



The US Oncology Network

Oppose Medicare Cuts to Cancer-Fighting Drugs

Medicare Part B payments for cancer-fighting drugs must be protected from any further cuts, especially as Congress implements the 2% Medicare sequestration cuts.

Community-based cancer centers provide lifesaving medical treatment to more than 80 percent of U.S. cancer patients. Considering the acute challenges before this sector, including reduced payments, facility closures and chemotherapy drug shortages, Congress should spare community-based oncology centers and the patients they serve from any additional cuts.

The Centers for Medicare and Medicaid Services (CMS) has steadily reduced payment for chemotherapy infusion services and other oncology practice expenses over the past decade. **Recently, policymakers have considered and then rejected unsustainable cuts to Medicare Part B payments for cancer-fighting medications** as they have worked to reduce the federal deficit and offset the Medicare physician reimbursement cuts.

These dangerous cuts to cancer treatment should remain off the table in future negotiations. Using ASP cuts to offset future legislation, like SGR, will only push more practices out of business and more cancer care into more expensive settings at the taxpayers and patient expense.

The Current Reality for Cancer-Fighting Drugs:

- **ASP + 6% is now Average Cost – 3.5 %**

ASP
+ 6 % (MMA)
- 2 % (sequestration)
- 1.5 % (prompt pay discount)
- 5 % (uncollectable co-insurance)
- 1 % (two quarter lag)

Average Cost – 3.5 %

Contact your Members of Congress and ask them to cosponsor H.R. 800 to ensure the future of lifesaving cancer drugs.

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A recent study¹ finds that **the cost of treating cancer patients is significantly lower for both Medicare patients and the Medicare program when done in community-based care settings** as compared to the same treatment in other settings. Data indicates that:

- **Medicare pays less** – total Medicare spending on chemotherapy patients receiving treatment in the physician's office is **14.2 % lower**, amounting to **\$6,500 in savings** per cancer patient annually or an extra **\$623 million saved per year**.
- **Cancer patients pay less** -- patient co-pay amounts were found to be approximately **10% lower** in the physician's office, amounting to more than **\$650 in savings for the cancer patient per year**.

In recognition of the dire financial reality already facing community oncology practices 35 bipartisan Congressional leaders have co-sponsored HR 800 (Whitfield/Green) to ensure more appropriate payment for drugs and biologics under Medicare Part B. The US Oncology Network urges Congress to improve the viability of community cancer care through this forward-looking legislation rather than imposing significant payment cuts that would be devastating to both community cancer clinics and their patients.

¹ <https://ex.democracymdata.com/CB13278093BDCEAE05CA9FC1F62FC3D4C5EC6424/12676bd2-c4ca-4418-b578-abcc3cc1c366.pdf>

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