



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

April 7, 2003

The Honorable Charles Norwood
United States House of Representatives
2452 Rayburn House Office Building
Washington, D.C. 20515

The Honorable Lois Capps
United States House of Representatives
1707 Longworth House Office Bldg.
Washington, D.C. 20515

Dear Representatives Norwood and Capps:

The undersigned organizations representing cancer patients, providers and researchers strongly support H.R. 1622, the Quality Cancer Care Preservation Act. We thank you for your leadership in working for a system that will sustain quality cancer care for Medicare beneficiaries and their families. We look forward to working with you in this effort.

Cancer care is a multi-disciplinary effort undertaken in a variety of settings, but the overwhelming majority of such care is delivered in physician offices around the country. Access to quality care in the community where patients live and work is essential to people with cancer. Physicians and other professionals who make cancer care possible in the community must be adequately reimbursed if care is to continue unabated. Unfortunately, many ideas for reform of the reimbursement system focus on achieving program savings by dramatically reducing payment for drugs without appropriately addressing the corresponding issue of severe underpayment for services associated with administering chemotherapy in the outpatient setting.

We endorse wholeheartedly any effort to reduce excessive payments for drugs, but only if such reduction is accompanied by overall reform. Payments for drugs should reflect the costs of acquiring them, plus any incidental additional costs required to maintain a supply of drugs in physician offices. At the same time, payment for all physician, nurse and other provider services must be adequate to cover the actual costs of such services.

The Quality Cancer Care Preservation Act represents a comprehensive solution to the longstanding debate over Medicare reimbursement for chemotherapy drugs and services. This bill rationalizes payment for both drugs and services and ensures that quality cancer care in the community may continue.

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We are particularly pleased that your legislation calls for an Institute of Medicine study of the cost of necessary cancer services. There is a critical need for more information about the services to provide quality cancer care in the outpatient setting. We believe this study, when completed, should guide future decisions with respect to payment for outpatient

Cancer is a disease that significantly affects the elderly, and many beneficiaries with cancer are highly dependent for access to quality care. With your support of this balanced legislative proposal, beneficiaries with cancer can continue to rely on the program without risk of disruption of care.

We look forward to collaborating with you in this legislative effort.

Sincerely,

The Cancer Leadership Council

Alliance for Lung Cancer
American Cancer Society
American Psychosocial Society
American Society of Clinical Oncology
American Society for Therapeutic
Radiology & Oncology, Inc.
Association of American Cancer Institutes
Cancer Care, Inc.
Cancer Research and Prevention Foundation
The Children's Cause, Inc.
Coalition of National Cancer Cooperative
Groups
Colorectal Cancer Network
International Myeloma Foundation
Kidney Cancer Association

The Leukemia & Lymphoma Society
Lymphoma Research Foundation
Multiple Myeloma Research Foundation
National Coalition for Cancer Survivorship
National Patient Advocate Foundation
North American Brain Tumor Coalition
Ovarian Cancer National Alliance
Pancreatic Cancer Action Network
The Susan G. Komen Breast Cancer
Foundation
Us Too! International – Prostate Cancer
Education and Support
The Wellness Community
Y-ME National Breast Cancer Organization