

September 9, 2024

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The Honorable Chiquita Brooks-LaSure
Administrator
Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

Submitted electronically at <https://www.regulations.gov/>

Re: File Code CMS–1809–P. Medicare and Medicaid Programs: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems; Quality Reporting Programs, including the Hospital Inpatient Quality Reporting Program; Health and Safety Standards for Obstetrical Services in Hospitals and Critical Access Hospitals; Prior Authorization; Requests for Information; Medicaid and CHIP Continuous Eligibility; Medicaid Clinic Services Four Walls Exceptions; Individuals Currently or Formerly in Custody of Penal Authorities; Revision to Medicare Special Enrollment Period for Formerly Incarcerated Individuals; and All-Inclusive Rate Add-On Payment for High-Cost Drugs Provided by Indian Health Service and Tribal Facilities

Dear Administrator Brooks-LaSure:

The Association of Cancer Care Centers (ACCC) appreciates the opportunity to offer comments to the Centers for Medicare and Medicaid Services (CMS) on the calendar year (CY) 2025 Hospital Outpatient Prospective Payment System (OPPS) and Ambulatory Surgical Center Payment System (ACS) proposed rule, published in the Federal Register on Monday, July 22, 2024 (89 Fed. Reg. 59186). ACCC is the leading education and advocacy organization for the multidisciplinary cancer care community including physicians, nurses, social workers, pharmacists, researchers, hospital executives, administrators, financial navigators, and other oncology team members who care for millions of patients and families fighting cancer. ACCC represents more than 44,000 cancer care professionals from over 1,700 private practices, hospital-based cancer programs, large healthcare systems, and major academic centers across the country, as well as members from 23 managed oncology state societies.

ACCC respectfully offers the following comments to CMS in response to the CY 2025 OPPS and ASC proposed rule. In summary, we recommend that CMS:

- Finalize its proposal for an All-Inclusive Rate (AIR) add-on payment for high-cost drugs furnished in the hospital outpatient departments of Indian Health Service (IHS) hospitals and tribal hospitals.

We address this recommendation in greater detail below.

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All-Inclusive Rate Add-On Payment for High-Cost Drugs Provided by Indian Health Service and Tribal Facilities

CMS proposal (89 Fed. Reg. 59391):

In order to address certain equity and beneficiary access concerns, CMS proposes to separately pay IHS and tribal hospitals for high-cost drugs furnished in hospital outpatient departments through an add-on payment in addition to payments under the All-Inclusive Rate (AIR). CMS proposes this add-on payment for all high-cost drugs furnished in these facilities, including but not limited to high-cost oncology drugs, to the extent these drugs are covered by Medicare Part B and would be paid under OPSS, if provided by a hospital paid under that system.

ACCC comment:

ACCC strongly supports this add-on payment as a means of improving access to high-cost drugs furnished in hospital outpatient departments at IHS and tribal facilities. This is an important step to promote equitable access to high-cost drugs to cancer patients, and other patients in need of high-cost drugs.

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Thank you for this opportunity to share the oncology care provider perspective on the CY 2025 OPSS proposed rule. As the association representing the multidisciplinary cancer care team, ACCC is uniquely suited to participate in this dialogue with CMS in its efforts to maintain a stable and equitable Medicare payment system. If you have any questions on our comments, please feel free to contact Nicole Tapay, Director of Cancer Care Delivery & Health Policy, at ntapay@acc-cancer.org or (640) 250-0398.

Respectfully Submitted,



Meagan O'Neill, MS
Executive Director
Association of Cancer Care Centers (ACCC)