



Friday, May 20, 2016

Dr. Debra Patt Testifies at Energy & Commerce Committee Hearing on Part B Demo

On Tuesday May 17, Debra Patt, M.D. testified on behalf of the US Oncology Network at an Energy and Commerce Subcommittee on Health hearing entitled “The Obama Administration’s Medicare Drug Experiment: The Patient and Doctor Perspective.” [Read below.](#)

Take Action: Urge Your Lawmaker to Cosponsor H.R. 5122

Please take action today and ask your Representative to cosponsor H.R. 5122 to prevent CMS from finalizing the Part B drug payment experiment. [Read below.](#)

USON PAC Board Visits Capitol Hill

On May 18, members of the The US Oncology Network’s Political Action Committee visited Capitol Hill to advocate on behalf of the Network’s physicians and patients, addressing concerns with the Medicare Part B Drug Payment Model and efforts to exempt certain off-campus hospital outpatient departments from the site neutral policy included in the Bipartisan Budget Act of 2015. [Read below.](#)

The US Oncology Network Submits Comments to CMS on Medicare Part B Drug Payment Model

The US Oncology Network on May 9 submitted formal comments to the Centers for Medicare & Medicaid Services in response to the proposed Part B Drug Payment Model rule, which would authorize the creation and testing of a five-year, two-phase mandatory demonstration project that would modify physician administered drug reimbursement based on geographic areas. [Read below.](#)

More Bipartisan Lawmakers Express Concerns to CMS with Part B Drug Demo

Bipartisan lawmakers from both the House and Senate have submitted letters to the Centers for Medicare & Medicaid Services urging withdrawal and asking for modifications to the proposed Medicare Part B Drug Payment Model. [Read below.](#)

Slavitt Testifies at Ways & Means Hearing on MACRA

On May 11, Andrew Slavitt testified on behalf of Centers for Medicare & Medicaid Services at the Ways & Means Subcommittee on Health’s hearing on the Implementation of the Medicare Access & CHIP Reauthorization Act of 2015. [Read below.](#)

Dr. Debra Patt Testifies at Energy & Commerce Committee Hearing on Part B Drug Demo



Dr. Debra Patt testifies before the House Energy & Commerce Committee

On Tuesday May 17, Debra Patt, M.D. testified on behalf of the US Oncology Network at an Energy and Commerce Subcommittee on Health hearing entitled “The Obama Administration’s Medicare Drug Experiment: The Patient and Doctor Perspective,” during which lawmakers discussed implications of the Centers for Medicare & Medicaid Services’ proposed Part B Drug Payment Model.

The committee also conducted a review of H.R. 5122 introduced by Congressman Larry Bucshon, M.D., which would prevent CMS from finalizing this rule.

Dr. Debra Patt – who [testified](#) on behalf of Texas Oncology, The US Oncology Network, American Society of Clinical Oncology, and Community Oncology Alliance – spoke in opposition to the Part B Drug Payment Model and addressed a variety of the cancer care community’s concerns with the proposal.

“The Part B Drug Payment Model, which is aimed at reducing Medicare drug spending is ill- conceived and, most importantly, lacks a patient-centered focus. I am disappointed that CMS has masked their efforts to control rising drug costs by suggesting physicians are not providing their patients with the most appropriate, highest quality medical care but instead prescribe more expensive drugs for “profit,” Dr. Patt stated. “CMS is absolutely incorrect in its assumptions that reducing reimbursements for Part B drugs will both lower Medicare costs and drug prices. In fact, looking at the oncology landscape documents that the reimbursement cuts proposed by CMS in Phase 1 of the Part B Drug Payment Model will actually increase Medicare costs and further fuel drug prices—the exact opposite of what CMS intends.”

Other witnesses included:

- [Mr. Joe Baker](#), President, Medicare Rights Center
- [Ms. Heather Block](#), Patient Advocate

- [Ms. Marcia Boyle](#), President and Founder, Immune Deficiency Foundation
- [Dr. Michael Schweitz](#) MD, FACP, MACR, National Advocacy Chair, Coalition of State Rheumatology Organizations

To watch the hearing, [CLICK HERE](#).

Take Action: Urge Your Lawmaker to Cosponsor H.R. 5122

On May 4, Congressman Larry Bucshon, M.D. (IN-8) and Robert Dold (IL-10) introduced legislation to block the controversial new Medicare Part B Drug Payment Model released by the Centers for Medicare & Medicaid Services (CMS). The US Oncology Network strongly supports the legislation and is urging lawmakers to cosponsor H.R. 5122 to protect cancer patients' access to necessary treatments.

This legislation was introduced in response to a CMS proposed rule outlining a five-year, two-phase mandatory demonstration project that would modify drug reimbursement based on geographic areas. In Phase 1, Medicare seeks to adjust the ASP + 6% reimbursement to ASP + 2.5% with a flat fee of \$16.80. In the second phase, Medicare would implement value-based purchasing tools, contrived by CMS, in conjunction with the Phase 1 variation of the ASP adjustment.

The proposed rule could have a serious impact on community-based cancer clinics and could further exacerbate the shift of cancer patients moving into the more expensive hospital based setting. This proposal could result in significant differences in the cost and quality of cancer care that Medicare patients receive based solely on their zip code.

Please take action today and ask your Representative to cosponsor H.R. 5122 to prevent CMS from finalizing the Part B drug payment experiment.

To urge your Representative to cosponsor H.R. 5122, [CLICK HERE](#).

To view H.R. 5122, [CLICK HERE](#).

