

Thursday, May 9, 2013

ACT NOW to Reverse the Cuts to Cancer Care Drugs!

With the devastating effects of the sequestration cuts on community cancer practices continuing to receive [national media coverage](#), members of Congress are working to correct these payments for cancer care drugs with two important pieces of legislation. In an attempt to correct this problem head-on the **Preserve Community Care Cancer Act** has been reintroduced in both chambers of Congress and the **Cancer Patient Protection Act** was recently introduced in the House.

Show your support for these legislative efforts by contacting your members of Congress!

On April 24, 2013, Senators Pat Roberts (R-KS), Debbie Stabenow (D-MI), Sherrod Brown (D-OH), and Robert Casey (D-PA) **introduced the Preserve Community Care Cancer Act** (also known as the prompt pay discount bill or [S. 806](#)). The House version of this bill ([H.R. 800](#)) was reintroduced earlier this year by representatives Ed Whitfield (R-KY) and Gene Green (D-TX) and has already has bipartisan support with over 50 cosponsors. This important legislation would correct an erroneous reduction in the drug and biologics reimbursement payment formula for community based oncologists.

In addition to the legislative efforts, 124 members of Congress recently sent a [letter](#) to the Centers for Medicare and Medicaid (CMS) requesting that they work within their authority to reduce the effects of sequestration.

Following on the heels of this important effort, Representative Renee Ellmers (R-NC) introduced the Cancer Patient Protection Act ([H.R. 1416](#)) that would reverse the sequestration cuts on Medicare Part B drugs in the case that CMS does not act. This legislation also enjoys bipartisan support with 50 co-sponsors and counting.

We urge you to make your voices heard on this critical issue! Take a few moments to make a phone call (talking points provided) or send an email (draft provided) to explain to your members of Congress the seriousness of this disparity in Medicare reimbursement.

To Contact Your Members of Congress [CLICK HERE NOW](#)

Coalition Sends Letter Rejecting Proposal to Restrict Imaging and Radiation Therapy

The Coalition for Patient Centered Imaging (CPCI), a coalition of physician and health care provider organizations that now includes The US Oncology Network, sent a [letter](#) to the leaders of the House Energy & Commerce committee calling on them to reject advanced medical imaging and radiation therapy proposals found in the 2014 Administration Budget.

This particular budget proposal would restrict the existing in-office ancillary services provision for certain providers of imaging and radiation therapy services. The letter strongly rebukes this proposal stating that it will severely impede the provision of the most advanced diagnostic imaging and radiation therapy services for many of the most prevalent diseases, including cancer.

The letter from CPCI followed the release of a [statement](#) by community oncology groups (ASCO, COA, ION Solution, The US Oncology Network) criticizing the cancer care proposals found in the President's Budget, stating that they would worsen the recent cancer care crisis stemming from the sequestration cuts and further jeopardize access to community cancer care for seniors.

It is essential to keep in mind that Administration budgets do not have the force of law even if passed and it would take subsequent legislation to achieve

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the policies proposed in this Budget. Given the existing political landscape this budget has little chance of passage in anything resembling the current form. Nevertheless, this budget contains proposals that are of great concern to community oncology and portend political battles to come.

Harkin lifts hold on Tavenner Nomination to Head CMS

On May 7, Senator Tom Harkin (D-IA) removed his hold on Senate confirmation of Centers for Medicare and Medicaid Services (CMS) Acting Administrator Marilyn Tavenner to head the agency despite inability to get the White House to reverse its decision to reallocate health reform funds for prevention care to efforts to educate the public about health insurance exchanges set to launch next year.

Harkin, Chairman of the Senate Health, Education, Labor and Pensions Committee, placed the hold on Tavenner's nomination in April to pressure the White House and punish Tavenner for signing a directive in March that redirected \$322 million from the health reform law's Prevention and Public Health Fund.

"To take money from the prevention fund is to cannibalize the Affordable Care Act in ways that will cost us both money and lives," said Harkin, who also heads the health appropriations subcommittee. "I think it is a violation of both the letter and the spirit of this landmark law."

However, Harkin ended his solo boycott without any concessions from the administration because he didn't want to interfere with the work of CMS and because he believes that Tavenner is qualified for the job.

Sen. John Thune (R-S.D.) said he's not aware of any Republican-led opposition to Tavenner's

nomination. "We actually think that she acquitted herself very well in front of the (Finance) committee," Thune said on May 7. "She has a number of Republicans who actually think that of the people the president could select she is a pretty good pick, based on her past experience. She probably won't get a lot of Republican votes but I'm quite confident she will get quite a few."

Ways & Means Panel Holds Hearing on SGR Repeal

On May 7 the House Ways and Means Health subcommittee heard testimony from a range of medical groups on evolving plans to replace Medicare's payment system for doctors with a system that rewards high-quality care.

The hearing on the Sustainable Growth Rate (SGR) formula comes after heavy discussion in recent weeks on Republicans' second "doc fix" proposal as well as proposals from several think tanks and coalitions to revamp federal health programs, including the physician payment formula.

Lawmakers from both parties are pushing for a permanent replacement, buoyed by a steep price cut from the Congressional Budget Office.

Most agree the current formula is broken because it calls for ever-increasing cuts in doctors' payments and pays doctors based on each service they provide. Instead, physicians need quality measures from a single source and more avenues to qualify for value-based payments, according to testimony from physician groups in front of the panel.

