



Wednesday, June 1, 2016

Contact Your Member of Congress Today: Don't Undermine Site Neutral Payments!

Please write your lawmakers today to oppose the Helping Hospitals Improve Patient Care Act of 2016 (H.R. 5273), legislation that would undermine the progress made toward payment parity by exempting certain cancer hospitals from the site neutral payment policy passed in last year's Bipartisan Budget Act. **Read below.**

House Ways and Means Committee Passes Bill with Hospital Site Neutral Exemptions

On May 24, the House Ways and Means Committee voted to pass the Helping Hospitals Improve Patient Care Act (HIP-C), which was introduced by Health Subcommittee Chairman Pat Tiberi (R-OH) and Ranking Member Jim McDermott (D-WA). **Read below.**

In the News: The US Oncology Network Opposes Medicare Part B Drug Demo

Opposition to CMS's proposed Medicare Part B Drug Payment Model continues to receive national media attention, with coverage including concerns raised by The US Oncology Network and others in the oncology community. **Read below.**

HRSA Delays Release of New 340B Guidance

According to recent reports, the Health Resources and Services Administration (HRSA) has delayed the release of its new 340B Omnibus Guidance Program to the end of 2016. **Read below.**

Contact Your Member of Congress Today: Don't Undermine Site Neutral Payments!

On May 24, the House Ways and Means Committee passed the Helping Hospitals Improve Patient Care Act of 2016 (H.R. 5273) (See story below). The legislation would undermine the progress made toward payment parity by exempting certain cancer hospitals from the site neutral payment policy passed in last year's Bipartisan Budget Act and grandfathering hospital outpatient departments defined as "mid-build" prior to November 2, 2015.

The US Oncology Network opposes efforts to diminish site neutral payment reforms.

To contact your Member of Congress, [CLICK HERE](#).

To view the section by section of the bill, [CLICK HERE](#).

House Ways and Means Committee Passes Bill with Hospital Site Neutral Exemptions



On May 24, the House Ways and Means Committee voted to pass the Helping Hospitals Improve Patient Care Act (HIP-C), which was introduced by Health Subcommittee Chairman Pat Tiberi (R-OH) and Ranking Member Jim McDermott (D-WA). The bipartisan legislation is said to advance bipartisan member priorities that will help medical providers treat patients in their communities more effectively.

The US Oncology Network and its coalition partners in the Alliance for Site Neutral Payment Reform oppose the bill as it weakens provisions passed in last year's Bipartisan Budget Act which established payment parity for services provided in the physician's office and newly developed off-campus Hospital Outpatient Departments (HOPD). Specifically, the bill would:

- Exempts specific cancer hospitals from the site neutral payment provision.
- Creates a "mid-build" exception to allow certain HOPDs that were under construction prior to November 2, 2015 to qualify for OPDS reimbursements.
- Grandfathers HOPDs that submitted an attestation to CMS that they met the provider-based requirements by December 2, 2015.

The Network and its coalition partners are actively advocating against these provisions with lawmakers. The bill is expected for a full House vote next week.

For a summary of the bill, [CLICK HERE](#).

For a section by section-by-section of the bill, [CLICK HERE](#).

In the News: The US Oncology Network Opposes Medicare Part B Drug Demo

Opposition to CMS's proposed Medicare Part B Drug Payment Model continues to receive national media attention, with coverage including concerns raised by The US Oncology Network and others in the oncology community. Excerpts include:

[New York Times, May 22](#): “Dr. Debra Patt, a breast cancer specialist at Texas Oncology, a group of more than 400 doctors, said: ‘This is bad medicine for patients. It’s an experiment that is simply unworkable in cancer care. In patients with certain types of advanced breast cancer,’ she said, ‘many specialized targeted treatments don’t have low-cost alternatives. If patients are not able to get the more expensive therapy, they are more likely to die prematurely of their disease.’”

[Morning Consult, May 18](#): “Debra Patt, a vice president of Texas Oncology who testified before the subcommittee, also said she viewed the proposal as an experiment. But she agreed that it did not allow patients to opt out, as in typical experiments. It wouldn’t be a “bad idea” for CMS to go before an Institutional Review Board to review such a proposal, she said.”

[MedPage Today, May 17](#): “The physician witnesses at the hearing were both opposed to the proposal. ‘The CMS model is an experiment that is simply unworkable in cancer care,’ said Debra Patt, MD, chair of the clinical practice committee of the American Society of Clinical Oncology. ‘The proposal will not only fail to reduce drug prices, it will likely increase costs.’”

[Bloomberg BNA, May 10](#): “The US Oncology Network asked that the rule not be finalized. The Centers for Medicare & Medicaid Services is preparing to roll out another model involving cancer specialists called the Oncology Care Model (OCM), an episode-based payment model aimed at improving coordination and access to care, which has been regarded favorably by specialists. With potential overlap, the US Oncology Network strongly recommended that the CMS exclude oncologists participating in the OCM from the Part B Drug Payment Model.”

[CQ Roll Call, May 10](#): “The US Oncology Network, which calls itself the nation's largest network of community-based cancer specialists, noted that the average sales price reflects the discounts that many large practices and hospital outpatient departments can demand. Some smaller practices pay more, sometimes substantially so, above the average price, the group said in its comment to CMS. These doctors also may face state taxes, which put them further behind financially when providing costly drugs for patients, wrote Lucy Langer, a doctor who chairs the national policy board for the US Oncology Network in the comment.”

HRSA Delays Release of New 340B Guidance

According to [recent reports](#), the Health Resources and Services Administration (HRSA) has delayed the release of its new 340B Omnibus Guidance Program to the end of 2016. It has also delayed the publication of a final 340B manufacturer civil monetary penalty rule and proposed administrative dispute resolution rule, which had both been scheduled to release in May, to November and September of 2016.

HRSA has not disclosed the reasoning behind the delay, but it is expected to be influenced by the magnitude and complexity of comments received on the proposed 340B Guidance and provisions impacting hospital-based payment under the Bipartisan Budget Act of 2015. Reports indicate that HRSA could possibly be interested in evaluating the implications of related regulations that are anticipated to be released this summer.