

The State of the Union

by Cary A. Present, M.D.

Hospitals are losing money providing cancer services to their patients. Numerous studies by ACCC, the American Society of Clinical Oncology (ASCO), and other organizations have demonstrated that hospitals continue to be underpaid for oncology services. Today, the ability to provide quality cancer care to patients is determined largely by Medicare payments, and the inpatient Medicare payment system for chemotherapy and chemotherapy-related services is in the midst of an economic crisis.

While most hospitals continue to provide life-saving cancer treatment, some hospitals have been forced to close their outpatient chemotherapy programs. Their patients must then scramble to find treatment elsewhere or be admitted to the hospital for regular inpatient stays. These actions are not merely inconvenient to patients struggling with cancer, but can be detrimental to their treatment regimen and quality of life.

So what can we do? ACCC has helped to introduce legislation (H.R. 1032) that would increase payments for outpatient cancer services and, at the same time, conduct a study of the future needs for outpatient chemotherapy payments. While support for this bill has grown, additional support from the oncology team, cancer programs, hospitals, and cancer patients and their family members is *imperative*.

At the same time, we are facing a threat to the delivery of chemotherapy services in the physician office setting from both Congress and the Administration. While it is true that payments for cancer chemotherapy are higher than the actual cost of providing the chemotherapy, physician practices have used the differ-



ence to pay for the administration of the chemotherapy, services that currently are underpaid or not reimbursed at all.

Fixing the chemotherapy payments *must* involve increases in the administration payment if physician offices are to continue to provide chemotherapy services

to their patients. ASCO has helped introduce legislation (H.R. 1622) that seeks to preserve patient access to cancer chemotherapy in physician offices (where 80 percent of care is given.) Support from the oncology community—physicians, nurses, and patients and their families—is crucial to the passage of this legislation.

ACCC urges its members to write letters encouraging their congressional representatives to cosponsor and support both H.R. 1032 and H.R. 1622.

If our patients are to continue to benefit from the outstanding range of cancer services available today, as well as the novel cancer therapies currently in clinical trials, the oncology community must show consensus for the actions we are requesting that our government carry out.

ACCC has partnered with ASCO, the Oncology Nursing Society (ONS), the Community Oncology Alliance (COA), and patient advocacy groups to forge a union of stakeholders with the common goal of improving the cancer delivery system by ensuring adequate payment. Only under the auspices of such a powerful coalition can H.R. 1032 and H.R. 1622 be enacted into law.

To paraphrase John Dickinson, who wrote *The Liberty Song* in 1968, “Then join hand in hand brave *oncologists* all! By uniting we stand by dividing we fall.” 📌

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