USON PAC Board Visits Capitol Hill

On May 18, members of the The US Oncology Network's Political Action Committee (PAC) visited Capitol Hill to advocate on behalf of the Network's physicians and patients, addressing concerns with the Medicare Part B Drug Payment Model and efforts to exempt certain off-campus hospital outpatient departments (HOPDs) from the site neutral policy included in the Bipartisan Budget Act of 2015.



Drs. Debra Patt and James Sanchez meet with Senator Dean Heller (NV)

PAC Board Members participated in meetings with lawmakers and staff from the Centers for Medicare & Medicaid Services (CMS). PAC Board Members met with both Senate and House leadership, House Committee chairs and other key policy makers, including Senators John Barrasso, M.D. (R-WY), John Cornyn (R-TX), Dean Heller (R-NV), Mark Warner (D-VA) and Ron Wyden (D-OR), and Representatives Don Beyer (D-VA), Earl Blumenauer (D-OR), Kevin Brady (R-TX), Larry Bucshon, M.D. (R-IN), Gene Green (D-TX), Denny Heck (D-WA), Joe Heck, D.O. (R-NV), Tom Price, M.D. (R-GA), Kurt Schrader (D-OR), Pete Sessions (R-TX), John Shimkus (R-IL), Pat Tiberi (R-OH) and Greg Walden (R-OR).

The US Oncology Network Submits Comments to CMS on Medicare Part B Drug Payment Model

The US Oncology Network on May 9 submitted formal comments to the Centers for Medicare & Medicaid Services (CMS) in response to the proposed Part B Drug Payment Model rule, which would authorize the creation and testing of a five-year, two-phase mandatory demonstration project that would modify physician administered drug reimbursement based on geographic areas.

Specifically, the Network asked CMS to:

- not finalize the proposed rule and work with stakeholders on a true value based treatment method going forward;
- provide certainty to practices participating in the OCM by excluding oncology from the Part B Drug Payment Model; and
- reject policies that jeopardize access to the community setting and ensure quality care.

To view the full comment letter, [CLICK HERE](#).

More Bipartisan Lawmakers Express Concerns to CMS with Part B Drug Payment Model

Bipartisan lawmakers from both the House and Senate have submitted letters to the Centers for Medicare & Medicaid Services (CMS) urging withdrawal and asking for modifications to the proposed Medicare Part B Drug Payment Model.

On May 16, a group of 66 Democratic House lawmakers issued a letter to CMS urging the agency to address specific concerns before moving ahead with the Part B Model. The letter, led by Congressman Richard Neal (D-MA), raises several aspects of the model they would like CMS to consider, including beneficiary impact, stakeholder input, model scope, physician impact, interactions with other models and shifts in site of service. To view the Neal letter, [CLICK HERE](#).

On May 13, nine U.S. Senators including Heidi Heitkamp (D-ND), Tom Udall (D-NM), Joe Donnelly (D-IN), Martin Heinrich (D-NM), Jon Tester (D-MT), Christopher Coons (D-DE), Mazie Hirono (D-HI), Cory Booker (D-NJ) and Angus King (I-ME), submitted a letter to CMS Acting Administrator Andrew Slavitt expressing concerns regarding the Part B Drug Payment Model. The Senators urge CMS not to move forward with the demonstration until CMS engages in meaningful dialogue with the impact community to address concerns specific to availability of safe and effective drugs; impact on small, independent and rural practices; and physicians' ability to participate in delivery and payment model reforms. To view the Senators' letter, [CLICK HERE](#).

A May 13 letter to CMS, led by Representatives Robin Kelly (D-IL), Terri Sewell (D-AL) and Hank Johnson (D-GA), and signed by 22 House Democrats urges CMS not to move forward with the proposed rule due to the possible disruption it will cause for patients and their providers. To view the letter, [CLICK HERE](#).

On May 9, a letter signed by 12 House Energy and Commerce Democrats, led by Congresswoman Diana DeGette (D-CO), expressing concerns regarding their constituents' ability to access important medications as a result of the proposed model, was sent to CMS. The lawmakers question whether a nationwide rollout is necessary to test a new payment model and request a detailed explanation about why the approach was chosen based on access concerns and increased patient costs. In closing the E&C lawmakers ask CMS to work with affected stakeholders to ensure all potential issues are addressed. To view the E&C Democrats' letter, [CLICK HERE](#).

Other lawmakers have also sent letters to CMS requesting consideration of similar concerns including:

- [Senator Gary Peters](#)
- [Representatives Ben Ray Lujan and Michelle Lujan Grisham](#)
- [Representative Bill Pascrell](#)

Slavitt Testifies at Ways & Means Hearing on MACRA

On May 11, Andrew Slavitt testified on behalf of the Centers for Medicare & Medicaid Services at the Ways & Means Subcommittee on Health's hearing on the Implementation of the Medicare Access & CHIP Reauthorization Act of 2015 (MACRA).

Slavitt testified that CMS is working to move away from "one size fits all" payment measurements to a more value focused system that considers the diverse range of care that Medicare beneficiaries need.

According to Slavitt, the proposed scoring methodology for MIPS will improve upon existing measures of care. He stated that CMS has been working alongside physicians and consumers to address concerns about the Medicare EHR Incentive Program (Meaningful Use) through the transition to the Advancing Care Information Category in MIPS.

The US Oncology Network is analyzing the proposed rule and its potential impact on community-based providers.

To read Slavitt's entire statement, [CLICK HERE](#).