic Cancer Action Network  
The Susan G. Komen Breast Cancer Foundation  
The Wellness Community  
US TOO! International, Inc.  
Y-ME National Breast Cancer Organization

cc: Energy & Commerce Committee  
Ways & Means Committee  
Senate Finance Committee

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