Multiple groups voiced support for National Quality Forum (NQF) Standards, including the American College of Surgeons and the American College of Physicians. The NQF is a Washington-based body formed in 1999 to review, endorse, and recommend healthcare performance standards.

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Still, others have said NQF's measures would be too slow or unresponsive to their needs. Congressman Tom Price, MD (R-GA), a former orthopedic surgeon, said the problem with NQF guidelines comes when different specialty societies start telling other specialties what's best or what to do.

Once the SGR is repealed, lawmakers have called for physicians to be given a certain number of years to transition to alternative payment models under Medicare. Such models, while likely keeping fee-for-service as a backbone, would reward value and efficiency.

Subcommittee Chair Kevin Brady (R-TX) said they want to repeal the SGR and replace it with an alternative payment system for Medicare by the end of this year. However, advocates for repeal point to no formal bill, a slow-moving Senate and Republican proposals with no Democratic input as signs that large-scale SGR reform would be difficult to pass through both chambers of Congress in 2013.

Senate Considers Stricter Oversight of Compounding Pharmacies

The U.S. Senate's Health, Education, Labor and Pensions Committee has scheduled a hearing May 9 about improving oversight of compounding pharmacies such as the New England Compounding Center (NECC), whose products were involved in a multi-state outbreak of fungal meningitis last October that killed 51 people, sickened more than 700.

Licensed pharmacists at the local pharmacy are allowed to tailor drug ingredients in accordance to a licensed practitioner's prescription for a particular patient's special medical needs. Such practice is subject to state pharmacy regulations not federal drug manufacturing regulations.

However, lawmakers are looking closely at facilities with large-scale manufacturing equipment shipping medicine across state lines and designating them as

"compounding centers". Some argue the Food and Drug Administration (FDA) should have authority to collect samples, examine records, and investigate noncompliance at compounding centers with the same federal standards that apply to manufacturers.

FDA Commissioner Margaret Hamburg has said that recent conflicting court rulings on the state and federal level have weakened FDA's authority and that Congress needs to offer clarity to ensure effective oversight in the future.

The committee's chairman, Senator Tom Harkin (D-IA) introduced a bill on April 26 along with Ranking Member Senators Lamar Alexander (R-TN), Al Franken (D-MN) and Pat Roberts (R-KS), to amend the Federal Food, Drug, and Cosmetic Act to distinguish between traditional compounding, which would continue to be regulated primarily by state pharmacy boards, and calling on the FDA to regulate compounding manufacturers.

The new oversight would be less strict than that faced by full-scale drug manufacturers, which have to meet the highest FDA standards, but more stringent than that governing traditional community compounders.

Harkin called the bill "a significant step forward in protecting the public from unsafe compounded products. By clarifying FDA authority over high-risk compounding practices, this bill will enhance protections for patients taking compounded drugs and help prevent crises like last year's tragic meningitis outbreak," he added.

However, in a hearing last month House Energy and Commerce Committee Republicans blasted Hamburg for failing to crack down on NECC and said that a recent surge in high-profile agency inspections of compounders was evidence that the FDA has all the authority it needs, if it chooses to use it.

The issue has gotten traction on the state level. So far, 15 states have taken up bills to step up the

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regulation of facilities like the one linked to the outbreak. Five have passed them into law and nine are still weighing their options.

Brookings' Recommends New Medicare Reimbursement and Care System

A group of health policy experts, former federal officials, and others brought together by the Brookings Institution has put forward a new [framework](#) for transforming the health care system to achieve higher value care while saving money.

Brookings Institution's Engelberg Center for Health Care Reform released on April 29 several recommendations for Congress, including transitioning from fee-for-service Medicare to allowing seniors to enroll and share in savings through the creation of a Medicare Comprehensive Care system (MCC) in which teams of providers would deliver coordinated care and receive one payment for the entire scope of patient services.

The report states that within five years, Medicare should offer beneficiaries the opportunity to choose MCC providers to receive their care, and claims that within 10 years, "the vast majority" of beneficiaries would get their health care this way - reducing federal spending by about \$300 billion over that time period.

Two weeks ago, the Bipartisan Policy Center (BPC) made similar [recommendations](#) for overhauling the health care system. Leading health care experts worked on both the Brookings and Bipartisan Policy Center report including former Senate Majority Leader Tom Daschle (D-SD) and Alice Rivlin, the Congressional Budget Office director under President Clinton.

Unlike the BPC proposal, the Brookings proposal does not contain recommendations to change the current payment system for Part B drugs or

restrict the provision of advanced diagnostic imaging services.

Both proposals called for rewarding beneficiaries for using a MCC system; making Medicare Advantage plans bid against one another; replacing the Medicare physician pay formula; ending the tax exemption for employer-provided health insurance; and updating Medicare benefits to include such provisions as an out-of-pocket payment maximum and elimination of first-dollar coverage in Medigap plans.

Former CMS Commissioner Mark McClellan, who led the Brookings effort, said it would only be easier for providers to consolidate if they have a clear plan for improving care and reducing costs, and the Brookings' report calls for monitoring MCCs to ensure they do not abuse their market power. The proposal calls for MCC organizations to meet a set of care quality and outcome performance measures for full pay.

System-wide reforms, including promoting effective antitrust enforcement and developing a more efficient medical liability system, also were included in the report.